24-11700

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #	Agency Crash Number 24-11700	Investigating Officer/Deputy SERGEANT E. KNULL				
z	Crash Date	Crash Time	Date Arrived	Time Arrived				
Y	10/21/2024	07:49 AM	10/21/2024	07:59 AM				
	Date Notified 10/21/2024	Time Notified 07:49 AM	Total Units 02	Total Injured Total Kille	ed			
0F5		and Run	I	Trailer or Towed	Reporting Threshold			
6TL0F51TKN	Government Property	Active School Zone	School Bus Related	Tags	1			
-	Reportable	Crash Type DT4000 (STANDARD CRASH)	Amended	Secondary Crash			
	Description							
	Diagram	NOT TO SCALE	W Pire St Distance in the second seco	Reconstructio				
	UNIT 1 TURNED NB ON W PINE ST	FROM BERKLEY BLVD WHILE UNIT KING TURN STRIKING UNIT 2. NO I	ot added any CJIS data in this 2 TURNED NB FROM PRIVATE DR. NJURIES REPORTED. UNIT 1 HAD	UNIT 2 WENT INTO CLOSEST				

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Lo	cation									
IN	TERSECTION	Latitude			Longitue	₋ongitude				
-	N CTHBD NB				43.47710	2861		-89.768	-89.768843467	
	BERKLEY BLVD				X Coordin	ate		Y Coord	linate	
	SAUK COUNTY				276065.375 4			481752	23	
					Structure NO STR					
	ash Scene									
_	asii Scene —				E:					
	DTOR VEH IN TRANSP	OPT			ON ROA	ful Event Lo אאמ	ocation			
	nner of Collision	UKI			Light Cond					
	- ANGLE	DAYLIG								
-	Road Surface Condition(s)					Factor(s)				
DF										
En	vironment Factor(s)									
NC	DNE				NONE					
We	eather Condition(s)				1					
CL	EAR									
Ani	imal Type					o Trafficway				
Cre	ash Classification - Location	1				WAY - ON	-			
-	Crash Classification - Location PUBLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
Trit	bal Land				Access Control Special Study NO CONTROL					
\ A /i+	thin Interchange Area	Junction Location		Intersectio	ion Type					
NC	•	INTERSECTION			SECTION					
Un	it Summary									
	it Status		Vehicle Ope	erating As C	lassification		Unit Type			
IN	TRANSIT		D CLASS		AUTOMOBILE					
Vel	Vehicle Type						Operating As Endorsements			
	PORT) UTILITY VEHICI									
	tal Occs	Train/Bus # Recorded		otal # Citations Issued					:Mat Types	
2	urance?	Direction Of Travel	0		0 Speed Lin		vit	0 Total Lan	00	
		NORTHBOUND	Pre	CrashTire Mark	e Speed Lin 45		Emergency Motor Vehicle Use		65	
	st Harmful Event: Collision		Special Fur	nction					icle Use	
IVIC	DTOR VEH IN TRANSP	ORT		IAL FUNC	TION			NOT APPLICABLE		
	affic Way /IDED HWY W/O TRAF		Traffic Cont			Traffic Control		ol Inopera	tive/Missing	
	rface Type		Road Curva				Road Grade			
	ACKTOP (BITUMINOU	S)	STRAIGH				UPHILL			
						OFNICE				
	ick Bus or HazMat		1							
NC										
NC	Vehicle		Diate To			St 1	Country of la	Suapoo		
NC)		Plate Type AUT - AL	JTOMOBIL	E	St WI	Country of Is:			
	Vehicle License Plate Number APC2758 Vehicle Identification Nu	mber			.E	WI Year	UNITED ST Model			
01 0	Vehicle License Plate Number APC2758 Vehicle Identification Nu 3VVMX7B2XNM0347		AUT - AL Make VOLKSW	JTOMOBIL VAGEN	E	wi	UNITED ST Model TAOS			
