

6TL0D7W170  
24-04043

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>24-04043</b>		Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>04/23/2024</b>		Crash Time <b>04:38 PM</b>		Date Arrived <b>04/23/2024</b>		Time Arrived <b>04:41 PM</b>	
Date Notified <b>04/23/2024</b>		Time Notified <b>04:38 PM</b>		Total Units <b>02</b>		Total Injured <b>03</b>	Total Killed <b>00</b>
<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"/> 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	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

Description

Diagram		Reconstruction By	
		Photos By <b>KMUELLER</b>	
		Additional Information <b>PHOTOS</b>	

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

UNIT 1 WAS STOPPED AT A STOP SIGN ON BERKLEY BLVD AT W PINE ST. UNIT 1 DROVE FROM THE INTERSECTION STRIKING UNIT 2 WHICH DID NOT HAVE ANY TRAFFIC CONTROL AT THE INTERSECON. THE DRIVER OF UNIT 1 SAID A SEPARATE VEHICLE TURNING EAST BLOCKED HER VIEW AS SHE WAS TRYING TO CROSS THE ROADWAY.

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Location

ON BERKLEY BLVD 39 FT E OF CTHBD NB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.477087816</b>	Longitude <b>-89.76869625</b>
	X Coordinate <b>276077.21875</b>	Y Coordinate <b>4817521</b>
	Structure Type	

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>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>LAW ENFORCEMENT, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>04/23/2024</b>	Time Initial Lane/Rd Closed <b>04:41 PM</b>	Date Scene Cleared <b>04/23/2024</b>	
Date All Lanes Open <b>04/23/2024</b>	Time All Lanes Open <b>05:19 PM</b>		

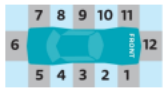
Unit Summary

UNIT 01	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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</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>					
01	<b>Vehicle</b>					
	License Plate Number <b>C2HARTS</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>2GNAXVEXXK6280546</b>		Make <b>CHEVROLET</b>	Year <b>2019</b>	Model <b>EQUINOX</b>		

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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use		
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>				
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>			Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>			Vehicle Factors <b>NOT APPLICABLE</b>	
Driver Prior Action Other					
UNIT VEHICLE	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>				
	Owner Name <b>GLENDA HARTMAN (608) 404-6290</b>	Owner Address <b>W1252 ARBOR LK E LYNDON STATION, WI 53944 , US</b>			
01 01	<b>Sequence Of Events</b>				
	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
04 03 02 01	Event				
	Event				
	Event				
	Event				
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>AMERICAN-GENERAL-INS-CO</b>	Individual <b>GLENDA HARTMAN</b>			
	<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>HALEY BOWEN-HARTMAN (608) 404-6290</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>		
		Date of Birth	Race <b>WHITE</b>		
	Address <b>W1252 ARBOR LK E LYNDON STATION, WI 53944 , US</b>	Driver License Number			
01 001	<b>Safety Equipment</b>		Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-SIDE</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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UNIT	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>			
	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	
01	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>GLENDA HARTMAN</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
			Date of Birth		Race <b>WHITE</b>	
	Address <b>W1252 ARBOR LK E LYNDON STATION, WI 53944 , US</b>			Driver License Number		
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
01	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-SIDE</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>EMS GROUND</b>			EMS Agency Identifier <b>6000368</b>		EMS Run #
	Hospital <b>ST CLARE HOSP</b>		Date of Death		Time of Death	

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UNIT	<b>Distracted By</b>	Distracted By Source			
		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 <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
	<b>01</b>	<b>002</b>	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
Individual Condition <b>APPEARED NORMAL</b>					
<b>01</b>	<b>Violations</b>				
	UTC Number <b>BG111503</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHTWAY FROM STOP SIGN</b>	

**Unit Summary**

UNIT	<b>02</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>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>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>30</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				
	<b>02</b>	<b>Vehicle</b>			
		License Plate Number <b>APW7060</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>WP1AF2A29DLA41809</b>	Make <b>PORSCHE</b>	Year <b>2013</b>	Model <b>CAYENNE</b>	

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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Prior Action Other			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02 02	Owner Name <b>ROBERT NAGEL</b> (608) 963-0713	Owner Address <b>E10281 STATE ROAD 33</b> <b>BARABOO, WI 53913 , US</b>		
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	<b>Policy Holder</b>			
	Insurance Company <b>RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)</b>	Individual <b>BARBARA NAGEL</b>		
02 003	<b>Individual</b>			
	Driver <b>BARBARA NAGEL</b> (608) 963-0713	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>E10281 STATE ROAD 33</b> <b>BARABOO, WI 53913 , US</b>	Driver License Number		
02 003	<b>Safety Equipment</b>		Safety Equipment	
	On Duty Crash			
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury Severity <b>POSSIBLE 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 #	

