

6TL0F51TKN  
24-11700

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>24-11700</b>	Investigating Officer/Deputy <b>SERGEANT E. KNULL</b>	
Crash Date <b>10/21/2024</b>		Crash Time <b>07:49 AM</b>	Date Arrived <b>10/21/2024</b>	Time Arrived <b>07:59 AM</b>	
Date Notified <b>10/21/2024</b>		Time Notified <b>07:49 AM</b>	Total Units <b>02</b>	Total Injured <b>00</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 type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	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.

UNIT 1 TURNED NB ON W PINE ST FROM BERKLEY BLVD WHILE UNIT 2 TURNED NB FROM PRIVATE DR. UNIT 2 WENT INTO CLOSEST LANE NUMER 1. UNIT 1 CROSSED INTO LANE 1 WHILE MAKING TURN STRIKING UNIT 2. NO INJURIES REPORTED. UNIT 1 HAD MINOR SCUFF MARK. UNIT 2 HAD FUNCTIONAL DAMAGE. BOTH UNITS REMOVED BY RESPECTIVE OPERATORS

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Location

INTERSECTION ON CTHBD NB AT BERKLEY BLVD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.477102861</b>	Longitude <b>-89.768843467</b>
	X Coordinate <b>276065.375</b>	Y Coordinate <b>4817523</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</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>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

Unit Summary

<b>UNIT</b>	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>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>	Traffic Control <b>STOP SIGN</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>				

<b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>APC2758</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3VVMX7B2XNM034781</b>	Make <b>VOLKSWAGEN</b>	Year <b>2022</b>	Model <b>TAOS</b>
	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT</b>		
Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>IMPROPER TURN</b>			
01	Owner Name <b>JANICE LEUTE (608) 393-6007</b>		Owner Address <b>52 FIELDSTONE DR # 508 WISCONSIN DELLS, WI 53965 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>JANICE LEUTE</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JANICE LEUTE (608) 393-6007</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>52 FIELDSTONE DR # 508 WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</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>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</b>	<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>					
		<b>Individual</b>					
		Passenger <b>WILLIAM LEUTE</b> <b>(608) 393-6007</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>52 FIELDSTONE DR # 508</b> <b>WISCONSIN DELLS, WI 53965 , US</b>			Date of Birth	Race <b>WHITE</b>	
		Driver License Number			Safety Equipment		
		<b>Safety Equipment</b>		On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>		
Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	Helmet Compliance				
Eye Protection		Tint Compliance					
<b>01</b>	<b>002</b>	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</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			
		Distracted By Action					
		<b>Non Motorist</b>		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other	To/From School	
	01	002	<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 Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>STOP SIGN</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>				

Vehicle

UNIT	VEHICLE	02	License Plate Number <b>AXM3449</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>1FAHP3N27CL361373</b>	Make <b>FORD</b>	Year <b>2012</b>	Model <b>FOCUS</b>	
			Color <b>GRY - GRAY</b>	Body Style <b>HB - HATCHBACK</b>	Bus Use		
			Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage			
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>02 - RIGHT SIDE FRONT</b>			
			Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			
			What Driver Was Doing <b>LEFT TURN</b>				

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name HARLEY UPTAGRAW (608) 610-9281		Owner Address E12394 STATE ROAD 33 BARABOO, WI 53913 , US	
	<b>Sequence Of Events</b>			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company GEICO-GENERAL-INS-CO		Individual HARLEY UPTAGRAW	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver HARLEY UPTAGRAW (608) 610-9281		Citations Issued 0	Sex MALE
	Address E12394 STATE ROAD 33 BARABOO, WI 53913 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>	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	
<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT          02  003	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>		