

6TL0CX0Q8T
21-10046

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 21-10046		Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 10/19/2021		Crash Time 03:36 PM		Date Arrived 10/19/2021		Time Arrived 03:47 PM	
Date Notified 10/19/2021		Time Notified 03:37 PM		Total Units 02		Total Injured 02	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 HANSON	
		Additional Information PHOTOS	
		NOT SCALE	

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

UNIT 1 WAS NORTH ON STH 23 WHEN HE HAD A MEDICAL ISSUE OR FELL ASLEEP. UNIT 1 ENTERED THE SOUTHBOUND LANE AND JUMPED THE CURB INTO THE DELAVAL FARM SUPPLY PARKING LOT. UNIT 2 WAS LEGALLY PARKED ON PRIVATE PROPERTY UNOCCUPIED. UNIT 1 CRASHED INTO THE FRONT PASSENGER SIDE OF UNIT 2. UNIT 1 THEN CONTINUED AND STRUCK THE SIGN POST IN THE DELAVAL PARKING LOT. I DID OBSERVE DAMAGE TO THE BUSINESS SIGN POST. A CASE NUMBER WAS PROVIDED TO THE BUSINESS OWNER FOR THE DAMAGE TO THE BUSINESS SIGN UNIT 1 CAME TO REST FACING WEST. 9109

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Location

ON S MAIN ST/ STH23 WB 57 FT S OF MILL ST IN THE VILLAGE OF LOGANVILLE IN SAUK COUNTY	Latitude 43.44131862	Longitude -90.036726596
	X Coordinate 254253.828125	Y Coordinate 4814304.5
	Structure Type	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN	
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 NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
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	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	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way PARKING LOT OR PRIVATE PROPERTY	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

01 UNIT VEHICLE	License Plate Number 380AUG	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3GNAXHEV3MS110940	Make CHEVROLET	Year 2021	Model EQUINOX
	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage DISABLING DAMAGE				

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OTHER CONTRIBUTING ACTION				
01	01	Owner Name CHARLES WILLIAM ALLEN (608) 847-1120		Owner Address 306 ELMBERTA ST MAUSTON, WI 53948 , US	
		Sequence Of Events			
01	01	Event PARKED MOTOR VEHICLE			
		Event OTHER POST, POLE OR SUPPORT			
		Event			
		Event			
UNIT	Policy Holder				
	Insurance Company SECURA-INS-CO		Individual CHARLES ALLEN		
UNIT	Individual				
	Driver CHARLES WILLIAM ALLEN (608) 847-1120		Citations Issued 0	Sex MALE	
	Address 306 ELMBERTA ST MAUSTON, WI 53948 , US		Date of Birth [REDACTED]	Race WHITE	
			Driver License Number [REDACTED] 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 POSSIBLE INJURY	Airbag DEPLOYED-COMBINATION
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 UNKNOWN			
Distracted By Action		UNKNOWN			

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CRASH REPORT

UNIT INDIVIDUAL	Non Motorist		Striking Unit#	Location
	Prior Action			
	Action			
	Action Other			To/From School
01 001	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			
UNIT INDIVIDUAL	Passenger JEANNE A ALLEN		Citations Issued 0	Sex FEMALE
			Date of Birth [REDACTED]	Race WHITE
	Address 306 ELMBERTA ST MAUSTON, WI 53948 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 002	Safety Equipment		On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND		EMS Agency Identifier 6001024	EMS Run#	
Hospital REEDSBURG AREA MED CTR		Date of Death	Time of Death	
Distracted By				
Distracted By Source				
Distracted By Action				
Non Motorist		Striking Unit#	Location	

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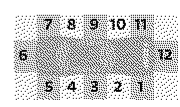
UNIT INDIVIDUAL 01 002
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status LEGALLY PARKED Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE
Vehicle Type (SPORT) UTILITY VEHICLE Operating As Endorsements
Total Occs 0 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel NOT ON ROADWAY Pre Crash Tire Mark Speed Limit 35 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 PARKING LOT OR PRIVATE PROPERTY 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 02 002
License Plate Number 223LJN Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 3GNAXMEV4JL105373 Make CHEVROLET Year 2018 Model EQUINOX
Color GRY - GRAY Body Style UT - SPORT UTILITY VEHICLE Bus Use
Initial Contact Point 02 - RIGHT SIDE FRONT Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT
Extent Of Damage DISABLING DAMAGE
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE Vehicle Removed By STEVES AUTO SERVICE
What Driver Was Doing LEGALLY PARKED



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		Vehicle Factors			
Driver Prior Action Other		NOT APPLICABLE			
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name DONISE K CRARY (608) 727-2619	Owner Address S6743 CREST DR HILLPOINT, WI 53937 , US			
	Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
Policy Holder					
UNIT	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual DONISE CRARY		
	Property Owner				
PROP OWNER	Individual DONISE K CRARY		Address S6743 CREST DR HILLPOINT, WI 53937 , US		
	Fixed Objects Struck				
WITN ESS	01	Striking Unit 01	Struck Object OTHER POST, POLE OR SUPPORT	Structure Number	Damage Tag Number
	Witness				
WITN ESS	Individual DAVID G FRY (608) 727-4514		Address S10264 DEAD END DR PLAIN, WI 53577 , US	Date of Birth [REDACTED]	