

6TL0BC3B92
24-11663

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0BC3B92

| | | | | | |
|---|---|--|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 24-11663 | Investigating Officer/Deputy DEPUTY W. VERTEIN | |
| Crash Date 10/20/2024 | | Crash Time 09:20 AM | Date Arrived 10/20/2024 | Time Arrived 09:43 AM | |
| Date Notified 10/20/2024 | | Time Notified 09:23 AM | Total Units 01 | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input checked="" 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 checked="" 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>Not to scale</p> | Reconstruction By |
| | Photos By W. VERTEIN #9122 |
| | Additional Information PHOTOS |

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, THE OPERATOR OF UNIT 1 WAS MAKING A LEFT TURN. UNIT 1 STRUCK A STOP SIGN AND CONTINUED ON.

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Location

| | | |
|---|---------------------------------------|-----------------------------------|
| INTERSECTION ON W JEFFERSON ST AT N WOOD ST IN THE VILLAGE OF SPRING GREEN IN SAUK COUNTY | Latitude 43.176809672 | Longitude -90.073803339 |
| | X Coordinate 250171.140625 | Y Coordinate 4785037.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|---|--|
| First Harmful Event TRAFFIC SIGN POST | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | 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 INTERSECTION | Intersection Type T-INTERSECTION |

Unit Summary

| | | | | | |
|------------|--|---|--|--|--------------------------------|
| UNIT 01 | Unit Status HIT AND RUN | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | |
| | Vehicle Type PASSENGER VAN | 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 EASTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 25 | Total Lanes 2 |
| | Most Harmful Event: Collision With TRAFFIC SIGN POST | 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 AGA3463 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 2C4RDGCG3JR206028 | Make DODGE | Year 2018 | Model CARAVAN |
| | Color GRY - GRAY | Body Style VN - VAN | | Bus Use |
| | Initial Contact Point 12 - FRONT | Vehicle Damage 12 - FRONT | | |
| 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 IMPROPER TURN | | | |
| 01 | Owner Name JEROLD GRISWOLD (608) 218-9242 | | Owner Address 1937 REGENT ST MADISON, WI 53726 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event LEFT TURN | | |
| | 02 | Event TRAFFIC SIGN POST | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual JEROLD GRISWOLD | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver JEROLD GRISWOLD (608) 218-9242 | | Citations Issued 0 | Sex MALE |
| | Address 1937 REGENT ST MADISON, WI 53726 , US | | Date of Birth | Race WHITE |
| | Driver License Number | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Safety Equipment | | RESTRAINT USE UNKNOWN | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | Injury | | Injury Severity NO APPARENT INJURY | Airbag NOT APPLICABLE |
| | Ejected NOT APPLICABLE | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT APPLICABLE |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | |
| Hospital | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source | | |
| Distracted By Action | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | | |
|----------------------|------------|-------------------------------|-----------------------------------|--|------------------------------|--|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | | Action | | | | |
| 01 | 001 | Action Other | | | | |
| | | To/From School | | | | |
| | | Drug & Alcohol | | Suspected Alcohol Use | Suspected Drug Use | |
| | | 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 | | | | |
| | | NOT OBSERVED | | | | |
| UNIT | INDIVIDUAL | Individual | | | | |
| | | Passenger | | Citations Issued | Sex | |
| | | JEAN A GRUBE | | 0 | FEMALE | |
| | | (608) 218-9242 | | Date of Birth | Race | |
| | | | | | WHITE | |
| | | Address | | Driver License Number | | |
| | | 1937 REGENT ST | | STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | | MADISON, WI 53726 , US | | | | |
| | | Safety Equipment | | On Duty Crash | Safety Equipment | |
| | | | | | RESTRAINT USE UNKNOWN | |
| 01 | 002 | Row | Seat Position | | | |
| | | 01 - FRONT ROW | 09 - RIGHT | | | |
| | | Helmet Use | | Helmet Compliance | | |
| | | Eye Protection | | Tint Compliance | | |
| | | Injury | | Injury Severity | Airbag | |
| | | | | NO APPARENT INJURY | NOT APPLICABLE | |
| | | Ejected | Ejection Path | Trapped/Extricated | | |
| | | NOT APPLICABLE | NOT EJECTED/NOT APPLICABLE | NOT APPLICABLE | | |
| | | Medical Transport | | EMS Agency Identifier | EMS Run # | |
| | | NOT TRANSPORTED | | | | |
| 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 | Prior Action | | | | |
| | | Action | | | | |
| | | Action Other | | | To/From School | |
| | | Drug & Alcohol | | Suspected Alcohol Use | Suspected Drug Use | |
| | | 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 | | | | |
| | | NOT OBSERVED | | | | |

Property Owner

| | | | |
|-------------------|-----------|--|--|
| PROP OWNER | 01 | Government VILLAGE OF SPRING GREEN (608) 588-2335 | Address 154 N LEXINGTON PO BOX 158 SPRING GREEN, WI 53588 , US |
|-------------------|-----------|--|--|

Fixed Objects Struck

| | | | | |
|-----------|----------------------------|---|------------------|--------------------------------|
| 01 | Striking Unit 01 | Struck Object TRAFFIC SIGN POST | Structure Number | Damage Tag Number NA |
|-----------|----------------------------|---|------------------|--------------------------------|

Witness

| | | | | | |
|-------------|------------|-----------|---|---|---------------|
| WITN | ESS | 01 | Individual DAMIAN BARTA (608) 472-9236 | Address 442 N WOOD ST SPRING GREEN, WI 53588 , US | Date of Birth |
|-------------|------------|-----------|---|---|---------------|