

6TL0F1BQ7Z

24-05127

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 24-05127	Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 05/19/2024		Crash Time 02:42 PM	Date Arrived 05/19/2024	Time Arrived 02:54 PM	
Date Notified 05/19/2024		Time Notified 02:42 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
	Additional Information NONE

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

UNIT 2 WAS DRIVING NORTH ON CO RD BD WHILE UNIT 1 WAS PARKED AT THE RIGHT SIDE OF THE NORTH BOUND LANE, FACING NORTH, PREPARING TO PERFORM A U TURN. UNIT 1 DID NOT YIELD FOR UNIT 2 AND TURNED LEFT TO BEGIN THE U TURN. UNIT 1 THEN STRUCK UNIT 2'S RIGHT REAR CORNER/WHEEL AREA.

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Location

ON CTHBD NB 0.38 MI S OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.541379074	Longitude -89.777884238
	X Coordinate 275572.625	Y Coordinate 4824686
	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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	Vehicle			
	License Plate Number AUC5352	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2FMHK6C84EBD31067	Make FORD	Year 2014	Model FLEX
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER		
Extent Of Damage DISABLING DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing ENTERING TRAFFIC LANE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	Owner Name MANDA MANN (715) 670-8361		Owner Address W8951 THUNDERCLOUD CIR BLK RIVER FALLS, WI 54615 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual MANDA MANN	
UNIT INDIVIDUAL	Individual			
	Driver MANDA MANN (715) 670-8361		Citations Issued 1	Sex FEMALE
	Address W8951 THUNDERCLOUD CIR BLK RIVER FALLS, WI 54615 , US		Date of Birth	Race
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment 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 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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Form with sections: Non Motorist, Drug & Alcohol, Individual, Safety Equipment, Injury, Distracted By, Non Motorist. Includes fields for Striking Unit #, Location, Suspected Alcohol Use, Suspected Drug Use, Passenger Name (VALERAINNA WHITETHUNDER), Sex (FEMALE), Address, Driver License Number, Row (01 - FRONT ROW), Seat Position (09 - RIGHT), Injury Severity (NO APPARENT INJURY), Airbag (NON DEPLOYED), Ejection Path (NOT EJECTED/NOT APPLICABLE), EMS Agency Identifier, EMS Run #, Date of Death, Time of Death.

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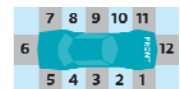
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UNIT INDIVIDUAL
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given Alcohol Test Type Alcohol Test Results
Drug Test Given Drug Test Type Drug Test Results
Drug Type
Individual Condition
Violations
UTC Number Issue To? Statute Number Description
BK260770 001 346.18(4) FAIL/YIELD EMERGING FROM NONHIGHWAY ACCESS

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
IN TRANSIT D CLASS AUTOMOBILE
Vehicle Type Operating As Endorsements
PASSENGER CAR
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
5 0 0 0 0
Insurance? Direction Of Travel Pre CrashTire Mark Speed Limit Total Lanes
NO NORTHBOUND 55 2
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT NO SPECIAL FUNCTION NOT APPLICABLE
Traffic Way Traffic Control Traffic Control Inoperative/Missing
TWO-WAY, NOT DIVIDED NO CONTROL NO
Surface Type Road Curvature Road Grade
BLACKTOP (BITUMINOUS) STRAIGHT LEVEL
Truck Bus or HazMat
NO

UNIT 02 VEHICLE
Vehicle
License Plate Number Plate Type St Country of Issuance
AJL3245 AUT - AUTOMOBILE WI UNITED STATES
Vehicle Identification Number Make Year Model
1G1PA5SH3E7342660 CHEVROLET 2014 CRUZE
Color Body Style Bus Use
GRY - GRAY SD - SEDAN
Initial Contact Point Vehicle Damage
04 - RIGHT SIDE REAR 04 - RIGHT SIDE REAR
Extent Of Damage
DISABLING DAMAGE



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name SHANNON PALMER (608) 434-5749		Owner Address 702 12TH ST APT 2 BARABOO, WI 53913 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Driver SHANNON PALMER (608) 434-5749		Citations Issued 0	Sex FEMALE
	Address 702 12TH ST APT 2 BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	On Duty Crash		Safety Equipment	
	Driver License Number		STATE: WISCONSIN COUNTRY: CANADA	
02	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
003	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				
Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
02	003	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	INDIVIDUAL	Individual			
		Passenger CHRISTOPHER BROOKS (608) 343-5749	Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
		Address N9164 2ND AVE CAMP DOUGLAS, WI 54618 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment	On Duty Crash EMT/FIRST-RESPONDER	Safety Equipment SHOULDER & LAP BELT	
02	004	Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
		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			
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		
	Individual		
	Passenger LELAN BROOKS (608) 434-5749	Citations Issued 0	Sex MALE
	Date of Birth	Race WHITE	
Address 702 12TH ST APT 2 BARABOO, WI 53913 , US	Driver License Number		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment BOOSTER SEAT
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Compliance
	Helmet Use		Tint Compliance
	Eye Protection		Airbag NON DEPLOYED
	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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	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 LYRIC BROOKS (608) 434-5749	Citations Issued 0	Sex FEMALE
	Address 702 12T ST APT 2 BARABOO, WI 53913 , US		Date of Birth Race WHITE
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	
	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
	Hospital		EMS Run #
	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		
	Individual		
	Passenger PRISCILLA BROOKS (608) 434-5749	Citations Issued 0	Sex FEMALE
	Address 702 12TH ST APT 2 BARABOO, WI 53913 , US		Date of Birth Race WHITE
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment CHILD RESTRAINT SYSTEM - REAR FACING
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
	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
	Hospital		EMS Run #
	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
02	007	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			