

6TL0F3SSGJ
24-04897

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 24-04897	Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 05/15/2024		Crash Time 01:06 PM	Date Arrived 05/15/2024	Time Arrived 01:23 PM	
Date Notified 05/15/2024		Time Notified 01:07 PM	Total Units 02	Total Injured 00	Total Killed 00
<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 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
<p>Not to scale</p>	Photos By
	Additional Information NONE

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

U2 WAS FOLLOWING A CAR NORTHBOUND ON WEST PINE ST, WHEN IT THEN BEGAN MAKING A RIGHT HAND TURN ON BERKLEY BLVD. U2 WAS THEN STRUCK BY U1 AS IT PROCEEDED NORTHBOUND. OPERATOR OF U1 DID NOT SEE U2 BEHIND THE CAR INFRONT OF IT AND THOUGHT THE ROADWAY WAS CLEAR WHEN SHE PULLED OUT. OCCUPANTS OF U1 DENIED INJURIES AND OPERATOR OF U2 DENIED INJURIES. OPERATOR OF U2 REQUESTED OPERATOR OF U1 TO NOT RECEIVE A CITATION. BOTH VEHICLES WERE REMOVED FROM THE SCENE BY OPERATOR.

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Location

ON BERKLEY BLVD 31 FT E OF CTHBD NB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.477088145	Longitude -89.768727086
	X Coordinate 276074.71875	Y Coordinate 4817521
	Structure Type	

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) CLEAR		
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 FOUR-WAY INTERSECTION

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 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number ALR8182	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNERJKW6PJ177165	Make CHEVROLET	Year 2023	Model TRAVERSE
	Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE			
01	Owner Name SAMANTHA CHRISTIAN (608) 844-0888		Owner Address 109 FREEDOM ST NORTH FREEDOM, WI 53951 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company GEICO-GENERAL-INS-CO		Individual SAMANTHA CHRISTIAN	
UNIT INDIVIDUAL	Individual			
	Driver SAMANTHA CHRISTIAN		Citations Issued 0	Sex FEMALE
	Address 109 FREEDOM ST NORTH FREEDOM, WI 53951 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
			Safety Equipment SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
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				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	Non Motorist		Striking Unit #	Location			
	Prior Action						
	Action						
	Action Other			To/From School			
01	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						
	Individual						
UNIT	INDIVIDUAL	Passenger TUCKER CHRISTIAN		Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
	Address 109 FREEDOM ST NORTH FREEDOM, WI 53951 , US		Driver License Number				
	Safety Equipment						
01	002	On Duty Crash		Safety Equipment			
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	CHILD RESTRAINT SYSTEM - FORWARD FACING			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
Hospital		Date of Death		Time of Death			
Distracted By							
Distracted By Source							
Distracted By Action							
Non Motorist		Striking Unit #	Location				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	002	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			
		Individual			
		Passenger BRANTLEY CHRISTIAN	Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
		Address 109 FREEDOM ST NORTH FREEDOM, WI 53951 , US	Driver License Number		
		01	003	Safety Equipment	On Duty Crash
Row 02 - SECOND ROW	Seat Position 09 - RIGHT				
Helmet Use				Helmet Compliance	
Eye Protection				Tint Compliance	
Injury	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED	EMS Agency Identifier			EMS Run #	
Hospital	Date of Death			Time of Death	
Distracted By	Distracted By Source				
Distracted By Action					
Non Motorist	Striking Unit #	Location			
Prior Action					

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UNIT	INDIVIDUAL	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			
		Individual			
		Passenger ROSALEE CHRISTIAN	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
Address 109 FREEDOM ST NORTH FREEDOM, WI 53951 , US	Driver License Number				
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
		Row 03 - THIRD ROW	Seat Position 09 - RIGHT	CHILD RESTRAINT SYSTEM - FORWARD FACING	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		Distracted By	Distracted By Source		
		Distracted By Action			
Non Motorist	Striking Unit #	Location			
Prior Action					

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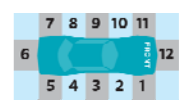
UNIT INDIVIDUAL
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type TRUCK
Vehicle Type UTILITY TRUCK/PICKUP TRUCK Operating As Endorsements
Total Occs 1 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel NORTHBOUND Pre Crash Tire 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 LEVEL
Truck Bus or HazMat NO

Vehicle

UNIT 02 VEHICLE 02
License Plate Number PZ3597 Plate Type LTK - LIGHT TRUCK St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1FT7W2B6XCEA40703 Make FORD Year 2012 Model F250 SUPER
Color RED - RED Body Style PK - PICKUP Bus Use
Initial Contact Point 03 - RIGHT SIDE MIDDLE Vehicle Damage 03 - RIGHT SIDE MIDDLE
Extent Of Damage MINOR DAMAGE
Towed Due To Damage NOT TOWED Vehicle Removed By OPERATOR
What Driver Was Doing GOING STRAIGHT Vehicle Factors NOT APPLICABLE
Driver Prior Action Other



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UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
		Owner Name WILLIAM RICK	Owner Address E9840 HOGSBACK RD BARABOO, WI 53913 , US
02	02	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company 1ST-AUTO-&-CASUALTY-INS-CO	Individual WILLIAM RICK	
UNIT	INDIVIDUAL	Individual	
		Driver WILLIAM RICK	Citations Issued 0
			Sex MALE
		Date of Birth	Race WHITE
	Address E9840 HOGSBACK RD BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02	005	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
		Injury	Injury Severity NO APPARENT INJURY
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	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		

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UNIT	INDIVIDUAL	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					
		02	005				