

6TL0BC3B88  
24-02700

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 <b>24-02700</b>		Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>		
Crash Date <b>03/18/2024</b>		Crash Time <b>01:29 PM</b>		Date Arrived <b>03/18/2024</b>		Time Arrived <b>01:47 PM</b>		
Date Notified <b>03/18/2024</b>		Time Notified <b>01:32 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>	
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input checked="" type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold		
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>W. VERTEIN #9122</b>
	Additional Information <b>PHOTOS</b>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 AND UNIT 2 WERE STOPPED AT THE STOP SIGN. THE OPERATOR OF UNIT 2 PULLED FORWARD AND STOPPED AGAIN BECAUSE SHE WAS NOT ABLE TO SEE IN TO THE INTERSECTION. THE OPERATOR OF UNIT 1 THOUGHT UNIT 2 WAS GOING TO PROCEED THROUGH THE STOP SIGN, BUT REAR-ENDED UNIT 2 WHEN IT STOPPED. NO REPORTED INJURIES.

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## Location

ON MAIN ST/ STH33 EB 51 FT N OF E MAIN ST/ STH58 SB IN THE VILLAGE OF LA VALLE IN SAUK COUNTY	Latitude <b>43.582387094</b>	Longitude <b>-90.129985951</b>
	X Coordinate <b>247296.328125</b>	Y Coordinate <b>4830252</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>30</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>AWL9188</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1C4RJFLG6MC666039</b>	Make <b>JEEP</b>	Year <b>2021</b>	Model <b>GCH</b>
	<b>VEHICLE</b>	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>	
		Initial Contact Point <b>12 - FRONT</b>		Bus Use	
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FOLLOWING TOO CLOSE</b>				
01	01	Owner Name <b>BRADLEY LIESENFELD (608) 393-6390</b>		Owner Address <b>908 5TH STREET BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>					
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>			Individual <b>BRADLEY LIESENFELD</b>	
UNIT TRAILER/	<b>Trailer/Towed</b>				
	Trailer Plate #	Plate Type	Make <b>TRKM</b>	State	Country of Issuance
	Unit Type <b>UTILITY TRAILER</b>	Individual <b>BRADLEY LIESENFELD (608) 393-6390</b>			Address <b>908 5TH STREET BARABOO, WI 53913 , US</b>
	Vehicle Identification Number				
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>BRADLEY LIESENFELD (608) 393-6390</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Date of Birth		Race <b>WHITE</b>		
	Address <b>908 5TH STREET BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT 001	<b>Safety Equipment</b>		On Duty Crash		
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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UNIT INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
	Hospital		Date of Death	Time of Death	
	<b>Distracted By</b> Distracted By Source				
	Distracted By Action <b>UNKNOWN</b>				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
Drug Type					
Individual Condition <b>APPEARED NORMAL</b>					
UNIT INDIVIDUAL	<b>Individual</b>				
	Passenger <b>NICHOLAS FAHNEY (608) 434-0758</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
	Address <b>611 2ND AVE BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
		Airbag <b>NON DEPLOYED</b>			
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			
		Trapped/Extricated <b>NOT TRAPPED</b>			
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		

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<b>UNIT</b>	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source			
	Distracted By Action					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					

### Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>30</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

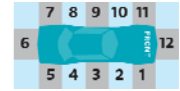
<b>UNIT</b>	<b>Vehicle</b>					
	License Plate Number <b>AWN8964</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GNERGKW4PJ247202</b>		Make <b>CHEVROLET</b>		Year <b>2023</b>	Model <b>TRAVERSE</b>
	Color <b>RED - RED</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	

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UNIT VEHICLE	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>WAYNE BLINSTON (608) 415-0615</b>		Owner Address <b>401 UNION ST PO BOX 198 LAVALLE, WI 53941 , US</b>	
UNIT 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT 02	<b>Policy Holder</b>			
	Insurance Company <b>ERIE-INS-CO</b>		Individual <b>WAYNE BLINSTON</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>JACKIE WILKINSON (608) 415-0639</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>E7071 COUNTY HWY PF NORTH FREEDOM, WI 53951 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT 02	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	

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<b>UNIT</b>	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type Drug Test Results
	Drug Type	
Individual Condition <b>APPEARED NORMAL</b>		
<b>UNIT</b>	<b>Individual</b>	
	Passenger <b>WAYNE DELBERT BLINSTON (608) 415-0615</b>	Citations Issued <b>0</b> Sex <b>MALE</b>
		Date of Birth Race <b>WHITE</b>
	Address <b>401 UNION ST PO BOX 198 LA VALLE, WI 53941 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
	<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>01 - FRONT ROW</b> Seat Position <b>09 - RIGHT</b>	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b> Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b> Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b> Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier EMS Run #	
Hospital	Date of Death Time of Death	
<b>Distracted By</b>	Distracted By Source	

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UNIT	Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action		
	<b>INDIVIDUAL</b>	Action		
		Action Other		To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use
			<b>NO</b>	<b>NO</b>
	02 004	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		<b>TEST NOT GIVEN</b>		
		Drug Test Given	Drug Test Type	Drug Test Results
<b>TEST NOT GIVEN</b>				
Drug Type				
Individual Condition				
<b>APPEARED NORMAL</b>				