

6TL0BC3B8C

Document Number Override		Primary Crash Document #		Agency Crash Number <b>24-03571</b>		Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>04/11/2024</b>		Crash Time <b>12:50 PM</b>		Date Arrived <b>04/11/2024</b>		Time Arrived <b>02:20 PM</b>	
Date Notified <b>04/11/2024</b>		Time Notified <b>02:20 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency		<input checked="" type="checkbox"/> Hit and Run		<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone	
<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**

Diagram		Reconstruction By	
		Photos By	
		Additional Information <b>NONE</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 WAS TRAVELING EASTBOUND AND UNIT 2 WAS TRAVELING SOUTHBOUND. AS UNIT 2 WAS GOING STRAIGHT, UNIT 1 MADE A RIGHT TURN AT THE INTERSECTION AND BOTH VEHICLES WERE STRUCK. THE OPERATOR OF UNIT 2 STATED SHE WAS FOLLOWING TWO VEHICLES TRAVELING THROUGH THE INTERSECTION AND THE OPERATOR OF UNIT 1 STATED AS SHE WAS MAKING A RIGHT TURN, THE LIGHT TURNED YELLOW. BOTH OPERATORS SPOKE TO ONE ANOTHER BRIEFLY IN A PARKING LOT AND BOTH LEFT THE SCENE. THERE WERE NO EYE WITNESSES TO THE CRASH AND SECURITY FOOTAGE IN THE AREA WAS CHECKED, BUT THERE WAS NOT FOOTAGE OF THE CRASH. NO REPORTED INJURIES.

**Location**

<b>ON STH136 EB 33 FT S OF STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY</b>	Latitude <b>43.474705455</b>	Longitude <b>-89.76891705</b>
	X Coordinate <b>276050.5625</b>	Y Coordinate <b>4817257</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

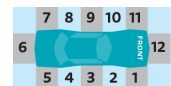
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>FOUR-WAY INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>	Unit Status <b>HIT AND RUN</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>3</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>TRAFFIC SIGNAL</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>				

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>ARA7351</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1YVHP82H795M43742</b>	Make <b>MAZDA</b>	Year <b>2009</b>	Model <b>6</b>	
		Color <b>GRY - GRAY</b>	Body Style <b>SD - SEDAN</b>		Bus Use	
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

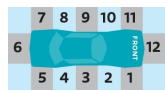
UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions				
01	01	Owner Name <b>MARIA MARQUARDT</b> (608) 403-2317		Owner Address <b>170 HINES TER # 3</b> <b>WISCONSIN DELLS, WI 53965 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>RIGHT TURN</b>			
	02	Event <b>MOTOR VEH IN TRANSPORT</b>			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>MARIA MARQUARDT</b>		
UNIT	<b>Individual</b>				
	INDIVIDUAL	Driver <b>MARIA MARQUARDT</b> (608) 403-2317		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth		Race <b>ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA</b>	
	Address <b>170 HINES TER # 3</b> <b>WISCONSIN DELLS, WI 53965 , US</b>		Driver License Number		
<b>Safety Equipment</b>		On Duty Crash			
01	001	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
		Helmet Use		<b>RESTRAINT USE UNKNOWN</b>	
		Eye Protection		Helmet Compliance	
		Tint Compliance		Airbag <b>NOT APPLICABLE</b>	
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NOT APPLICABLE</b>	
Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT APPLICABLE</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			
Distracted By Action					

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use	
			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>NOT OBSERVED</b>				

**Unit Summary**

<b>UNIT</b>	<b>02</b>	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>PASSENGER VAN</b>					Operating As Endorsements		
		Total Occs <b>3</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"/> Pre Crash Tire Mark	
		Speed Limit <b>30</b>		Total Lanes <b>3</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>TRAFFIC SIGNAL</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>Vehicle</b>				
		License Plate Number <b>AVC3803</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>5FNRL5H60CB058765</b>		Make <b>HONDA</b>	Year <b>2012</b>	Model <b>ODYSSEY</b>
		Color <b>GRY - GRAY</b>		Body Style <b>VN - VAN</b>		Bus Use
		Initial Contact Point <b>04 - RIGHT SIDE REAR</b>		Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>04 - RIGHT SIDE REAR</b>		
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions			
	Owner Name <b>LINDE STEVENS (608) 963-3682</b>		Owner Address <b>N8176 US HIGHWAY 45 BIRNAMWOOD, WI 54414 , US</b>	
02 02	<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>GENERAL-INS-CO-OF-AMERICA-(C/O-SAFECO-I</b>		Individual <b>LINDE STEVENS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>LINDE STEVENS (608) 963-3682</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>N8176 US HIGHWAY 45 BIRNAMWOOD, WI 54414 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number	
02 002	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT APPLICABLE</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		
Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location	

UNIT	Individual		
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use		Suspected Drug Use
	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>NOT OBSERVED</b>			
UNIT	<b>Individual</b>		
	Passenger	Citations Issued	Sex
	<b>LAVAYEN STEVENS</b>	<b>0</b>	<b>MALE</b>
		Date of Birth	Race
	Address		Driver License Number
	<b>N8176 US HIGHWAY 45 BIRNAMWOOD, WI 54414 , US</b>		
	<b>Safety Equipment</b>		
	On Duty Crash		Safety Equipment
	Row	Seat Position	<b>RESTRAINT USE UNKNOWN</b>
	<b>02 - SECOND ROW</b>	<b>07 - LEFT</b>	
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
UNIT	<b>Injury</b>		
	Injury Severity	Airbag	
	<b>NO APPARENT INJURY</b>	<b>NOT APPLICABLE</b>	
	Ejected	Ejection Path	Trapped/Extricated
	<b>NOT APPLICABLE</b>	<b>NOT EJECTED/NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>
	Medical Transport	EMS Agency Identifier	EMS Run #
	<b>NOT TRANSPORTED</b>		
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>		
	Distracted By Source		
Distracted By Action			
UNIT	<b>Non Motorist</b>		
	Striking Unit #	Location	
Prior Action			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>			
	Suspected Alcohol Use		Suspected Drug Use	
	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>NOT OBSERVED</b>			
	UNIT	<b>Individual</b>		
		Passenger <b>VLADIMIR BELL</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
Date of Birth		Race		
Address <b>N8176 US HIGHWAY 45 BIRNAMWOOD, WI 54414 , US</b>		Driver License Number		
<b>Safety Equipment</b>				
On Duty Crash		Safety Equipment <b>RESTRAINT USE UNKNOWN</b>		
Row <b>02 - SECOND ROW</b>		Seat Position <b>09 - RIGHT</b>		
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
UNIT		<b>Injury</b>		
	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NOT APPLICABLE</b>	
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	
	Hospital		EMS Run #	
	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				

UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	02	004	<b>Drug &amp; Alcohol</b>			
			Suspected Alcohol Use	Suspected Drug Use		
			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>NOT OBSERVED</b>					