

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL0B8M7WS

Document Number Override		Primary Crash Document #	Agency Crash Number <b>20-05263</b>	Investigating Officer/Deputy <b>DEPUTY B. MEARS</b>	
Crash Date <b>06/04/2020</b>		Crash Time <b>02:05 PM</b>	Date Arrived <b>06/04/2020</b>	Time Arrived <b>02:33 PM</b>	
Date Notified <b>06/04/2020</b>		Time Notified <b>02:12 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

Diagram	Reconstruction By
	Photos By <b>DEPUTY MEARS</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 SB ON OLD HWY 12 . OPERATOR STOPPED AT THE STOP SIGN AT OLD HWY 12 AND LAGE RD. OPERATOR STARTED TO MAKE A LEFT TURN ONTO OLD HWY 12. OPERATOR STATED SHE LOOKED AND SAW NO TRAFFIC BEFORE PROCEEDING. AS SHE GOT INTO THE INTERSECTION SHE SAW UNIT #2 WHICH WAS WESTBOUND ON USH 12, SHE BRAKED BUT COULD NOT STOP IN TIME TO AVOID STRIKING UNIT #2. I DID OBSERVE THAT IT IS HARD TO SEE IF THERE IS ONCOMING WESTBOUND TRAFFIC FROM THE STOP SIGN ON LAGE RD. THE OPERATOR OF UNIT #2 STATED SHE WAS WESTBOUND TRAVELING AT ABOUT 55 MPH WHICH SHE BELIEVED WAS THE SPEED LIMIT. SHE SAID SHE TRIED TO AVOID UNIT #1 BY STEERING AWAY FROM IT, BUT SHE WAS NOT ABLE TO. THERE WERE NO INJURIES AND BOTH UNITS HAD BEEN MOVED PRIOR TO MY ARRIVAL FOR SAFETY. UNIT 1 OPERATOR WAS ISSUED A WRITTEN WARNING FOR FAILURE TO YIELD FROM A STOP SIGN. UNIT 1 WAS REMOVED BY INTERSTATE/HOVLANDS. UNIT #2 HAD A FLAT FRONT RIGHT SIDE TIRE. THE TIRE WAS CHANGED BY SCHULTZ'S AUTO AND THE OPERATOR DROVE THE UNIT AWAY.

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

**Location**

<b>INTERSECTION ON OLD HIGHWAY 12 AT LAGE IN THE TOWN OF DELTON IN SAUK COUNTY</b>	Latitude <b>43.640117261</b>	Longitude <b>-89.818600469</b>
	X Coordinate <b>272655.28125</b>	Y Coordinate <b>4835763.5</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>T-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>02</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 checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>02</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>AFU5905</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FAFP53U14A132742</b>		Make <b>FORD</b>	Year <b>2004</b>	Model <b>TAURUS</b>
		Color <b>WHI - WHITE</b>		Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>INTERSTATE BP</b>		
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE</b>				
01	01	Owner Name <b>STEPHEN SCOTT RAGAN (608) 548-5351</b>		Owner Address <b>N5728 15TH AVE MAUSTON, WI 53948 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>HASTINGS-MUTUAL-INS-CO</b>		Individual <b>STEPHEN RAGAN</b>		
UNIT	<b>Individual</b>				
	Driver <b>SERENITY ALEXIS OLSON (608) 548-1384</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>N5728 15TH AVE MAUSTON, WI 53948 , 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	
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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>					

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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>					
		Passenger <b>MAYA RAE BOLLIG (608) 548-4710</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>
		Address <b>545 DIVISION ST MAUSTON, WI 53948 , US</b>			Date of Birth		
			Race <b>WHITE</b>				
Driver License Number			<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
01	002	<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			
		<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			
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				

UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	<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>			

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>			
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>					Operating As Endorsements		
		Total Occs <b>01</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>WESTBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>45</b>	Total Lanes <b>02</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>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>CURVE LEFT</b>			Road Grade <b>UPHILL</b>	
		Truck Bus or HazMat <b>NO</b>							

UNIT	02	<b>Vehicle</b>					
		License Plate Number <b>HF7122</b>		Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GCEK14C38E136826</b>		Make <b>CHEVROLET</b>		Year <b>2008</b>	Model <b>SILVERADO</b>
		Color <b>GRY - GRAY</b>		Body Style <b>PK - PICKUP</b>			Bus Use
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>		Vehicle Damage <b>02 - RIGHT SIDE FRONT</b>			
		Extent Of Damage <b>DISABLING DAMAGE</b>					
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
		What Driver Was Doing <b>GOING STRAIGHT</b>					

WISCONSIN MOTOR VEHICLE  
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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors
			NOT APPLICABLE
	Driver Actions EXCEED SPEED LIMIT		
02	Owner Name	Owner Address	
	SUNRISE VETERINARY SERVICES LLC (608) 768-7297	E6256 SUNRISE RD REEDSBURG, WI 53959 , US	
<b>Sequence Of Events</b>			
01 02 03 04	Event	MOTOR VEH IN TRANSPORT	
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company	Organization/Company	
	AUTO-OWNERS-INS-CO	SUNRISE VETERINARY SERVICES LLC	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver	Citations Issued	Sex
	MARLA JEAN WILSON (608) 575-0627	0	FEMALE
		Date of Birth	Race
		WHITE	
	Address	Driver License Number	
	E3509 FRANK RD LA VALLE, WI 53941 , US	STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Row	Seat Position	SHOULDER & LAP BELT
	01 - FRONT ROW	07 - LEFT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity	Airbag
		NO APPARENT INJURY	NON DEPLOYED
Ejected	Ejection Path	Trapped/Extricated	
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED	
Medical Transport	EMS Agency Identifier	EMS Run #	
NOT TRANSPORTED			
Hospital	Date of Death	Time of Death	
<b>Distracted By</b>	Distracted By Source		
	NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action		
	NOT DISTRACTED		
<b>Non Motorist</b>	Striking Unit #	Location	

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<b>UNIT</b>	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>02</b>	<b>003</b>		