

6TL0D5DZ1T  
24-05108

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 <b>24-05108</b>	Investigating Officer/Deputy <b>DEPUTY J. HUNTER</b>	
Crash Date <b>05/19/2024</b>		Crash Time <b>09:55 AM</b>	Date Arrived <b>05/27/2024</b>	Time Arrived <b>10:15 AM</b>	
Date Notified <b>05/27/2024</b>		Time Notified <b>10:00 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>DEPUTY J. HUNTER</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 2 WAS STOPPED IN THE S/B LANES OF HY 113, WAITING TO SAFELY TURN LEFT ACROSS N/BOUND TRAFFIC ON HY 113, ONTO HY DL. OPERATOR OF UNIT 1 SAW UNIT 2 STOPPED IN THE ROAD, AND SLOWED DOWN TO STOP. UNIT 1 SLOWED, BUT DID NOT COME TO A COMPLETE STOP IN TIME. THE FRONT OF UNIT 1 STRUCK THE REAR OF UNIT 2, CAUSING LIGHT DAMAGE TO THE REAR OF UNIT 2. OPERATOR OF UNIT 1 VERIFIED THAT ONLY OBSERVABLE DAMAGE WAS A SMALL DENT AND SOME SCRATCHES ON THE BUMPER AND TRUNK. AFTER VERIFYING THE TRUCK STILL OPERATED APPROPRIATELY, OPERATOR OF UNIT 1 SAID HE DID NOT BELIEVE THERE WAS ENOUGH DAMAGE TO WARRANT TAKING THE VEHICLE FOR A QUOTE OR REPORTING IT TO HIS INSURANCE. DAMAGE DID APPEAR TO BE LESS THAN \$1000 WORTH.

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## Location

ON STH113 SB 20 FT N OF CTHDL EB IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude <b>43.403903875</b>	Longitude <b>-89.675188244</b>
	X Coordinate <b>283379</b>	Y Coordinate <b>4809145.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>AGW8129</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FMCU0G99FUA80594</b>	Make <b>FORD</b>	Year <b>2015</b>	Model <b>ESCAPE</b>
	<b>VEHICLE</b>	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>12 - FRONT</b>		



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, FOLLOWING TOO CLOSE, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	Owner Name <b>BONNIE GALLUS (608) 493-2378</b>		Owner Address <b>E13466 HWY 78 AND 113 MERRIMAC, WI 53561 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>WISCONSIN-AUTOMOBILE-INS-PLAN</b>		Individual <b>BONNIE GALLUS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>BONNIE GALLUS (608) 493-2378</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>E13466 HWY 78 AND 113 MERRIMAC, WI 53561 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		
Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>NOT TRANSPORTED</b>		
EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		
Time of Death		<b>Distracted By</b>		
Distracted By Source <b>UNKNOWN</b>		Distracted By Action <b>UNKNOWN</b>		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>			
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results			
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results			
		Drug Type						
		Individual Condition <b>APPEARED NORMAL</b>						
		<b>Individual</b>						
		Passenger <b>SANDRA RUDOLPH</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
					Date of Birth	Race <b>WHITE</b>		
		Address <b>227 1ST AVE APT 3 BARABOO, WI 53913 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		On Duty Crash		
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>				
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>							
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
<b>01</b>	<b>002</b>			<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
				Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
				Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death			
		<b>Distracted By</b>		Distracted By Source				
Distracted By Action								
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			

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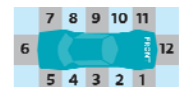
UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	01	002	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition <b>APPEARED NORMAL</b>		
	01	001	<b>Violations</b>		
			UTC Number <b>BG110266</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>

## Unit Summary

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

## Vehicle

UNIT	02	License Plate Number <b>CU36264</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>4S4BSENC4J3283713</b>	Make <b>SUBARU</b>	Year <b>2018</b>	Model <b>ST. WAGON</b>	
		Color <b>BLK - BLACK</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use	
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage			
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>06 - REAR</b>			



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>THOMAS HEAGNEY</b>		Owner Address <b>545 N DEARBORN ST UBIT 1 403 CHICAGO, IL 60610 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>LIBERTY-MUTUAL-INS-CO</b>		Individual <b>THOMAS HEAGNEY</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>THOMAS HEAGNEY</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>545 N DEARBORN ST UBIT 1 403 CHICAGO, IL 60610 , US</b>		Date of Birth	
	Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		Race	
02 003	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		
Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>NOT TRANSPORTED</b>		
EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		
Time of Death		<b>Distracted By</b>		
Distracted By Source <b>UNKNOWN</b>		Distracted By Action <b>UNKNOWN</b>		

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location			
	Prior Action						
	Action						
	Action Other				To/From School		
<b>02</b>	<b>003</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
<b>UNIT</b>	<b>INDIVIDUAL</b>	Passenger <b>ERYNN SCHROEDER</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race		
		Address <b>898 RICHARD BROWN BLVD VOLO, IL 60073 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>			
<b>02</b>	<b>004</b>	<b>Safety Equipment</b>		On Duty Crash			
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>			
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
Hospital		Date of Death		Time of Death			
<b>Distracted By</b>		Distracted By Source					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #		Location			

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UNIT           02  004	Individual		
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		