

6TL0CVRP3F  
20-13642

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0CVRP3F

Document Number Override		Primary Crash Document#		Agency Crash Number 20-13642		Investigating Officer/Deputy <b>SERGEANT S. SCHRAM</b>	
Crash Date 12/02/2020		Crash Time 05:00 PM		Date Arrived 12/02/2020		Time Arrived 05:05 PM	
Date Notified 12/02/2020		Time Notified 05:00 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
	Additional Information NONE

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

UNIT 1 WAS TRAVELING WB ON HWY 14 UTILIZING THE DESIGNATED TURN LANE TO TURN SOUTH ONTO HWY 23. UNIT 2 DID NOT SEE UNIT 1 IN THE TURN LANE AND TRIED TO CROSS THE TURN LANE TO ENTER INTO RITE WAY PLAZA. UNIT 2 OPERATOR ADMITTED TO FAILING TO SEE UNIT 1 BEFORE ATTEMPTING TO MAKE THE MANEUVER, CAUSING THE VEHICLES TO COLLIDE.

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Location

ON USH14 WB 154 FT E OF CTHG WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude	Longitude
	43.189686521	-90.073280052
	X Coordinate	Y Coordinate
	250266.21875	4786466
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>01 - ANGLE</b>	Light Condition <b>DARK/LIGHTED</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>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

Unit Summary

UNIT 01	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>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>00</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"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>03</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, WITH A CONTINUOUS LE</b>	Traffic Control <b>TRAFFIC SIGNAL</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>				

Vehicle

UNIT VEHICLE 01 01	License Plate Number <b>101XHE</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FAHP2EW0BG162363</b>	Make <b>FORD</b>	Year <b>2011</b>	Model <b>TAURUS</b>	
	Color <b>GRY - GRAY</b>	Body Style <b>SD - SEDAN</b>		Bus Use	
	Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>CHANGING LANES</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
01	01	Owner Name <b>DANA L WILLEY (608) 445-0574</b>	Owner Address <b>411 WILLOW ST ARENA, WI 53503 , US</b>
<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
02	02	Event	
03	03	Event	
04	04	Event	
<b>Policy Holder</b>			
UNIT		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>DANA WILLEY</b>
<b>Individual</b>			
UNIT INDIVIDUAL	01	Driver <b>DANA L WILLEY (608) 445-0574</b>	Citations Issued <b>00</b>
			Sex <b>FEMALE</b>
			Date of Birth [REDACTED]
		Race <b>WHITE</b>	
	Address <b>411 WILLOW ST ARENA, WI 53503 , US</b>	Driver License Number [REDACTED] <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	
01	001	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>		

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UNIT INDIVIDUAL          01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO	
	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>CARGO VAN (10,000 LBS OR LESS)</b>				Operating As Endorsements	
	Total Occs <b>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>00</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"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>03</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, WITH A CONTINUOUS LE</b>		Traffic Control <b>TRAFFIC SIGNAL</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>					

UNIT VEHICLE 02 02	<b>Vehicle</b>				
	License Plate Number <b>LW2162</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GCGG25R711116515</b>		Make <b>CHEVROLET</b>	Year <b>2001</b>	Model <b>EXPRESS G2</b>
	Color <b>WHI - WHITE</b>		Body Style <b>VN - VAN</b>		Bus Use
	Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>		Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		

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UNIT	What Driver Was Doing <b>CHANGING LANES</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
VEHICLE	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, LOOKED BUT DID NOT SEE</b>		
	Owner Name <b>N AND N ELECTRIC (608) 852-1153</b>	Owner Address <b>7029 SOUTH AVENUE MIDDLETON, WI 53562 , US</b>	
02	<b>Sequence Of Events</b>		
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
02	<b>Policy Holder</b>		
	Insurance Company <b>INTEGRITY-INS-CO</b>	Organization/Company <b>N AND N ELECTRIC</b>	
03	<b>Individual</b>		
	Driver <b>KENN WAYNE ROEHL (608) 852-1153</b>	Citations Issued <b>00</b>	Sex <b>MALE</b>
04	Date of Birth [REDACTED]	Race	
	Address <b>255 E RICHLAND ST LONE ROCK, WI 53556 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT	<b>Safety Equipment</b>		Safety Equipment
	On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>	
02	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Use
	Helmet Compliance		Eye Protection
002	Tint Compliance		<b>Injury</b>
	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
02	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 #
02	Hospital	Date of Death	Time of Death
	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
02	Distracted By Action <b>NOT DISTRACTED</b>		
	<b>Non Motorist</b>		
	Striking Unit #	Location	

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UNIT INDIVIDUAL       02 002	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	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		