

6TL0D2XVNS  
21-01762

# 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 21-01762		Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 03/01/2021		Crash Time 03:16 PM		Date Arrived 03/01/2021		Time Arrived 03:22 PM	
Date Notified 03/01/2021		Time Notified 03:18 PM		Total Units 02		Total Injured 01	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> <p>DRAWING NOT TO SCALE</p>	Reconstruction By
	Photos By DEPUTY BRIAN SCHLOUGH
	Additional Information NONE, PHOTOS

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

UNIT 1 WAS TRAVELING E/B DOWN THE WRONG WAY (CLEARLY MARKED WITH A SIGN) OF VAN BUREN ST ATTEMPTING TO MAKE A RIGHT TURN ONTO RIVIERA DR. UNIT 2 WAS TRAVELING N/B ON RIVIERA DR ATTEMPTING TO MAKE A LEFT TURN ONTO VAN BUREN ST. UNIT 1 STRUCK UNIT 2 HEAD ON AT AN ANGLE. AFTER IMPACT UNIT 1 CAME TO REST IN THE ROADWAY FACING S/E. UNIT 2 CAME TO REST IN THE ROADWAY FACING N/W. OPERATOR OF UNIT 1 STATED, "I DID NOT KNOW IT WAS A ONE WAY STREET."

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Location

ON RIVIERA DR 155 FT E OF VAN BUREN ST IN THE VILLAGE OF SAUK CITY IN SAUK COUNTY	Latitude	Longitude
	43.273072566	-89.720430506
	X Coordinate	Y Coordinate
	279241.53125	4794733.5
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>02 - FRONT TO FRONT</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	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>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</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>ONE-WAY TRAFFIC</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>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

Vehicle

01 UNIT VEHICLE	License Plate Number <b>AFW4301</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>KMHWF25SXYA318126</b>	Make <b>HYUNDAI</b>	Year <b>2000</b>	Model <b>SONATA</b>
	Color <b>MAR - MAROON (BURGUNDY)</b>	Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>11 - LEFT FRONT CORNER</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>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>WRONG SIDE OR WRONG WAY</b>		
01 01	Owner Name <b>ANGELA JEAN MEYER (608) 370-0678</b>	Owner Address <b>S7559 US HIGHWAY 12 LOT N-12 NORTH FREEDOM, WI 53951 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>ANGELA MEYER</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>ANGELA JEAN MEYER (608) 370-0678</b>	Citations Issued <b>3</b>	Sex <b>FEMALE</b>
		Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>
	Address <b>S7559 US HIGHWAY 12 LOT N-12 NORTH FREEDOM, WI 53951 , US</b>	Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>		Airbag
	<b>POSSIBLE INJURY</b>		<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

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit#	Location	
		Prior Action				
		Action				
		Action Other				To/From School
<b>01</b>	<b>001</b>	<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>				
<b>UNIT</b>	<b>INDIVIDUAL</b>	Passenger <b>ETHAN SKYLAR JACOB</b> (000) 000-0000 EXT. 00000			Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>S7559 US HIGHWAY 12</b> <b>NORTH FREEDOM, WI 53951 , US</b>			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Driver License Number [REDACTED]			STATE: WISCONSIN COUNTRY: UNITED STATES	
<b>01</b>	<b>002</b>	<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			

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UNIT INDIVIDUAL	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>			
	01 002	01	UTC Number <b>BG024571</b>	Issue To? 001 Statute Number 343.05(3)(a) Description <b>OPERATE W/O VALID LICENSE (1ST VIOLATION)</b>
02	01	UTC Number <b>BG024571</b>	Issue To? 001 Statute Number 347.48(2m)(b) Description <b>VEHICLE OPERATOR FAIL/WEAR SEAT BELT</b>	
03	01	UTC Number <b>BG024573</b>	Issue To? 001 Statute Number 346.04(2) Description <b>FAIL/OBEY TRAFFIC SIGN/SIGNAL</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>(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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>POLICE</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>ONE-WAY TRAFFIC</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>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	02 02	License Plate Number <b>E7547</b>		Plate Type <b>MUN - MUNICIPAL</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FM5K8AR9JGB46459</b>		Make <b>FORD</b>	Year <b>2018</b>	Model <b>XPL</b>	
	Color <b>BLK - BLACK</b>		Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use	

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UNIT VEHICLE	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>11 - LEFT FRONT CORNER</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>SAUK PRAIRIE POLICE COMMISSION (608) 643-2427</b>		Owner Address <b>726 WATER ST SAUK CITY, WI 53583 , US</b>	
	<b>Sequence Of Events</b>			
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>LEAGUE-OF-WISCONSIN-MUNICIPALITIES-MUTU</b>		Government <b>SAUK PRAIRIE POLICE COMMISSION</b>	
UNIT INDIVIDUAL	Driver <b>JEFFREY BECK (608) 643-2427</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth [REDACTED]		Race <b>WHITE</b>	
	Address [REDACTED] WI [REDACTED], US		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>			
UNIT VEHICLE	On Duty Crash <b>POLICE</b>		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	
	UNIT VEHICLE	Injury Severity <b>Injury 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	

