

6TL0BC3B4K
20-06920

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 20-06920	Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 07/16/2020		Crash Time 07:07 AM	Date Arrived 07/16/2020	Time Arrived 07:22 AM	
Date Notified 07/16/2020		Time Notified 07:08 AM	Total Units 02	Total Injured 03	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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> <p>Not To Scale</p>	Reconstruction By
	Photos By TROOPER STRASBURG
	Additional Information PHOTOS

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING EASTBOUND AND UNIT 2 WAS TRAVELING NORTHBOUND. THE OPERATOR OF UNIT 1 FAILED TO STOP AT A STOP SIGN AND WHEN UNIT 1 ENTERED THE INTERSECTION, UNIT 2 STRUCK IT IN THE PASSENGER SIDE. THE OCCUPANTS OF UNIT 1 AND UNIT 2 WERE TRANSPORTED TO HOSPITALS VIA AMBULANCES WITH SUSPECTED MINOR INJURIES.

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Location

Table with 3 columns: Location description, Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type.

Crash Scene

Table with multiple rows detailing crash scene information: First Harmful Event, Manner of Collision, Road Surface Condition, Environment Factor, Weather Condition, Animal Type, Crash Classification, Tribal Land, Intersection Type, Closure Type, Date Initial Lane/Rd Closed, Date All Lanes Open, Date Scene Cleared, Time Scene Cleared.

Unit Summary

Table with 2 main sections: Unit Summary (rows for Unit Status, Vehicle Type, Total Occs, Insurance, Most Harmful Event, Traffic Way, Surface Type, Truck Bus or HazMat) and Vehicle details (rows for License Plate Number, Vehicle Identification Number, Plate Type, Make, St, Year, Country of Issuance, Model).

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UNIT VEHICLE	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER	
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By GEORGES AUTO BODY	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions DISREGARDED STOP SIGN		
	Owner Name STEPHANIE LYNN STOWELL (608) 604-1095	Owner Address 28461 CLARY LN RICHLAND CENTER, WI 53581 , US	
Sequence Of Events			
UNIT 01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event OVERTURN/ROLLOVER		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual STEPHANIE STOWELL	
UNIT INDIVIDUAL	Individual		
	Driver STEPHANIE LYNN STOWELL (608) 604-1095	Citations Issued 1	Sex FEMALE
		Date of Birth	Race WHITE
	Address 28461 CLARY LN RICHLAND CENTER, WI 53581 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 01 001	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 SUSPECTED MINOR INJURY	Airbag DEPLOYED-SIDE
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport EMS AIR		EMS Agency Identifier 6001155	EMS Run #

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UNIT INDIVIDUAL	Hospital RICHLAND HOSP		Date of Death	Time of Death
	Distracted By Distracted By Source			
	Distracted By Action UNKNOWN			
	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
01 001	Drug Type			
	Individual Condition APPEARED NORMAL			
	Individual			
	Passenger SAVANNAH E STOWELL		Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address 28461 CLARY LN RICHLAND CENTER, WI 53581 , US		Driver License Number	
	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
	Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance		
01 002	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-SIDE
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS AIR		EMS Agency Identifier 6001155	EMS Run #
	Hospital RICHLAND HOSP		Date of Death	Time of Death

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UNIT	Distracted By	Distracted By Source				
		Distracted By Action				
	Non Motorist	Striking Unit #	Location			
		Prior Action				
	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						
Violations						
01	UTC Number AE138459	Issue To? 001	Statute Number 346.46(1)	Description FAIL/STOP AT STOP SIGN		

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE	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	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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				
	02	Vehicle			
		License Plate Number 913ZMM	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C4RJFAG6HC701672	Make JEEP	Year 2017	Model GRAND CHER	

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UNIT VEHICLE	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By GEORGES AUTO BODY	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name AMBER M MARSHALL	Owner Address 308 LISA CT BARABOO, WI 53913 , US	
UNIT 02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT 02	Policy Holder		
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual AMBER MARSHALL	
	Individual		
UNIT INDIVIDUAL	Driver JACOB FRY MARSHALL (608) 574-7623	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 308 LISA CT BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		
	On Duty Crash	Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
UNIT 02	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Medical Transport EMS AIR	EMS Agency Identifier 6000554	EMS Run #

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UNIT	Hospital SAUK PRAIRIE HOSP		Date of Death	Time of Death	
	Distracted By		Distracted By Source		
	Distracted By Action UNKNOWN				
	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	
02	003	Drug Type			
		Individual Condition APPEARED NORMAL			

Witness

WITN 01	ESS	Individual MAX PATRICK NACHREINER (608) 588-4102	Address 940 MEADOW LN PLAIN, WI 53577 , US	Date of Birth