

6TLOB8M7XX

21-04470

Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT

1300 LANGE COURT

BARABOO, WI 53913

(608) 356-4895

6TLOB8M7XX

Document Number Override		Primary Crash Document #		Agency Crash Number 21-04470		Investigating Officer/Deputy DEPUTY T. CLAUER	
Crash Date 05/31/2021		Crash Time 11:13 AM		Date Arrived 05/31/2021		Time Arrived 11:26 AM	
Date Notified 05/31/2021		Time Notified 11:15 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

Location

ON UNION ST/ STH33 EB 487 FT S OF DOUGLAS RD IN THE TOWN OF LA VALLE IN SAUK COUNTY		Latitude 43.59284938	Longitude -90.1264300	Lat/LongSource TLT/ILT	Access Control
		X Coordinate 247627.1875	Y Coordinate 4831403.5	On Roadway Link ID# 5456937	On Roadway Link Offset 487
		Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Environment Factor(s) NONE	
Roadway Factor(s) NONE		Weather Condition(s) CLEAR	
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
UNIT	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 03	
01	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					

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UNIT 01	Role DRIVER		Citations issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name BOHL		First Name JOHN		Middle Initial W
INDIVIDUAL 01	Street Address E8758 HUNTLEY RD		Street Address 2		PO Box
	City NEW LONDON		State WI	Zip Code 54961	Country of Residence UNITED STATES
	DOB [REDACTED]	Sex M	Race W	Hair BROWN	Eyes BROWN
	Height 507		Weight 160	Phone Number (982) 716-4008 EXT.	
Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2022	
Equipment		On Duty Accident		Safety Equipment	
Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT	
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Non Motorist		Striking Unit #		Location	
Prior Action		Action			
Distracted By Action NOT DISTRACTED		Action Other			
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other			
Drug & Alcoh		Individual Condition APPEARED NORMAL			
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					
License Plate Number 204238B		Plate Type COL - COLLECTOR		St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1GKFK16R3XJ707358			Year 1999	Make GENERAL MOTORS CORP	
Model SUBURBAN		Body Style 4D - 4DR		Color BLK - BLACK	
Initial Contact Point 10 - LEFT SIDE FRONT					

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		Vehicle Damage				
UNIT VEHICLE	01	Extent Of Damage MINOR DAMAGE	15 - LEFT SIDE FRONT			
		Towed Due To Damage NOT TOWED	Vehicle Factors			
		Vehicle Removed By OWNER	NOT APPLICABLE			
		What Driver Was Doing GOING STRAIGHT	Driver Prior Action Other	Bus Use		
		Driver Actions NO CONTRIBUTING ACTION				
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type INDIVIDUAL	Company Name			
		Last Name BOHL	First Name JOHN	Middle W	Suffix	Date of Birth
		Street Address E8758 HUNTLEY RD	Street Address2	PO Box		
		City NEW LONDON	St WI	Zip Code 54961	Country of Residence UNITED STATES	
	Telephone Number (982) 716-4008 EXT.					
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
UNIT POL	01	Insurance Company LIBERTY-MUTUAL-INS-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver		
		Organization Type INDIVIDUAL	Last Name BOHL	First Name JOHN	Policy Holder Company	
Unit Summary						
UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR	Operating As Endorsements			
		Total Occs 04	Train/Bus # Recorded	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 03
		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	Role DRIVER	Citations Issued 01	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	

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BARABOO, WI 53913

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UNIT INDIVIDUAL 02	Last Name WHITE		First Name SAVANNAH			Middle Initial J	Suffix
	Street Address 2019 VIKING DRIVE		Street Address 2			PO Box	
	City REEDSBURG		State WI	Zip Code 53959		Country of Residence UNITED STATES	
	DOB [REDACTED]	Sex F	Race W	Hair BROWN	Eyes BROWN	Height 503	Weight 160
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE			DL Expire Year 2024	
	Equipment	On Duty Accident		Safety Equipment			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT			
	Helmet Use		Helmet Compliance				
	Eye Protection		Tint Compliance				
UNIT INDIVIDUAL 02	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED			
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
	Hospital		Date of Death		Time of Death		
	Non Motorist	Striking Unit #		Location		To/From School	
	Prior Action		Action				
	Distracted By Action NOT DISTRACTED		Action Other				
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other				
	Drug & Alcoh	Individual Condition APPEARED NORMAL					
	Suspected Alcohol Use NO		Suspected Drug Use NO				
UNIT INDIVIDUAL 02	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						
UNIT INDIVIDUAL 03	Role PASSENGER		Citations Issued 0	<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name SCHOFELL		First Name LEROY			Middle Initial L	Suffix JR
	Street Address 1239 MAPLE ST		Street Address 2			PO Box	
	City REEDSBURG		State WI	Zip Code 53959		Country of Residence UNITED STATES	

