

6TL0D942BH  
24-04659

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>24-04659</b>	Investigating Officer/Deputy <b>DEPUTY M. PETERSON</b>	
Crash Date <b>05/08/2024</b>		Crash Time <b>09:08 PM</b>	Date Arrived <b>05/08/2024</b>	Time Arrived <b>09:21 PM</b>	
Date Notified <b>05/08/2024</b>		Time Notified <b>09:11 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 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
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING NORTH ON W PINE ST AND ENTERED THE INTERSECTION FOR BERKLEY BOULEVARD. UNIT 2 STOPPED AT THE STOP SIGN FOR BERKLEY BOULEVARD (WESTBOUND) AND WAS TURNING SOUTH ONTO W PINE ST. THERE WAS A TRUCK IN THE OUTSIDE LANE TRAVELING NORTH ON W PINE ST AND TURNING EAST ONTO BERKLEY BOULEVARD. UNIT 2 DRIVER SAID HE COULD NOT SEE AROUND THIS TRUCK AND BELIEVED NO ONE ELSE WAS COMING. UNIT 2 THEN PROCEEDED INTO THE INTERSECTION AND STRUCK UNIT 1 IN A T-BONE MANNER. THERE WERE NO INJURIES REPORTED AND ALL OCCUPANTS REPORTED WEARING SEAT BELTS. UNIT 1 RECEIVED DAMAGE TO THE BACK PASSENGER TIRE, WHEEL WELL, AND FENDER. UNIT 2 RECEIVED DAMAGE TO THE FRONT PASSENGER SIDE BUMPER AND HEADLAMP. BOTH VEHICLES WERE DRIVEN FROM THE SCENE. UNIT 2 DRIVER WAS ISSUED AND EXPLAINED A CITATION FOR FAILURE TO YIELD THE RIGHT OF WAY FROM A STOP SIGN. A PARENTAL NOTIFICATION WAS EXPLAINED TO THE FATHER.

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Location

ON CTHBD NB 14 FT S OF BERKLEY BLVD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.477050201</b>	Longitude <b>-89.768842277</b>
	X Coordinate <b>276065.28125</b>	Y Coordinate <b>4817517</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>DARK/LIGHTED</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>PARTIAL 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>IN TRANSIT</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>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>35</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>VEHICLE</b>	License Plate Number <b>60943M</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>19XFB2F93CE041644</b>	Make <b>HONDA</b>	Year <b>2012</b>	Model <b>CIVIC EX-L</b>
		Color <b>MAR - MAROON (BURGUNDY)</b>	Body Style <b>4D - 4DR</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, 14 - UNDERCARRIAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>AARON STRANSKY</b>		Owner Address <b>1875 W PINE ST APT 504 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	<b>Policy Holder</b>			
	Insurance Company <b>USAA-GENERAL-INDEMNITY-CO</b>		Individual <b>AARON STRANSKY</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>AARON STRANSKY</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>1875 W PINE ST APT 504 BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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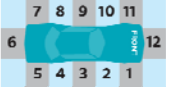
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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <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>01</b>	<b>001</b>				

## Unit Summary

<b>UNIT</b>	<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>PASSENGER CAR</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"/> <b>Pre Crash Tire Mark</b>		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>											

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>							
		License Plate Number <b>120RHH</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>3VW4T7AU6GM018672</b>		Make <b>VOLKSWAGEN</b>		Year <b>2016</b>		Model <b>GTI</b>	
		Color <b>BLK - BLACK</b>		Body Style <b>HB - HATCHBACK</b>				Bus Use	
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>					
		Extent Of Damage <b>MINOR DAMAGE</b>							
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>							

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UNIT VEHICLE	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>			
	Owner Name <b>SETH MEISE</b>		Owner Address <b>E11235 N POPLAR RD BARABOO, WI 53913 , US</b>	
UNIT 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>AUTO-OWNERS-INS-CO</b>		Individual <b>BENJAMIN MEISE</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>BENJAMIN MEISE</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Date of Birth		Race <b>WHITE</b>	
	Address <b>E11235 N POPLAR RD BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 02	<b>Safety Equipment</b>		On Duty Crash <b>EMT/FIRST-RESPONDER</b>	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</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		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>		Striking Unit #		
Location				

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UNIT	INDIVIDUAL	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>Individual</b>				
		UNIT	INDIVIDUAL	Passenger <b>DANIEL HARMON</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth			Race <b>WHITE</b>		
Address <b>126 8TH AVE BARABOO, WI 53913 , 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		
02	003			<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
		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				

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UNIT INDIVIDUAL	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>Violations</b>				
	01	UTC Number <b>BG943716</b>	Issue To? <b>002</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>