

6TL0D5DZ20
24-07129

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 24-07129	Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 07/04/2024		Crash Time 04:00 PM	Date Arrived 07/04/2024	Time Arrived 04:27 PM	
Date Notified 07/04/2024		Time Notified 04:09 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

<p>Diagram</p> <p>HY 58</p> <p>CTY HY G</p> <p>STOP</p> <p>not to scale</p>	Reconstruction By
	Photos By DEPUTY HUNTER
	Additional Information PHOTOS

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

UNIT 1 WAS N/B ON CTY G. IT WAS RAINING HEAVILY. OPERATOR OF UNIT 1 STOPPED AT THE STOP SIGN, THEN PROCEEDED FORWARD TO MAKE A LEFT TURN ONTO HY 58. UNIT 2 WAS W/B ON HY 58 AND PREPARING TO TURN LEFT ONTO CTY HY G, S/B. UNIT 1 STRUCK UNIT 2 ON THE DRIVER'S SIDE, WHILE UNIT 2 WAS EXECUTING THE TURN, CAUSING DAMAGE TO THE DRIVER'S SIDE OF UNIT 2.

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Location

ON CTHG NB 104 FT S OF STH58 SB IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude 43.540153481	Longitude -90.164149696
	X Coordinate 244359.21875	Y Coordinate 4825666
	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) WET	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) RAIN		
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 INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification O CLASS	Unit Type EQUIPMENT		
	Vehicle Type ATV/UTV (UTILITY TERRAIN 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 CrashTire 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 STOP SIGN	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number 1438MH	Plate Type UTV	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3NSGMD993NM447405	Make POLARIS	Year 2022	Model UTV
	Color SIL - SILVER (ALUMINUM)	Body Style UK - UNKNOWN		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER		
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 LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	01	Owner Name ALEXANDER SWENSEN (608) 383-3015		Owner Address 28750 CTY RD B LONE ROCK, WI 53556 , US
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual ALEXANDER SWENSEN	
UNIT INDIVIDUAL	Individual			
	Driver LINDSEY CARLEY (608) 475-1328		Citations Issued 0	Sex FEMALE
	Address 28750 COUNTY HWY B LONE ROCK, WI 53556 , US		Date of Birth	Race WHITE
			Driver License Number 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 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 UNKNOWN				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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 ALEXANDER SWENSON (608) 383-3015			Citations Issued 0	Sex MALE	
		Address 28750 CTY RD B LONE ROCK, WI 53556 , US			Date of Birth	Race WHITE	
		Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES		
01	002	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			
		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			

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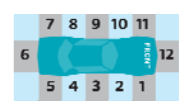
UNIT INDIVIDUAL 01 002
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition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

Unit Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR 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 SOUTHBOUND 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

Vehicle

UNIT 02 02
License Plate Number FAY745 Plate Type AUT - AUTOMOBILE St IA Country of Issuance UNITED STATES
Vehicle Identification Number 1FA6P0H79F5117200 Make FORD Year 2015 Model FUS
Color GRAY - GRAY Body Style 4D - 4DR Bus Use
Initial Contact Point 10 - LEFT SIDE FRONT Vehicle Damage 10 - LEFT SIDE FRONT
Extent Of Damage MINOR DAMAGE
Towed Due To Damage NOT TOWED Vehicle Removed By OPERATOR
What Driver Was Doing LEFT TURN



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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02	Owner Name WADE SUMMERS (319) 535-0707	Owner Address 1632 DOVER ST IOWA CITY, IA 52240 , US	
	Sequence Of Events		
01 02 03 04	Event	MOTOR VEH IN TRANSPORT	
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company WEST-BEND-MUTUAL-INS-CO	Individual WADE SUMMERS	
UNIT INDIVIDUAL	Individual		
	Driver WADE SUMMERS (319) 535-0707	Citations Issued 0	
		Sex MALE	
		Date of Birth	
	Address 1632 DOVER ST IOWA CITY, IA 52240 , US	Race WHITE	
	Driver License Number	STATE: IOWA COUNTRY: UNITED STATES	
02 003	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 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 UNKNOWN			
Non Motorist		Striking Unit #	
		Location	

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	003	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
02	003	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
02	003	Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		Passenger KAREN SUMMERS (319) 560-3435	Citations Issued 0	Sex FEMALE
02	004	Date of Birth	Race WHITE	
		Address 1632 DOVER ST IOWA CITY, IA 52240 , US	Driver License Number STATE: IOWA COUNTRY: UNITED STATES	
02	004	Safety Equipment	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
02	004	Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
02	004	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
02	004	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
		Hospital		Date of Death
02	004	Distracted By Source		
		Distracted By Action		
02	004	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				
	02	004			