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UNIT
INDIVIDUAL

DOB [REDACTED]	Sex M	Race W	Hair	Eyes	Height 509	Weight 170	Phone Number (608) 415-0988 EXT.
Driver's License Number [REDACTED]			State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES		
License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE		DL Expire Year 2025		

03

Equipment	On Duty Accident	Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 10 - UNKNOWN S		
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	

UNIT
INDIVIDUAL

Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death

03

Non Motorist	Striking Unit #	Location	To/From School
Prior Action		Action	
Distracted By Action			
Distracted By Source		Action Other	

UNIT
INDIVIDUAL

Drug & Alcoh	Individual Condition APPEARED NORMAL		
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			

02
04

Role PASSENGER	Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
Last Name HICKS	First Name JORDAN		Middle Initial MICHAEL	Suffix
Street Address E4796 NARROWS CREEK RD		Street Address 2		PO Box
City LOGANVILLE	State WI	Zip Code 53943	Country of Residence UNITED STATES	

Wisconsin Motor Vehicle
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UNIT
INDIVIDUAL

DOB [REDACTED]	Sex M	Race W	Hair RED	Eyes BROWN	Height 504	Weight 145	Phone Number (608) 727-2259 EXT.
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Driver's License Number [REDACTED]	State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES
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License Type NON-CDL DRIVER'S LICENSE	License Status NOT LICENSED	DL Expire Year
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Equipment	On Duty Accident	Safety Equipment
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Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
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Helmet Use	Helmet Compliance
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Eye Protection	Tint Compliance
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Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
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Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED
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Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
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Hospital	Date of Death	Time of Death
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Non Motorist	Striking Unit #	Location	To/From School
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Prior Action	Action
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Distracted By Action	
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Distracted By Source	Action Other
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Drug & Alcoh	Individual Condition APPEARED NORMAL
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Suspected Alcohol Use NO	Suspected Drug Use NO
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Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
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Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
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Drug Type	
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UNIT
INDIVIDUAL

04

UNIT
INDIVIDUAL

02
05

Role PASSENGER	Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
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Last Name MONROE	First Name KAI	Middle Initial F	Suffix
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Street Address 2019 VIKING DRIVE	Street Address 2	PO Box
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City REEDSBURG	State WI	Zip Code 53959	Country of Residence UNITED STATES
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UNIT
INDIVIDUAL

DOB	Sex M	Race W	Hair BROWN	Eyes BROWN	Height	Weight	Phone Number (608) 415-9899 EXT.
Driver's License Number			State	License Jurisdiction	Country of Issuance		
License Type			License Status		DL Expire Year		
Equipment	On Duty Accident		Safety Equipment				
Row 02 - SECOND ROW	Seat Position 09 - RIGHT		CHILD RESTRAINT SYSTEM - REAR FACING				
Helmet Use			Helmet Compliance				
Eye Protection			Tint Compliance				
Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death		
Non Motorist	Striking Unit #		Location		To/From School		
Prior Action			Action				
Distracted By Action							
Distracted By Source			Action Other				
Drug & Alcoh	Individual Condition APPEARED NORMAL						
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							
License Plate Number ALU7466			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FAPP53U66A189375					Year 2006	Make FORD	
Model TAURUS			Body Style 4D - 4DR		Color TAN - TAN		
Initial Contact Point 01 - RIGHT FRONT CORNER							

UNIT
INDIVIDUAL

05

UNIT
INDIVIDUAL

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UNIT VEHICLE	02		Vehicle Damage		01 - RIGHT FRONT CORNER				
	02		Extent Of Damage		MINOR DAMAGE				
			Towed Due To Damage		NOT TOWED				
			Vehicle Removed By		OWNER				
			What Driver Was Doing		Driver Prior Action Other		Bus Use		
			LEFT TURN						
			Driver Actions FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL						
			<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address			
			Organization Type		Company Name				
			INDIVIDUAL						
		Last Name		First Name		Middle	Suffix	Date of Birth	
		WHITE		SAVANNAH		J			
		Street Address		Street Address2		PO Box			
		2019 VIKING DRIVE							
		City		St	Zip Code	Country of Residence			
		REEDSBURG		WI	53959	UNITED STATES			
		Telephone Number (608) 415-9899 EXT.							
		01		Event MOTOR VEH IN TRANSPORT					
		02		Event					
		03		Event					
		04		Event					
		01		UTC Number	Issue To?	Statute Number	Description		
		01		BC937964	002	346.18(2)	FAIL/YIELD WHILE MAKING LEFT TURN		
		02		Insurance Company		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver	
		02		ARTISAN-AND-TRUCKERS-CASUALTY-CO					
		HOL		Organization Type	Last Name	First Name	Policy Holder Company		
		02		INDIVIDUAL	WHITE	SAVANNAH			

