

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL0FSSFCJ

Document Number Override		Primary Crash Document #	Agency Crash Number 26-05991	Investigating Officer/Deputy DEPUTY Z. DRILL	
Crash Date 06/09/2026		Crash Time 02:16 PM	Date Arrived 06/09/2026	Time Arrived 02:37 PM	
Date Notified 06/09/2026		Time Notified 02:18 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

<p>Diagram</p>	Reconstruction By
	Photos By DEPUTY DRILL
	Additional Information PHOTOS

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

UNIT ONE STOPPED WITH LEFT TURN SIGNAL ACTIVATED TO TURN INTO PARKING LOT FOR PREM MEATS IN SPRING GREEN WI. UNIT TWO MOVED OVER TO THE RIGHT TO CONTINUE EAST ON STH 23 AND TRAVEL AROUND UNIT ONE. UNIT ONE DRIVER STATED SHE WAS UNSURE OF WHERE THE DRIVEWAY ENTRANCE WAS, AND INSTEAD OF FOLLOWING THROUGH WITH HER TURN, TURNED BACK TO THE RIGHT SHARPLY. THIS CAUSED THE PASSENGER FRONT CORNER OF UNIT ONE TO CONTACT THE DRIVER SIDE REAR CORNER OF UNIT TWO. BOTH DRIVERS DESCRIBED THE SAME ACTIONS FOR THE INCIDENT AS WELL AS ONE BY STANDARD WHO OBSERVED UNIT ONE SWERVE INTO UNIT TWO AFTER SIGNALING THE LEFT HAND TURN. MINOR DAMAGE TO BOTH VEHICLES, NO INJURIES, AND VEHICLES WERE REMOVED BY RESPECTIVE DRIVERS. DRIVER OF UNIT ONE CITED FOR FAILURE TO FOLLOW INDICATED TURN AND NO PROOF OF INSURANCE. END OF CONTACT.

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Location

ON USH14 EB 651 FT E OF STH60 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.188282843	Longitude -90.067775262
	X Coordinate 250707.84375	Y Coordinate 4786293.5
	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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

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 1	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle						
	VEHICLE	License Plate Number 644WHY		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2T1KR32E45C492098		Make TOYT	Year 2005	Model COROLLA/MA	
		Color BLK - BLACK		Body Style 4H - HATCHBACK 4 DOOR		Bus Use	
		Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage 02 - RIGHT SIDE FRONT			
Extent Of Damage MINOR DAMAGE							



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions IMPROPER TURN			
01	Owner Name JULIANA CLAUSEN (608) 370-0875		Owner Address 9900 COUNTY ROAD Y MAZOMANIE, WI 53560 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		INDIVIDUAL JULIANA CLAUSEN	
UNIT INDIVIDUAL	Individual			
	DRIVER JULIANA CLAUSEN (608) 370-0875		Citations Issued 2	Sex FEMALE
	Address 9900 COUNTY ROAD Y MAZOMANIE, WI 53560 , US		Date of Birth	Race WHITE
			Driver License Number C4254205564100 STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
			SHOULDER & LAP BELT	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
001	Injury		Injury Severity NO APPARENT INJURY	
			Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED	
			EMS Agency Identifier	
	Hospital		EMS Run #	
			Date of Death	
		Time of Death		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	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					
	Violations					
01	001	UTC Number BM655603	Issue To? 001	Statute Number 346.31(1)	Description FAIL TO FOLLOW INDICATED TURN	
		UTC Number BM655604	Issue To? 001	Statute Number 344.62(2)	Description OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE	

Unit Summary

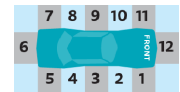
UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK			
		Vehicle Type CARGO VAN (10,000 LBS OR LESS)				Operating As Endorsements			
		Total Occs 1	Train/Bus # Recorded		Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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 NO CONTROL		Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT		Road Grade LEVEL		
		Truck Bus or HazMat NO							
		Vehicle							
		02	02	License Plate Number XE73202		Plate Type HTK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 3C6LRVDGXPE564223				Make RAM	Year 2023	Model PROMASTER			
Color WHI - WHITE				Body Style VN - VAN			Bus Use		

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26-05991

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SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895



UNIT VEHICLE	Initial Contact Point 08 - LEFT SIDE REAR	Vehicle Damage 08 - LEFT SIDE REAR		
	Extent Of Damage MINOR DAMAGE			
	Towed Due To Damage NOT TOWED	Vehicle Removed By		
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name CINTAS CORPORATION #2	Owner Address W6483 DESIGN DR GREENVILLE, WI 54942 , US		
UNIT 02 02	Sequence Of Events			
	Event MOTOR VEH IN TRANSPORT			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT 04	Policy Holder			
	Insurance Company LIBERTY-INS-CORP	ORGANIZATION/COMPANY CINTAS CORPORATION #2		
UNIT INDIVIDUAL	Individual			
	DRIVER GAVIN DIETZ (608) 438-5172	Citations Issued 0	Sex MALE	
		Date of Birth	Race WHITE	
	Address 7602 WESTCHESTER DR MIDDLETON, WI 53562 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 02 002	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	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	

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UNIT	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				
02	002	Individual Condition			
		APPEARED NORMAL			