

6TL0D1PTQ4
24-11196

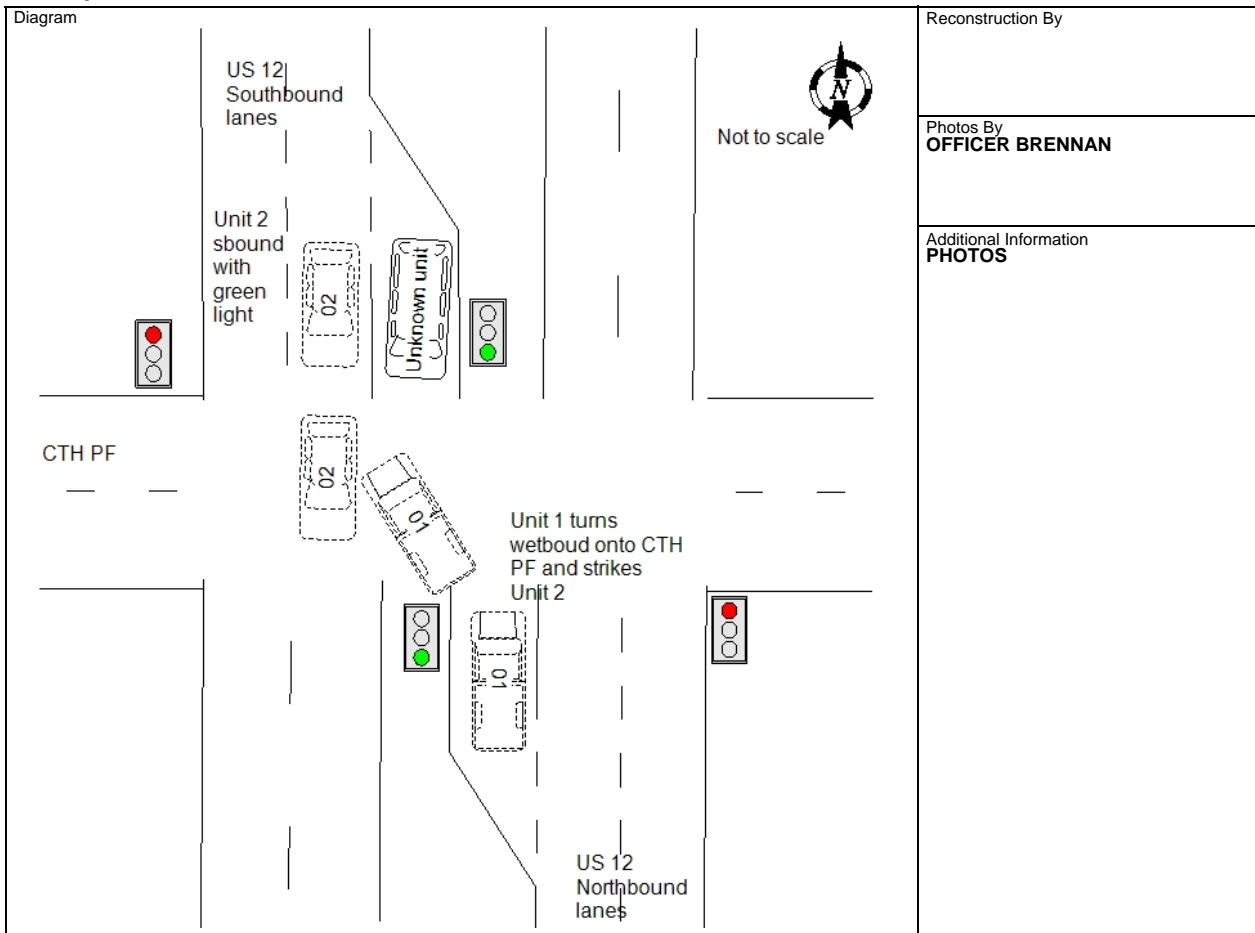
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 24-11196		Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 10/07/2024		Crash Time 03:37 PM		Date Arrived 10/07/2024		Time Arrived 03:44 PM	
Date Notified 10/07/2024		Time Notified 03:37 PM		Total Units 02		Total Injured 01	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



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

ON 10/7/2024, AT APPROXIMATELY 3:37 PM, UNIT 1, A GRAY F150 BEARING VK5201 WAS NORTHBOUND ON US 12 AND TURNED WESTBOUND ONTO CTH PF. UNIT 2, A 2015 SILVER MAZDA BEARING WI# ASH8276 WAS SOUTHBOUND ON US 12. NORTHBOUND AND SOUTHBOUND US 12 HAD A GREEN LIGHT. AN UNKNOWN VEHICLE WAS SOUTHBOUND AND ATTEMPTING TO TURN EASTBOUND ON CTH PF. UNIT 1 WHILE TURNING CRASHED INTO UNIT 2, STRIKING UNIT 2 IN THE DRIVER'S SIDE DOORS. POSSIBLE MINOR INJURY OCCURRED TO DRIVER OF UNIT 2. UNIT 2 WAS REMOVED BY EVERETT'S AND UNIT 1 WAS REMOVED BY ITS OPERATOR.