Description

Diagram

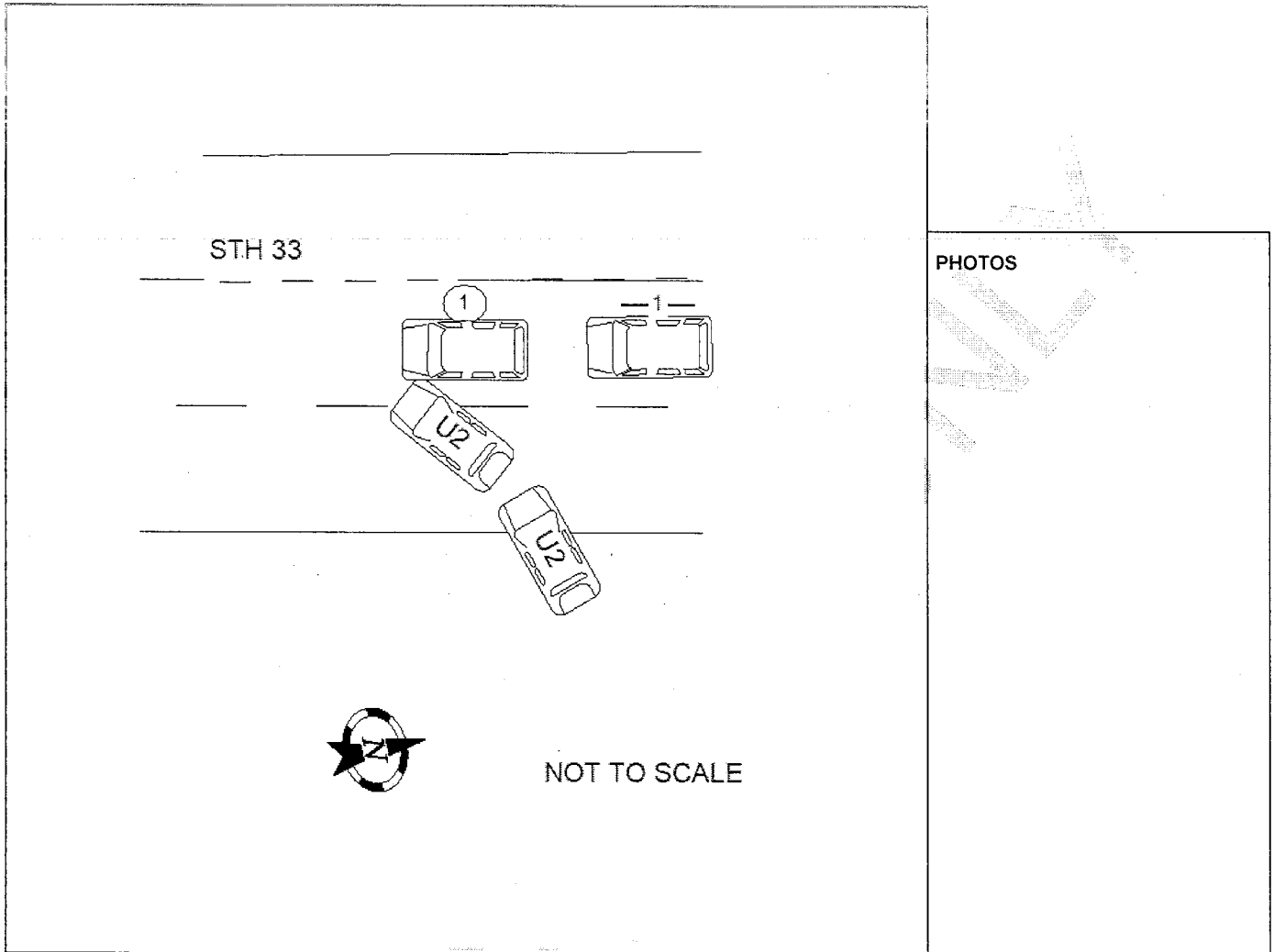
Reconstruction By
Photos By DEPUTY CLAUER

Additional Information

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Narrative

ON 5-31-21 I WAS DISPATCHED TO A TWO VEHICLE ACCIDENT. I ARRIVED ON SCENE AND SPOKE TO THE OPERATOR OF UNIT ONE. UNIT ONE OPERATOR STATED UNIT TWO PULLED OUT OF THE PARKING LOT INTO THE HIGHWAY STRIKING THE FRONT DRIVERS SIDE OF HIS VEHICLE. UNIT TWO OPERATOR STATED SHE HAD PULLED OUT OF THE PARKING LOT HOWEVER DIDN'T SEE UNIT ONE TRAVELING SOUTH ON STH 33. BOTH VEHICLE HAD MINOR DAMAGE. NO INJURIES REPORTED.

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name CLAUER	Officer First Name THOMAS	Officer Middle Name A	Suffix
DOT Officer ID 9135		DNR Officer ID	Officer Badge Number 9135	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City		LEA State	Law Enforcement Agency Zip Code	

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BARABOO	WI	53913	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

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