

6TL0D7W16V

24-02672

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override		Primary Crash Document #	Agency Crash Number 24-02672	Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 03/17/2024		Crash Time 03:14 PM	Date Arrived 03/17/2024	Time Arrived 03:19 PM	
Date Notified 03/17/2024		Time Notified 03:14 PM	Total Units 02	Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By KMUELLER
	Additional Information PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT TWO WAS DRIVING EAST ON HWY 14 AND ACCORDING TO A WITNESS, CROSSED THE CENTER LINE. UNIT TWO STRUCK UNIT 1. BOTH SUBJECTS DID NOT HAVE A RECOLLECTION OF WHAT HAPPENED. THE DRIVER OF UNIT TWO WAS TRANSPORTED VIA MEDFLIGHT TO THE HOSPITAL. THE DRIVER OF UNIT ONE WAS TRANSPORTED VIA EMS GROUND. BOTH VEHICLE WERE REMOVED BY WEGNER TOWING.

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Location

Table with 3 columns: Address (ON E3217 USH14 EB, 0.65 MI W OF DONALD RD, FIRE E3217), Latitude (43.19086544), Longitude (-90.15940661), and Structure Type (FIRE).

Crash Scene

Table with 4 columns detailing crash scene information: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (02 - FRONT TO FRONT), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLEAR), Animal Type, Crash Classification (PUBLIC PROPERTY), and various other details like Intersection Type and Closure Reasons.

Unit Summary

Table with 4 columns summarizing unit information: Unit Status (IN TRANSIT), Vehicle Type (PASSENGER CAR), Total Occs (1), Insurance? (YES), Most Harmful Event (MOTOR VEH IN TRANSPORT), Traffic Way (TWO-WAY, NOT DIVIDED), Surface Type (BLACKTOP), and Vehicle details (License Plate AEY2146, Make TOYOTA, Model COROLLA).

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Form with multiple sections: UNIT VEHICLE, UNIT VEHICLE, UNIT VEHICLE, Sequence Of Events, Policy Holder, Individual, Safety Equipment, Injury. Includes fields for Color (GRY - GRAY), Body Style (SD - SEDAN), Vehicle Damage, Driver Name (POUL TRANSO), and various event and injury details.

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UNIT	Hospital UW HEALTH-AMERICAN CENTER		Date of Death	Time of Death	
	Distracted By		Distracted By Source UNKNOWN		
	Distracted By Action UNKNOWN				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
Drug Type					
Individual Condition APPEARED NORMAL					

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR			Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

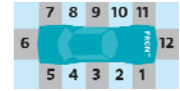
02	License Plate Number ALU9285		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number JTDKB20U683302727		Make TOYOTA	Year 2008	Model PRIUS
	Color GRY - GRAY		Body Style HB - HATCHBACK		Bus Use

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UNIT VEHICLE	Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage 15 - ALL AREAS	
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
UNIT VEHICLE	Driver Actions FAILED TO KEEP IN DESIGNATED LANE			
	Owner Name NATHAN BERESFORD (920) 282-6625		Owner Address 603 SOMMERSET RD # 8 SPRING GREEN, WI 53588 , US	
UNIT 02 02	Sequence Of Events			
	01	Event CROSS CENTERLINE		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT 02	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual NATHAN BERESFORD	
UNIT INDIVIDUAL	Individual			
	Driver JAYNE BERESFORD (920) 282-6625		Citations Issued 1	Sex FEMALE
	Address 603 SOMMERSET RD # 8 SPRING GREEN, WI 53588 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT 02 002	Safety Equipment		On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED	
Medical Transport EMS AIR		EMS Agency Identifier 6001285	EMS Run # 24030172	
Hospital UW HEALTH-AMERICAN CENTER		Date of Death	Time of Death	

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UNIT	Distracted By		Distracted By Source UNKNOWN		
	Distracted By Action UNKNOWN				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
	Drug Type				
02	Individual Condition APPEARED NORMAL				
	Violations				
01	UTC Number BG111497	Issue To? 002	Statute Number 346.05(1)	Description OPERATING LEFT OF CENTER	