

6TL0F51TKB
24-03310

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 24-03310	Investigating Officer/Deputy SERGEANT E. KNULL	
Crash Date 04/04/2024		Crash Time 01:46 PM	Date Arrived 04/04/2024	Time Arrived 01:51 PM	
Date Notified 04/04/2024		Time Notified 01:46 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 SGT KNULL
	Additional Information PHOTOS

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

UNIT 1 STOPPED AT STOP SIGN ON BERKLEY BLVD. UNIT 2 NB ON WEST PINE ST. UNIT 1 PULLED OUT IN FRONT OF UNIT 2 CAUSING UNIT 2 TO STRIKE UNIT 1. OPERATOR OF UNIT 1 SUSTAINED INJURY AND WAS TRANSPORTED BY GROUND EMS. OPERATOR OF UNIT 2 NO INJURY. PASSENGER OF UNIT 2 SUSTAINED MINOR INJURY AND WAS TRANSPORTED BY GROUND EMS. BOTH VEHICLES SUSTAINED DISABLING DAMAGE AND WERE REMOVED BY CRAIGS TOWING. OPERATOR OF UNIT 1 ISSUED CITATION FOR FAILURE TO YIELD FROM STOP SIGN.

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Location

ON BERKLEY BLVD 16 FT E OF CTHBD NB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.47708875	Longitude -89.768783598
	X Coordinate 276070.15625	Y Coordinate 4817521.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 04/04/2024	Time Initial Lane/Rd Closed 01:46 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 04/04/2024	Time All Lanes Open 02:25 PM	Date Scene Cleared 04/04/2024	Time Scene Cleared 02:25 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	01	Vehicle				
		License Plate Number 114UZX		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 5XYZUDLB5DG092965		Make HYUNDAI	Year 2013	Model SANTA FE S		

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UNIT VEHICLE	Color CPR - COPPER	Body Style LL - CARRYALL	Bus Use	
	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT		
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By CRAIGS TOWING
	What Driver Was Doing ENTERING TRAFFIC LANE			Vehicle Factors NOT APPLICABLE
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
	Owner Name LAURENE SUMWALT	Owner Address N4130 COUNTY ROAD U PORTAGE, WI 53901 , US		
UNIT 01	Sequence Of Events			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT 01	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual LAURENE SUMWALT		
UNIT INDIVIDUAL	Individual			
	Driver LAURENE SUMWALT (608) 697-9200	Citations Issued 1	Sex FEMALE	
		Date of Birth	Race WHITE	
	Address N4130 COUNTY ROAD U PORTAGE, WI 53901 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 01	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		
UNIT 001	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND	EMS Agency Identifier 6000368	EMS Run #	

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UNIT	Hospital ST CLARE HOSP		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	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 CONFUSED OR DISORIENTED (NON LUCID)						
Violations						
01	001	01	UTC Number BG114607	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN

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 2		Train/Bus # Recorded		Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES		Direction Of Travel NORTHBOUND		<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER			Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO						
	Vehicle						
	License Plate Number ARB0R1			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES


02

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02	UNIT VEHICLE	Vehicle Identification Number 1G6KA5EY6AU125695	Make CADILLAC	Year 2010	Model DTS	
		Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	Bus Use		
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
		Extent Of Damage DISABLING DAMAGE				
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING			
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE			
02	UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
		Owner Name WALTER KRUGER	Owner Address 201 FROST WOODS RD # 305 MONONA, WI 53716 , US			
Sequence Of Events						
02	UNIT	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
Policy Holder						
02	UNIT INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO	Individual WALTER KRUGER			
		Driver WALTER KRUGER (608) 444-6120	Citations Issued 0	Sex MALE		
		Address 201 FROST WOODS RD # 305 MONONA, WI 53716 , US	Date of Birth	Race		
Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT			
02	UNIT	Row 01 - FRONT ROW	Seat Position 07 - LEFT			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-COMBINATION		
02	UNIT	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		

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UNIT INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
	Hospital		Date of Death	Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED				
	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		
02 002	Drug Type				
	Individual Condition APPEARED NORMAL				
	Individual				
	Passenger MARCELLA KRENZ (608) 819-8237		Citations Issued 0	Sex FEMALE	
	Address 201 FROST WOODS RD # 317 MONONA, WI 53716 , US		Date of Birth	Race	
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		On Duty Crash		
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
02 003	Injury		Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-COMBINATION	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND		EMS Agency Identifier 6000368	EMS Run #	

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UNIT INDIVIDUAL 02 003	Hospital ST CLARE HOSP	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action		
	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			