

6TL0D6N00F  
20-13620

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 20-13620		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 12/01/2020		Crash Time 04:36 PM		Date Arrived 12/01/2020		Time Arrived 04:57 PM	
Date Notified 12/01/2020		Time Notified 04:36 PM		Total Units 02		Total Injured 01	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

Diagram		Reconstruction By	
<p>Diagram showing a T-junction where CTH W intersects STH 23. Unit 1 is a car facing south on STH 23. Unit 2 is a car facing south on STH 23, having crossed CTH W. A stop sign is at the intersection. A ditch is shown southwest of the intersection. A north arrow is at the top.</p>		Photos By J. SABOL	
		Additional Information NONE, PHOTOS	
		Not to Scale	

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

UNIT 1 WAS WESTBOUND ON CTH W. UNIT 2 WAS SOUTHBOUND ON STH 23. UNIT 1 OPERATOR PER WITNESS DID NOT STOP COMPLETELY AT THE STOP SIGN AND PROCEEDED WEST OBSTRUCTING UNIT 2'S RIGHT OF WAY. UNIT 1 STRUCK UNIT 2 IN THE FRONT DRIVER'S SIDE FENDER/DRIVER'S SIDE DOOR AREA. UNIT 1 AFTER COLLIDING SPUN TO THE SOUTH AND CAME TO REST FACING SOUTH IN THE SOUTHBOUND LANE OF STH 23. UNIT 2 AFTER COLLISION CONTINUED SOUTHWEST AND CAME TO REST IN THE SOUTHWEST DITCH FACING SOUTHWEST. UNIT 1 OPERATOR STATED HE DIDN'T SEE UNIT 2.

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Location

ON STH23 EB 19 FT S OF CTHW WB IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.395542637	Longitude -90.036484573
	X Coordinate 254088.046875	Y Coordinate 4809219.5
	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>DUSK</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>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure <b>TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>12/01/2020</b>	Time Initial Lane/Rd Closed <b>04:36 PM</b>		
Date All Lanes Open <b>12/01/2020</b>	Time All Lanes Open <b>05:35 PM</b>	Date Scene Cleared <b>12/01/2020</b>	Time Scene Cleared <b>05:50 PM</b>

Unit Summary

<b>UNIT 01</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>1</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>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>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>					

Vehicle

<b>01 01</b>	License Plate Number <b>397TWD</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>4S4BRCMC5E3226458</b>	Make <b>SUBARU</b>	Year <b>2014</b>	Model <b>OUTBACK</b>

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UNIT VEHICLE	Color	SIL - SILVER (ALUMINUM)	Body Style	UT - SPORT UTILITY VEHICLE	Bus Use			
	Initial Contact Point	12 - FRONT	Vehicle Damage					
	Extent Of Damage	DISABLING DAMAGE						
	Towed Due To Damage	TOWED DUE TO DISABLING DAMAGE						
	What Driver Was Doing	GOING STRAIGHT						
	Driver Prior Action Other	NOT APPLICABLE						
UNIT VEHICLE	Driver Actions							
	FAILED TO YIELD RIGHT-OF-WAY							
01 01	Owner Name			Owner Address				
	ERIK MICHAEL NELSON (608) 728-3615			E5012 HILLCREST DR LOGANVILLE, WI 53943 , US				
<b>Sequence Of Events</b>								
01 01	Event	MOTOR VEH IN TRANSPORT						
	Event							
	Event							
	Event							
UNIT	<b>Policy Holder</b>							
	Insurance Company	PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual	ERIK NELSON			
UNIT INDIVIDUAL	<b>Individual</b>							
	Driver	ERIK MICHAEL NELSON (608) 728-3615			Citations Issued	1	Sex	MALE
					Date of Birth		Race	WHITE
	Address	E5012 HILLCREST DR LOGANVILLE, WI 53943 , US			Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment				
	Row	01 - FRONT ROW	Seat Position	07 - LEFT				
				SHOULDER & LAP BELT				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
<b>Injury</b>		Injury Severity	NO APPARENT INJURY		Airbag	DEPLOYED-FRONT		
Ejected	NOT EJECTED		Ejection Path	NOT EJECTED/NOT APPLICABLE		Trapped/Extricated	NOT TRAPPED	
Medical Transport			NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b> Distracted By Source					
	Distracted By Action <b>UNKNOWN</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>Violations</b>					
01	UTC Number <b>BG110655</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>		

**Unit Summary**

UNIT 02	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>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"/> Pre Crash Tire Mark	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>					

**Vehicle**

License Plate Number <b>880TXR</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
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02

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02 UNIT VEHICLE	Vehicle Identification Number <b>2C4RC1BG2GR282348</b>		Make <b>CHRYSLER</b>	Year <b>2016</b>	Model <b>TOWN &amp; COU</b>	
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>VN - VAN</b>		Bus Use	
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>					
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
02 UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
	Owner Name <b>KRISTINE V KLEMP (608) 843-0119</b>		Owner Address <b>S7381 ELI VALLEY RD LOGANVILLE, WI 53943 , US</b>			
<b>Sequence Of Events</b>						
02 UNIT VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event <b>MOTOR VEH IN TRANSPORT</b>				
	03	Event				
	04	Event				
<b>Policy Holder</b>						
02 UNIT INDIVIDUAL	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>KRISTINE KLEMP</b>			
	<b>Individual</b>					
02 UNIT INDIVIDUAL	Driver <b>KRISTINE V KLEMP (608) 843-0119</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
			Date of Birth [REDACTED]	Race <b>WHITE</b>		
	Address <b>S7381 ELI VALLEY RD LOGANVILLE, WI 53943 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>						
02 UNIT INDIVIDUAL	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 UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>		
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>TRAPPED/EXTRICATED</b>		

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UNIT INDIVIDUAL          02 002	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6001024</b>	EMS Run#
	Hospital <b>REEDSBURG AREA MED CTR</b>	Date of Death	Time of Death
	Distracted By Source <b>Distracted By 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			
Individual Condition <b>APPEARED NORMAL</b>			

**Witness**

WITN 01 ESS	Individual <b>ERIC JOHN PINKSTON</b> (608) 477-3303	Address <b>1440 WALNUT ST # 10</b> <b>BARABOO, WI 53913 , US</b>	Date of Birth [REDACTED]