

6TL0C884KX
24-05949

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 24-05949		Investigating Officer/Deputy DEPUTY D. HORN	
Crash Date 06/07/2024		Crash Time 06:38 PM		Date Arrived 06/07/2024		Time Arrived 06:42 PM	
Date Notified 06/07/2024		Time Notified 06:38 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 checked="" type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold	
<input checked="" 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
<p>County RD BD. 55 MPH -Deputv D. Horn #9179</p>		Photos By
		Additional Information NONE

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

UNIT 1 WAS TRAVELING SOUTHBOUND ON BD IN THE RIGHT LANE. UNIT 2 WAS TRAVELING SOUTHBOUND ON BD IN THE LEFT LANE. UNIT 1 WAS SLIGHTLY AHEAD OF UNIT 2. UNIT 1 MERGED LEFT BUT FAILED TO SEE UNIT 2. THE DRIVER SIDE DOORS OF UNIT 1 STRUCK UNIT 2 AT THE FRONT PASSENGER SIDE NEAR THE FRONT DOOR AS IT MERGED. THE COLLISION CAUSED UNIT 2 TO ROTATE COUNTER CLOCKWISE ACROSS BD TO THE WEST. UNIT 2 STRUCK AND DAMAGED A 55 MPH ROAD SIGN AS IT ROTATED OFF OF THE ROADWAY. UNIT 2 CAME TO REST IN THE DITCH TO THE WEST OF BD FACING NORTH. UNIT 1 PARKED OFF OF THE ROADWAY JUST NORTH OF UNIT 2.

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Location

ON CTHBD SB 0.39 MI N OF TERRYTOWN RD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.490466466	Longitude -89.777057189
	X Coordinate 275450.59375	Y Coordinate 4819029.5
	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) 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 PASSENGER CAR				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 SOUTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 4	
	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle						
	01	License Plate Number APY8837		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 3VWL17AJ6HM389954		Make VOLKSWAGEN	Year 2017	Model JETTA	
	VEHICLE	Color WHI - WHITE		Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 09 - LEFT SIDE MIDDLE		Vehicle Damage 09 - LEFT SIDE MIDDLE			
		Extent Of Damage MINOR DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing CHANGING LANES		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE			
01 01	Owner Name ELAINA BRUNO		Owner Address 1281 ISLAND AVE CUMBERLAND, WI 54829 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual ELAINA BRUNO	
UNIT INDIVIDUAL	Individual			
	Driver ELAINA BRUNO		Citations Issued 1	Sex FEMALE
	Address 1281 ISLAND AVE CUMBERLAND, WI 54829 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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 UNKNOWN		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				

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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 BD759732			Issue To? 001	Statute Number 346.13(1)	Description UNSAFE LANE DEVIATION	

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE							
		Vehicle Type PASSENGER CAR				Operating As Endorsements							
		Total Occs 3		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0			
		Insurance? YES		Direction Of Travel SOUTHBOUND		<input checked="" type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55		Total Lanes 4			
		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 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 JKX9416		Plate Type AUT - AUTOMOBILE		St OH		Country of Issuance UNITED STATES	
		Vehicle Identification Number 2C3CDZC99FH834311		Make DODGE		Year 2015		Model CHALLENGER	
		Color BLK - BLACK		Body Style 2D - 2DR				Bus Use	
		Initial Contact Point 02 - RIGHT SIDE FRONT							



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UNIT VEHICLE	Vehicle Damage	
	02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR, 10 - LEFT SIDE FRONT	
	Extent Of Damage DISABLING DAMAGE	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	
UNIT VEHICLE	Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT	
	Vehicle Factors	
	Driver Prior Action Other NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name VANCE BECKWITH	Owner Address 874 S GROUSE CT WISCONSIN DELLS, WI 53965 , US
Sequence Of Events		
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event OTHER FIXED OBJECT	
	Event	
	Event	
UNIT VEHICLE	Policy Holder	
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual VANCE BECKWITH
UNIT INDIVIDUAL	Individual	
	Driver VANCE BECKWITH	Citations Issued 0
		Sex MALE
		Date of Birth
	Race WHITE	
Address 874 S GROUSE CT WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT VEHICLE	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		
UNIT VEHICLE	Injury	
	Injury Severity NO APPARENT 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		

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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			
UNIT	INDIVIDUAL	Individual	
		Passenger DAWSON DEARTH	Citations Issued 0
			Sex MALE
			Date of Birth
			Race WHITE
		Address 800 W MILWAUKEE ST MAUSTON, WI 53948 , 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		
UNIT	INDIVIDUAL	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	

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UNIT	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		
UNIT	Individual		
	Passenger ROMAN MARTINEZ	Citations Issued 0	Sex MALE
	Date of Birth	Race	
	Address S1059 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	Helmet Compliance
	Helmet Use	Tint Compliance	
	Eye Protection	Airbag DEPLOYED-SIDE	
	Injury	Injury Severity NO APPARENT 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		
Distracted By Action			

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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					

Property Owner

PROP OWNER 01	Government VILLAGE OF WEST BARABOO (608) 356-2516		Address 500 CEDAR ST BARABOO, WI 53913 , US		
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Fixed Objects Struck

01	Striking Unit 02	Struck Object TRAFFIC SIGN POST	Structure Number	Damage Tag Number 338163
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Property Owner

PROP OWNER 02	Government VILLAGE OF WEST BARABOO (608) 356-2516		Address 500 CEDAR ST BARABOO, WI 53913 , US		
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Fixed Objects Struck

02	Striking Unit 02	Struck Object TRAFFIC SIGN POST	Structure Number	Damage Tag Number 338163
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