

6TL0C884H6
21-09693

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 21-09693		Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 10/09/2021		Crash Time 10:30 AM		Date Arrived 10/09/2021		Time Arrived 10:37 AM	
Date Notified 10/09/2021		Time Notified 10:37 AM		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>Not To Scale</p>	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.

ON 10-09-21 UNIT 1 WAS STOPPED AT THE STOP SIGN ON STH 23 AT USH 14. UNIT 2 WAS EASTBOUND ON USH 14. UNIT 1 PULLED OUT FROM THE STOP SIGN AND STRUCK THE PASSENGER SIDE OF UNIT 2 ON USH 14. UNIT 1 CAME TO REST ON THE NORTH SIDE OF USH 14 JUST WEST OF STH 23. UNIT 2 CAME TO REST ON USH 14 JUST EAST OF STH 23.

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Location

ON USH14 EB 35 FT S OF STH23 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.185604866	Longitude -90.064102173
	X Coordinate 250995.453125	Y Coordinate 4785985
	Structure Type NO STRUCTURE	

Crash Scene

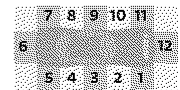
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	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				

Vehicle

UNIT VEHICLE 01	License Plate Number 872EMY	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number JF1SG66698H708754	Make SUBARU	Year 2008	Model FORESTER
	Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing LEFT TURN	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01 01	Owner Name PAMELA R NORMAN (608) 438-7707	Owner Address 246 W MADISON ST 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 AUTO-CLUB-INS-ASSOC	Individual PAMELA NORMAN		
UNIT INDIVIDUAL	Individual			
	Driver PAMELA R NORMAN (608) 438-7707	Citations Issued 1	Sex FEMALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 246 W MADISON ST SPRING GREEN, WI 53588 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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 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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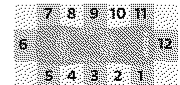
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	01	001	Violations			
UTC Number BD759506			Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN	

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 2		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0	
		Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55	
		Total HazMat Types 0		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

02	02	License Plate Number 662WAC		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 5J6RM4H50EL046186		Make HONDA		Year 2014		Model CRV	
		Color BLU - BLUE		Body Style 4D - 4DR				Bus Use	
		Initial Contact Point 03 - RIGHT SIDE MIDDLE							



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By WEGNERS
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name THOMAS LEE SMITH (414) 331-4321	Owner Address 5959 N 39TH ST MILWAUKEE, WI 53209 , US
	Sequence Of Events	
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT VEHICLE	Policy Holder	
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual THOMAS SMITH
UNIT INDIVIDUAL	Individual	
	Driver THOMAS LEE SMITH (414) 331-4321	Citations Issued 0
		Sex MALE
		Race WHITE
UNIT INDIVIDUAL	Address 5959 N 39TH ST MILWAUKEE, WI 53209 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment	
UNIT INDIVIDUAL	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
UNIT INDIVIDUAL	Injury Severity Injury 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
UNIT INDIVIDUAL	Hospital	Date of Death
		Time of Death

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UNIT INDIVIDUAL	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	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		
Individual		
Passenger SANDRA JEAN DOMAN (414) 331-4321	Citations Issued 0	
	Sex FEMALE	
	Date of Birth	
	Race WHITE	
Address 5510 N 13TH ST MILWAUKEE, WI 53209 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment	On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance	
Injury	Injury Severity SUSPECTED MINOR INJURY	
	Airbag DEPLOYED-SIDE	
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	

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UNIT INDIVIDUAL 02 003	Distracted By Action		
	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		