

6TL0DBC3HL  
24-09279

# 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 <b>24-09279</b>	Investigating Officer/Deputy <b>DEPUTY B. TRAGER</b>	
Crash Date <b>08/21/2024</b>		Crash Time <b>03:27 PM</b>	Date Arrived <b>08/21/2024</b>	Time Arrived <b>03:37 PM</b>	
Date Notified <b>08/21/2024</b>		Time Notified <b>03:28 PM</b>	Total Units <b>02</b>	Total Injured <b>03</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram   <p style="text-align: center;">State Rd. 33 between Schutte Rd. and Bodendine Rd.</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON AUGUST 21, 2024 AT APPROXIMATELY 3:27PM UNIT 2 WAS TRAVELING AT A SLOW RATE OF SPEED DUE TO FOLLOWING FARM EQUIPMENT WHEN UNIT 1 CAME OVER THE HILL AND STRUCK UNIT 2. THE OPERATOR OF UNIT 1 STATED SHE WAS SPACED OUT AND DID NOT SEE UNIT 2. BOTH THE OPERATOR AND PASSENGER WAS TRANSPORTED BY EMS FOR MINOR INJURIES. STEVES AUTO REPAIR AND SHEILD'S TOWING CAME AND REMOVED THE VEHICLES.

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Location

ON STH33 EB 0.30 MI W OF CHITWOOD RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.566088585</b>	Longitude <b>-90.089160042</b>
	X Coordinate <b>250525.28125</b>	Y Coordinate <b>4828318.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE	<b>Vehicle</b>					
	License Plate Number <b>ASB1938</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2GNFLFEK7G6158021</b>		Make <b>CHEVROLET</b>	Year <b>2016</b>	Model <b>EQUINOX</b>	
	Color <b>BLU - BLUE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
	Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 12 - FRONT</b>			
Extent Of Damage <b>DISABLING DAMAGE</b>						



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE</b>			
01	Owner Name <b>CELIA JACOBSON (608) 415-9372</b>		Owner Address <b>726 E MAIN ST REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>CELIA JACOBSON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>CELIA JACOBSON (608) 415-9372</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>726 E MAIN ST REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		
Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>NOT TRANSPORTED</b>		
EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		
Time of Death		<b>Distracted By</b>		
Distracted By Source <b>UNKNOWN</b>		Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>		

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Form containing sections: Non Motorist, Drug & Alcohol, Violations, and individual unit details for unit 01.

Unit Summary

Unit Summary table with rows for Unit Status, Vehicle Type, Total Occs, Insurance, Most Harmful Event, Traffic Way, Surface Type, and Truck Bus or HazMat.

Vehicle

Vehicle details table including License Plate Number, Vehicle Identification Number, Color, Initial Contact Point, Plate Type, Make, Year, Body Style, St, Country of Issuance, Model, and Bus Use.



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UNIT VEHICLE	Vehicle Damage	
	05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER	
	Extent Of Damage <b>MINOR DAMAGE</b>	
	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>	Vehicle Removed By <b>SHIELDS TOWING</b>
UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors
	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Owner Name <b>HOME CARE UNITED INC</b>	Owner Address <b>4639 HAMMERSLEY RD MADISON, WI 53711 , US</b>
<b>Sequence Of Events</b>		
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT VEHICLE	<b>Policy Holder</b>	
	Insurance Company <b>SENTRY-INS-CO</b>	Organization/Company <b>DOERING LEASING CO</b>
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>STEVEN ANDERSON (608) 957-3041</b>	Citations Issued <b>0</b>
		Sex <b>MALE</b>
		Date of Birth <b></b>
	Race <b>WHITE</b>	
Address <b>439 N PINE ST REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
UNIT INDIVIDUAL	<b>Injury</b>	
	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
	<b>NOT TRAPPED</b>	
	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6001024</b>
	EMS Run #	
Hospital <b>REEDSBURG AREA MED CTR</b>	Date of Death	
Time of Death		

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UNIT INDIVIDUAL	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type Drug Test Results
	Drug Type	
Individual Condition <b>APPEARED NORMAL</b>		
UNIT INDIVIDUAL	<b>Individual</b>	
	Passenger <b>DERRICK OLSON (608) 434-1784</b>	Citations Issued <b>0</b> Sex <b>MALE</b>
		Date of Birth Race <b>WHITE</b>
	Address <b>1536 GAVIN CT REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b> <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use Helmet Compliance	
	Eye Protection Tint Compliance	
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b> Airbag <b>NON DEPLOYED</b>
UNIT INDIVIDUAL	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b> Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6001024</b> EMS Run #
	Hospital <b>REEDSBURG AREA MED CTR</b>	Date of Death Time of Death
	<b>Distracted By</b>	Distracted By Source

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UNIT	Distracted By Action				
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
	Drug Type				
	<b>02</b>	<b>003</b>	Individual Condition		
<b>APPEARED NORMAL</b>					