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Location

ON USH12 SB 11 FT W OF USH12 NB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.293059386	Longitude -89.759009861
	X Coordinate 276184.09375	Y Coordinate 4797056
	Structure Type NO STRUCTURE	

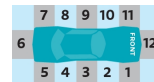
Crash Scene

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 FULL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 5	
	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/TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		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 VK5201	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FTPX14V49KC54690	Make FORD	Year 2009	Model F150
		Color GRY - GRAY	Body Style PK - PICKUP		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			



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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 WILLIAM PAGEL (608) 643-9206		Owner Address S7831 PAGEL DR NORTH FREEDOM, WI 53951 , US	
		Sequence Of Events			
UNIT	INDIVIDUAL	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
01	001	Driver WILLIAM PAGEL (608) 643-9206		Citations Issued 2	Sex MALE
		Address S7831 PAGEL DR NORTH FREEDOM, WI 53951 , US		Date of Birth	Race WHITE
		Driver License Number			
		On Duty Crash		Safety Equipment	
Safety Equipment		SHOULDER & LAP BELT			
Row 01 - FRONT ROW		Seat Position 07 - LEFT		Helmet Use	
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					
Non Motorist		Striking Unit #		Location	

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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			
		Individual			
		UNIT	INDIVIDUAL	Passenger PAGEL PAGEL (608) 643-9206	Citations Issued 0
Date of Birth	Race WHITE				
Address S7831 PAGEL DR NORTH FREEDOM, WI 53951 , US	Driver License Number				
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			
UNIT	INDIVIDUAL	Distracted By Distracted By Source			
		Distracted By Action			
		Non Motorist	Striking Unit #	Location	
Prior Action					

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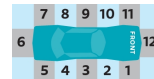
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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
			Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition APPEARED NORMAL			
	01	Violations				
		UTC Number BG944283	Issue To? 001	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN	
		UTC Number BG944283	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE	

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		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55		Total Lanes 5			
		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/TRAFFIC BARRIER				Traffic Control TRAFFIC SIGNAL				Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat NO											
		02	02	Vehicle									
				License Plate Number ASH8276			Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES		
Vehicle Identification Number JM1GJ1U50F1213170				Make MAZDA		Year 2015		Model 6					
Color SIL - SILVER (ALUMINUM)				Body Style SD - SEDAN				Bus Use					
Initial Contact Point 10 - LEFT SIDE FRONT													



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UNIT VEHICLE	Extent Of Damage DISABLING DAMAGE		Vehicle Damage 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name BENNETT HILL (320) 292-7772		Owner Address 7618 RADCLIFFE DR # D MADISON, WI 53719 , US		
UNIT VEHICLE	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT VEHICLE	Policy Holder				
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		Individual BENNETT HILL		
	Individual				
UNIT INDIVIDUAL	Driver BENNETT HILL (320) 292-7772		Citations Issued 0	Sex MALE	
	Address 7618 RADCLIFFE DR # D MADISON, WI 53719 , US		Date of Birth	Race WHITE	
	On Duty Crash		Driver License Number		
	Safety Equipment		Safety Equipment SHOULDER & LAP BELT		
UNIT INDIVIDUAL	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Use		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury	Injury Severity SUSPECTED MINOR 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	Distracted By <small>Distracted By Source</small> NOT APPLICABLE (NOT DISTRACTED)	
	<small>Distracted By Action</small> NOT DISTRACTED	
	Non Motorist	<small>Striking Unit #</small> <small>Location</small>
	<small>Prior Action</small>	
	<small>Action</small>	
	<small>Action Other</small>	
	<small>To/From School</small>	
	Drug & Alcohol	<small>Suspected Alcohol Use</small> NO
		<small>Suspected Drug Use</small> NO
		<small>Alcohol Test Given</small> TEST NOT GIVEN
	<small>Alcohol Test Type</small>	
	<small>Alcohol Test Results</small>	
	<small>Drug Test Given</small> TEST NOT GIVEN	
	<small>Drug Test Type</small>	
	<small>Drug Test Results</small>	
	<small>Drug Type</small>	
	<small>Individual Condition</small> APPEARED NORMAL	
UNIT	Individual	
	<small>Passenger</small> EMYLLA SALINAS (320) 292-7772	<small>Citations Issued</small> 0
		<small>Sex</small> FEMALE
		<small>Date of Birth</small>
		<small>Race</small> WHITE
	<small>Address</small> 7618 RADCLIFFE DR # D MADISON, WI 53719 , US	<small>Driver License Number</small>
	Safety Equipment	<small>On Duty Crash</small>
		<small>Safety Equipment</small> SHOULDER & LAP BELT
	<small>Row</small> 01 - FRONT ROW	<small>Seat Position</small> 09 - RIGHT
	<small>Helmet Use</small>	<small>Helmet Compliance</small>
<small>Eye Protection</small>	<small>Tint Compliance</small>	
Injury	<small>Injury Severity</small> NO APPARENT INJURY	
	<small>Airbag</small> NON DEPLOYED	
<small>Ejected</small> NOT EJECTED	<small>Ejection Path</small> NOT EJECTED/NOT APPLICABLE	
	<small>Trapped/Extricated</small> NOT TRAPPED	
<small>Medical Transport</small> NOT TRANSPORTED	<small>EMS Agency Identifier</small>	
	<small>EMS Run #</small>	
<small>Hospital</small>	<small>Date of Death</small>	
	<small>Time of Death</small>	
Distracted By	<small>Distracted By Source</small>	

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date 10/07/2024
Crash Time 03:37 PM

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UNIT 02 004	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		