

6TL0DWMLX6

24-07900

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, Investigating Officer/Deputy, Crash Date, Crash Time, Date Arrived, Time Arrived, Date Notified, Time Notified, Total Units, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related, Tags, Reportable, Crash Type, Amended, Secondary Crash

Description

Diagram showing vehicle positions (Unit 1, Unit 2) and directions on a road. Includes text 'NOT TO SCALE' and '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 1 AND UNIT 2 WERE DRIVING SOUTH ON HWY 33 JUST SOUTH OF DOUGLAS RD. UNIT 1 WAS IN FRONT OF UNIT 2 AND ACTIVATED ITS LEFT TURN SIGNAL. UNIT 2 WENT IN TO THE RIGHT LANE PASSING LANE TO GO AROUND UNIT 1 ON THE RIGHT SIDE. UNIT 1 DRIFTED IN TO UNIT 2'S LANE, CAUSING A COLLISION.

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Location

ON UNION ST/ STH33 EB 113 FT S OF DOUGLAS RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.593866913	Longitude -90.126602362
	X Coordinate 247617.53125	Y Coordinate 4831517
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	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 YES	Junction Location INTERSECTION-RELATED	Intersection Type OTHER

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 1	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 3
	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				
	01	License Plate Number D7118PE	Plate Type TMP - TEMPORARY PLAT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2FMDK3JC1DBB71250	Make FORD	Year 2013	Model EDGE
	VEHICLE	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE	
		Initial Contact Point 04 - RIGHT SIDE REAR	Vehicle Damage 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR		
Extent Of Damage MINOR DAMAGE					



WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01 01	Owner Name CASSAUNDR A FRANK (608) 804-0080		Owner Address 503 S MAIN ST WESTBY, WI 54667 , US	
	Sequence Of Events			
01 01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	Driver CASSAUNDR A FRANK (608) 804-0080		Citations Issued 2	Sex FEMALE
	Address 503 S MAIN ST WESTBY, WI 54667 , US		Date of Birth	Race WHITE
	On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01 001	Injury		Airbag	
	Injury Severity NO APPARENT INJURY		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	
01 001	Distracted By		Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN			
	Non Motorist		Striking Unit #	Location

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UNIT INDIVIDUAL 01 001
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
01 BG111523 001 344.62(1) OPERATE MOTOR VEHICLE W/O INSURANCE
02 BG111522 001 346.13(1) UNSAFE LANE DEVIATION

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
IN TRANSIT D CLASS AUTOMOBILE
Vehicle Type Operating As Endorsements
(SPORT) UTILITY VEHICLE
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
2 0 0 0 0
Insurance? Direction Of Travel Pre CrashTire Mark Speed Limit Total Lanes
YES SOUTHBOUND 45 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

Vehicle

UNIT 02
License Plate Number Plate Type St Country of Issuance
946RDE AUT - AUTOMOBILE WI UNITED STATES
Vehicle Identification Number Make Year Model
KL79MTSL3NB069004 CHEVROLET 2022 TRAILBLAZE
Color Body Style Bus Use
BLK - BLACK UT - SPORT UTILITY VEHICLE
Initial Contact Point
10 - LEFT SIDE FRONT

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UNIT VEHICLE	Vehicle Damage				
	Extent Of Damage FUNCTIONAL DAMAGE				
	Towed Due To Damage NOT TOWED				
	Vehicle Removed By OPERATOR				
UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE		
	Driver Prior Action Other				
	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name RICHARD HOEFS (608) 963-3014				
Owner Address 1824 JESSICA LN REEDSBURG, WI 53959 , US					
Sequence Of Events					
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT INDIVIDUAL	Policy Holder				
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual RICHARD HOEFS		
	Individual				
	Driver RICHARD HOEFS (608) 963-3014		Citations Issued 0	Sex MALE	
Address 1824 JESSICA LN REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE		
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
UNIT INDIVIDUAL	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	

WISCONSIN MOTOR VEHICLE CRASH REPORT

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				
UNIT INDIVIDUAL	Individual Condition APPEARED NORMAL				
	Individual				
	Passenger VALERIE HOEFS (608) 963-3014		Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
	Address 1824 JESSICA LN REEDSBURG, WI 53959 , 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			
	INDIVIDUAL	Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use	
			NO	NO	
	02	003	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					
APPEARED NORMAL					