

6TL0B8M7Z4
21-06092

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 21-06092		Investigating Officer/Deputy DEPUTY T. CLAUER	
Crash Date 07/03/2021		Crash Time 10:35 PM		Date Arrived 07/03/2021		Time Arrived 11:12 PM	
Date Notified 07/03/2021		Time Notified 10:38 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

Diagram 	Reconstruction By
	Photos By SPRING GREEN OFFICER GERBER
	Additional Information PHOTOS

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

ON 7/03/21 I WAS DISPATCHED TO A TWO VEHICLE ACCIDENT ON USH 14 AT BIG HOLLOW RD. I ARRIVED ON SCENE AND OBSERVED UNIT ONE HAD BEEN TRAVELING EAST ON USH 14. UNIT ONE CAME TO REST IN THE WESTBOUND LANE OF USH 14. UNIT ONE HAD HEAVY FRONT END DAMAGE. I OBSERVED UNIT TWO HAD BEEN TRAVELING NORTH ON BIG HOLLOW RD. UNIT TWO CAME TO REST IN THE EASTSIDE DITCH OF BIG HOLLOW RD NORTH OF USH 14. UNIT TWO HAD REAR DRIVERS SIDE DAMAGE. BOTH VEHICLES WEREN'T DRIVEABLE. UNIT ONE OPERATOR STATED UNIT TWO NEVER STOPPED AT THE STOP SIGN AT BIG HOLLOW RD/ USH 14 AND SHE COULDN'T AVOID THE COLLISION. UNIT TWO OPERATOR STATED HE SLOWED DOWN BUT DIDN'T SEE UNIT ONE. NO INJURIES REPORTED. UNIT TWO OPERATOR ISSUED CITATIONS. BOTH VEHICLES REMOVED BY GEORGE'S TOWING.

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Location

ON BIG HOLLOW RD 16 FT S OF USH14 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189758368	Longitude -90.113502493
	X Coordinate 246997.84375	Y Coordinate 4786594.5
	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 DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment 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

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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					

Vehicle

UNIT 01 VEHICLE 01	License Plate Number AKT5971		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number JF2SH6CC4AH738625		Make SUBARU	Year 2010	Model FORESTER	
	Color MAR - MAROON (BURGUNDY)		Body Style 4D - 4DR		Bus Use	
	Initial Contact Point 12 - FRONT		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By GEORGES AUTO BODY	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name CALE E ARMSTRONG (608) 604-3835		Owner Address S13009 SHIFFLET #68 SPRING GREEN, WI 53588 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual CALE ARMSTRONG	
UNIT INDIVIDUAL	Individual			
	Driver ELIZABETH ROSE HEYNOSKI (608) 604-3835		Citations Issued 0	Sex FEMALE
	Address 1372 STATE RD 133 MUSCODA, WI 53573 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			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 DEPLOYED-FRONT
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action		NOT DISTRACTED		

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UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		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 IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 02	Train/Bus # Recorded	Total # Citations Issued 02	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 02	
	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02	Vehicle				
	License Plate Number 768ZLU		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FMZU73K13ZA08329		Make FORD	Year 2003	Model EXPLORER
	Color WHI - WHITE		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		02 - RIGHT SIDE FRONT, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By GEORGES AUTO BODY		

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UNIT	VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
02	02	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL, DISREGARDED STOP SIGN		
		Owner Name YOVANI OVALLE ZEA (608) 495-2251	Owner Address E9087 CTH C NORTH FREEDOM, WI 53951 , US	
Sequence Of Events				
UNIT	VEHICLE	01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
		04	Event	
Policy Holder				
UNIT	VEHICLE	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual YOVANI OVALLE ZEA	
		Individual		
UNIT	INDIVIDUAL	Driver YOVANI OVALLE ZEA (608) 495-2251	Citations Issued 02	Sex MALE
		Address E9087 CTH C NORTH FREEDOM, WI 53951 , US		Date of Birth [REDACTED]
02	002	On Duty Crash		Driver License Number
		Safety Equipment		Safety Equipment SHOULDER & LAP BELT
02	002	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Use
		Helmet Compliance		Eye Protection
02	002	Tint Compliance		Injury
		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	Ejected NOT EJECTED
02	002	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
02	002	Hospital		Date of Death
		Time of Death		Distracted By
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Distracted By Action NOT DISTRACTED		
Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
02	002	Drug & Alcohol 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	
UNIT	INDIVIDUAL	Individual Condition APPEARED NORMAL	
		Individual	
		Passenger LUIS BERNANDO OVALLE ZEA (608) 495-2251	Citations Issued 0
			Sex MALE
			Date of Birth [REDACTED]
			Race HISPANIC
		Address E9087 CTH C NORTH FREEDOM, WI 53951 , US	Driver License Number
		Safety Equipment On Duty Crash EMT/FIRST-RESPONDER Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT
		SHOULDER & LAP BELT	
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
02	003	Injury Injury Severity NO APPARENT INJURY Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
		EMS Run#	
		Hospital	Date of Death
Time of Death			
Distracted By Distracted By Source			
Distracted By Action			
Non Motorist Striking Unit# Location			
Prior Action			

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UNIT INDIVIDUAL	Action					
	Action Other			To/From School		
	Drug & Alcohol		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					
	Violations					
	02 003	01	UTC Number BC938009	Issue To? 002	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)
			UTC Number BC938010	Issue To? 002	Statute Number 346.46(1)	Description FAIL/STOP AT STOP SIGN