

6TL0F8QXX7
24-09213

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 24-09213		Investigating Officer/Deputy DEPUTY J. GREENWOOD	
Crash Date 08/20/2024		Crash Time 09:45 AM		Date Arrived 08/20/2024		Time Arrived 09:58 AM	
Date Notified 08/20/2024		Time Notified 09:47 AM		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>	Reconstruction By
	Photos By DEPUTY GREENWOOD
	Additional Information PHOTOS

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

UNIT 1 WAS EB TURNING LEFT INTO A PARKING LOT. UNIT 2 DID NOT SEE UNIT 1 WAS STOPPED MAKING A TURN AND HIT UNIT 1. THE VEHICLES WERE BOTH DRIVEN AWAY BY THEIR OPERATORS.

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Location

ON USH14 EB 419 FT W OF STH23 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.188334382	Longitude -90.067968695
	X Coordinate 250692.328125	Y Coordinate 4786300
	Structure Type NO STRUCTURE	

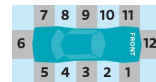
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire 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 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	01	Vehicle			
		License Plate Number ATJ9316	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FADP3K29HL284998	Make FORD	Year 2017	Model FOCUS
		Color GLD - GOLD	Body Style HB - HATCHBACK		Bus Use
		Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	05 - RIGHT REAR CORNER		



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing LEFT TURN	Vehicle Factors NOT APPLICABLE	
		Driver Prior Action Other		
		Driver Actions NO CONTRIBUTING ACTION		
01	01	Owner Name MARLA FEINER (608) 546-2415	Owner Address 1645 HONEY CREEK DR PLAIN, WI 53577 , US	
		Sequence Of Events		
UNIT	INDIVIDUAL	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
01	001	Policy Holder		
		Insurance Company GERMANTOWN-MUTUAL-INS-CO	Individual MARLA FEINER	
01	001	Individual		
		Driver MARLA FEINER (608) 546-2415	Citations Issued 0	Sex FEMALE
01	001	Date of Birth	Race WHITE	
		Address 1645 HONEY CREEK DR PLAIN, WI 53577 , US	Driver License Number	
01	001	Safety Equipment	On Duty Crash	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
01	001	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
01	001	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
01	001	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
		Distracted By Action NOT DISTRACTED		

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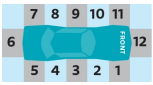
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	01	001	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	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 (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 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	Vehicle					
		License Plate Number AKR2398	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number JTMBF4DV2B5038534	Make TOYOTA	Year 2011	Model RAV4		
		Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT				
		Extent Of Damage FUNCTIONAL DAMAGE					
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR				

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UNIT	VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions LOOKED BUT DID NOT SEE				
	02	02	Owner Name TANYA HABEL (608) 604-5075	Owner Address 212 E EXCHANGE ST LONE ROCK, WI 53556 , US	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
Policy Holder					
UNIT	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual TANYA HABEL		
	Individual				
	INDIVIDUAL	Driver TANYA HABEL (608) 604-5075		Citations Issued 0	Sex FEMALE
		Address 212 E EXCHANGE ST LONE ROCK, WI 53556 , US		Date of Birth	Race WHITE
Driver License Number					
Safety Equipment					
002	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 NOT DISTRACTED					
Non Motorist		Striking Unit #	Location		

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **08/20/2024**
Crash Time **09:45 AM**

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UNIT	INDIVIDUAL	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				