

6TLOBFKDFB  
21-04737

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 21-04737		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 05/30/2021		Crash Time 09:35 AM		Date Arrived 05/30/2021		Time Arrived 09:50 AM	
Date Notified 05/30/2021		Time Notified 09:37 AM		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

Diagram		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 NB ON OPEN VIEW ROAD. UNIT 2 WAS TRAVELING EB ON STH 154. UNIT 1 STOPPED AT THE STOP SIGN ON OPEN VIEW AT STH 154. UNIT 1 ATTEMPTED TO CROSS STH 154. UNIT 2 CAME OVER THE KNOLL OF THE HILL AND STRUCK THE REAR OF UNIT 1.

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Location

ON VIEW RD S 5 FT S OF VIEW RD N IN THE TOWN OF WASHINGTON IN SAUK COUNTY	Latitude 43.431063935	Longitude -90.087796908
	X Coordinate 250078.515625	Y Coordinate 4813317.5
	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>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>CLOUDY</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>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY 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>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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</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

01 UNIT VEHICLE	License Plate Number <b>919CGH</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G2NF52T0YC536311</b>	Make <b>PONTIAC</b>	Year <b>2000</b>	Model <b>GRAN AM</b>
	Color <b>GRN - GREEN</b>	Body Style <b>4D - 4DR</b>	Bus Use	
	Initial Contact Point <b>07 - LEFT REAR CORNER</b>	Vehicle Damage <b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</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>FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE</b>		
01 01	Owner Name <b>INEZ FAYE WESTEDT (608) 495-3307</b>	Owner Address <b>E4245A MEADOW DR 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	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>INEZ WESTEDT</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>INEZ FAYE WESTEDT (608) 495-3307</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>E4245A MEADOW DR HILLPOINT, WI 53937 , US</b>	Driver License Number [REDACTED] <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>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 <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 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				

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>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>2</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>EASTBOUND</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>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT VEHICLE 02 02	<b>Vehicle</b>				
	License Plate Number <b>148589</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1D7HU18N63S107694</b>		Make <b>DODGE</b>	Year <b>2003</b>	Model <b>RAM</b>
	Color <b>BGE - BEIGE</b>		Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>11 - LEFT FRONT CORNER, 12 - FRONT</b>		
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>SANDRA K GRANGER (608) 609-1055</b>		Owner Address <b>415 E 11TH ST RICHLAND CENTER, WI 53581 , US</b>	
02	02	<b>Sequence Of Events</b>		
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ACUIITY,-A-MUTUAL-INSURANCE-CO</b>		Individual <b>JOHN GRANGER</b>	
UNIT	<b>Individual</b>			
	Driver <b>JOHN WILLIAM GRANGER JR (608) 609-1055</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>415 E 11TH ST RICHLAND CENTER, WI 53581 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT	<b>Safety Equipment</b>		On Duty Crash	
	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	<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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>		
<b>Non Motorist</b>		Striking Unit #		Location

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
02	002	<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	
UNIT	INDIVIDUAL	Individual Condition <b>APPEARED NORMAL</b>	
		<b>Individual</b>	
		Passenger <b>SANDRA KAYE GRANGER</b>	Citations Issued <b>0</b>
			Sex <b>FEMALE</b>
			Date of Birth [REDACTED]
			Race <b>WHITE</b>
		Address <b>415 E 11TH ST RICHLAND CENTER, WI 53581 , US</b>	Driver License Number [REDACTED]
			<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b> On Duty Crash	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
02	003	<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			
Prior Action			

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UNIT INDIVIDUAL       02 003	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		