

6TL0BC3B8L

24-05434

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 24-05434	Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 05/27/2024		Crash Time 03:30 PM	Date Arrived 05/27/2024	Time Arrived 03:59 PM	
Date Notified 05/27/2024		Time Notified 03:53 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>Off ramp</p> <p>Not to scale</p> <p>USH 12</p> <p>USH 12</p>	Reconstruction By
	Photos By W. VERTEIN
	Additional Information PHOTOS

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING EASTBOUND AND UNIT 2 WAS TRAVELING WESTBOUND. AS THE OPERATOR OF UNIT 1 MADE A U-TURN, HE STRUCK UNIT 2 IN THE REAR DRIVER'S SIDE, BUT CONTINUED ON. THE OPERATOR OF UNIT 2 WAS ABLE TO GET UNIT 1'S REGISTRATION. THE OPERATOR OF UNIT 1 WAS CONTACTED AND STATED HE WAS UNAWARE HE STRUCK UNIT 2. THE OPERATOR OF UNIT 2 STATED HE DID NOT WANT THE OPERATOR OF UNIT 1 CITED BECAUSE THE DAMAGE TO UNIT 2 WAS VERY MINIMAL.

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Location

ON USH12 WB 415 FT S OF RAMP IH90 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.568570998	Longitude -89.778361159
	X Coordinate 275635.09375	Y Coordinate 4827707.5
	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 DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 YES	Junction Location THROUGH ROADWAY	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status HIT AND RUN	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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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 DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	VEHICLE	License Plate Number AUR8254	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5LMCJ1A97FUJ45415	Make LINCOLN	Year 2015	Model MKC
		Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
		Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage		
Extent Of Damage NO DAMAGE	00 - NO DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing U TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions IMPROPER TURN				
01	01	Owner Name STEPHEN NOEL (608) 844-3632		Owner Address 3863 5TH DR # 10 WISCONSIN DELLS, WI 53965 , US	
		Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual STEPHEN NOEL		
UNIT	Individual				
	Driver STEPHEN NOEL (608) 844-3632		Citations Issued 0	Sex MALE	
01	001	Date of Birth		Race WHITE	
		Address 3863 5TH DR # 10 WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		Safety Equipment	
		On Duty Crash	RESTRAINT USE UNKNOWN		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source			
Distracted By Action					

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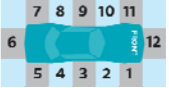
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use		
	Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
	TEST NOT GIVEN					
	Drug Test Given		Drug Test Type		Drug Test Results	
	TEST NOT GIVEN					
	Drug Type					
Individual Condition		NOT OBSERVED				

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		
	1		0	0	0		
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes		
	YES	WESTBOUND		45	3		
	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			
DIVIDED HWY W/O TRAFFIC BARRIER		TRAFFIC SIGNAL		NO			
Surface Type		Road Curvature		Road Grade			
BLACKTOP (BITUMINOUS)		STRAIGHT		LEVEL			
Truck Bus or HazMat		NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number	Plate Type	St	Country of Issuance
		ATK9929	AUT - AUTOMOBILE	WI	UNITED STATES
		Vehicle Identification Number	Make	Year	Model
		4T1BF1FK0HU762119	TOYOTA	2017	CAMRY
		Color	Body Style	Bus Use	
BLK - BLACK	SD - SEDAN				
Initial Contact Point	Vehicle Damage				
08 - LEFT SIDE REAR	08 - LEFT SIDE REAR				
Extent Of Damage	MINOR DAMAGE				
Towed Due To Damage	Vehicle Removed By				
NOT TOWED	OPERATOR				

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name GERALD POWERS (608) 393-5790		Owner Address 47 FIELDSTONE DR # 401 WISCONSIN DELLS, WI 53965 , US		
UNIT VEHICLE	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	Policy Holder				
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		Individual GERALD POWERS		
	Individual				
UNIT INDIVIDUAL	Driver GERALD POWERS (608) 393-5790		Citations Issued 0	Sex MALE	
	Address 47 FIELDSTONE DR # 401 WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE	
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT INDIVIDUAL	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					
Non Motorist		Striking Unit #			
Location					

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CRASH REPORT

UNIT	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			
	02	002		