

6TL0CX0Q6S  
20-06340

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>20-06340</b>	Investigating Officer/Deputy <b>DEPUTY I. HANSON</b>	
Crash Date <b>06/30/2020</b>		Crash Time <b>04:43 PM</b>	Date Arrived <b>06/30/2020</b>	Time Arrived <b>04:46 PM</b>	
Date Notified <b>06/30/2020</b>		Time Notified <b>04:45 PM</b>	Total Units <b>02</b>	Total Injured <b>01</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>HANSON</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 2 WAS SLOWING DOWN TO TURN WEST ON CTH GG. UNIT 1 WAS SOUTH ON STH 23 AND REACHED FOR AN ITEM NEAR THE FLOOR BOARD. UNIT 1 STATED HE DID NOT HAVE TIME TO SLOW DOWN IN TIME TO AVOID COLLISION AND STRUCK UNIT 2 AT ROAD SPEED. UNIT 2 WAS PUSHED THROUGH INTERSECTION AND BOTH UNITS CAME TO REST FACING SOUTH. 9109

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## Location

ON STH23 EB 77 FT N OF CTHGG SB IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude <b>43.351273346</b>	Longitude <b>-90.069168844</b>
	X Coordinate <b>251259.890625</b>	Y Coordinate <b>4804400</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>03 - FRONT TO REAR</b>	Light Condition <b>DAWN</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN 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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</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>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>AFX4423</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1G4HP52K15U149605</b>	Make <b>BUICK</b>	Year <b>2005</b>	Model <b>LESABRE</b>
		Color <b>GRY - GRAY</b>	Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</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>GEORGES AUTO BODY</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>OTHER CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>DANIEL ROBERT HESS (608) 495-0367</b>		Owner Address <b>S8395 STATE ROAD 23 LOGANVILLE, WI 53943 , US</b>	
<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>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>DANIEL HESS</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>DANIEL ROBERT HESS (608) 495-0367</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>	
	Address <b>S8395 STATE ROAD 23 LOGANVILLE, WI 53943 , 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		Injury Severity <b>POSSIBLE INJURY</b>	
Airbag <b>DEPLOYED-FRONT</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>OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)</b>			
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>					

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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>	<b>Violations</b>			
UTC Number <b>BG022521</b>			Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</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>(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>SOUTHBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>55</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>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>02</b>	<b>02</b>	<b>Vehicle</b>					
		License Plate Number <b>881YJN</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GNEVGKW2KJ197629</b>		Make <b>CHEVROLET</b>		Year <b>2019</b>	Model <b>TRAVERSE</b>
		Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Bus Use
		Initial Contact Point <b>06 - REAR</b>					

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>	
UNIT VEHICLE	Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	Vehicle Factors	
	Driver Prior Action Other <b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
02 02	Owner Name <b>JEANNE MARIE KAST (608) 986-5816</b>	Owner Address <b>S7585 STATE ROAD 130 HILLPOINT, WI 53937 , 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>AMERICAN-FAMILY-INS-CO</b>	Individual <b>JEANNE KAST</b>
02 002	<b>Individual</b>	
	Driver <b>JEANNE MARIE KAST (608) 986-5816</b>	Citations Issued <b>0</b>
		Sex <b>FEMALE</b>
		Date of Birth
	Race <b>WHITE</b>	
Address <b>S7585 STATE ROAD 130 HILLPOINT, WI 53937 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
<b>Safety Equipment</b>	On Duty Crash	
	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		
02 002	<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	

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<b>UNIT</b>	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	Distracted By Action <b>NOT DISTRACTED</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				
<b>02</b>	<b>002</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			