	Vehicle License Plate Number APC2758 Vehicle Identification Nu		AUT - AL Make VOLKSW Body Style	JTOMOBIL VAGEN		WI Year 2022	UNITED ST Model			
Е 01	Vehicle License Plate Number APC2758 Vehicle Identification Nu 3VVMX7B2XNM0347 Color		AUT - AL Make VOLKSW Body Style	JTOMOBIL VAGEN		WI Year 2022	UNITED ST Model TAOS			
Е 01	Vehicle License Plate Number APC2758 Vehicle Identification Nu 3VVMX7B2XNM0347 Color GRY - GRAY Initial Contact Point 10 - LEFT SIDE FRO	781	AUT - AL Make VOLKSW Body Style UT - SPC Vehicle Da	JTOMOBIL VAGEN PORT UTILIT amage		WI Year 2022	UNITED ST Model TAOS		7 8 9 10 11 6	
01	Vehicle License Plate Number APC2758 Vehicle Identification Nu 3VVMX7B2XNM0347 Color GRY - GRAY Initial Contact Point	781	AUT - AL Make VOLKSW Body Style UT - SPC Vehicle Da	JTOMOBIL VAGEN		WI Year 2022	UNITED ST Model TAOS		7 8 9 10 11 6 7 8 9 10 11 7 8 9 10 11 12 12	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage	;			Vehicle Removed By						
		NOT TOWED What Driver Was Doing			OPERATOR Vehicle Factors							
				Veł								
		RIGHT TURN				T APPLICABLE						
		Driver Prior Action Othe	er		NO							
		Driver Actions										
	ш	IMPROPER TURN										
E	U L											
UNIT	Η											
	VEHICLE											
	-											
		Owner Name				Owner Address	DD # 500					
	01	JANICE LEUTE (608) 393-6007				52 FIELDSTONE I WISCONSIN DEL		s				
	0	(,					, , .	-				
		Sequence Of Event	ents									
	01	MOTOR VEH IN TRA	ANSPOR	т								
	02	Event										
	0											
	03	Event										
	4	Event										
	04											
F		Policy Holder										
UNIT		Insurance Company PROGRESSIVE-CLA				ndividual JANICE LEUTE						
			43310-11	13-00								
		Individual Driver				Citations Issued	Sex					
		JANICE LEUTE			0 FEMALE							
	AL	(608) 393-6007				Ate of Birth						
⊢	INDIVIDUAL	Address										
UNIT	Σ				[Driver License Number						
	N	52 FIELDSTONE DR WISCONSIN DELLS		65 . US	5	STATE: WISCONSIN COUNTRY: UNITED STATES						
	_		,	,								
			On Duty Cr	ash	5	Safety Equipment						
	Saf	fety Equipment				Salety Equipment						
		Row		Seat Position		SHOULDER & LAP	BELT					
		01 - FRONT ROW		07 - LEFT								
		Helmet Use			ŀ	Helmet Compliance						
		Eye Protection			1	Tint Compliance						
						·						
2	001		njury Seve	•		Airbag						
	0				1	NON DEPLOYED		Tanana al/Eutricata al				
		Ejected NOT EJECTED		ection Path				Trapped/Extricated NOT TRAPPED				
	NOT EJECTED NOT EJECTED/NOT AP Medical Transport				EMS Agency Identifier		EMS Run #					
	NOT TRANSPORTED					3,						
		Hospital			[Date of Death		Time of Death				
)istraatad '	By Source								
		Distracted By		By Source LICABLE (NOT DIS	TRACT	ED)						
		Distracted By Action										
		NOT DISTRACTED										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	nit#	Location						
		Prior Action								
		Action								
	Ļ									
Ŀ	INDIVIDUAL									
UNIT	IVI									
	ND									
		Action Other	To/From School							
		Suspected	d Alcohol Use	e	Suspected Drug Use					
		Drug & Alcohol No			NO					
		Alcohol Test Given TEST NOT GIVEN	,	Alcohol Test Type	9		Alcohol Test Results			
		Drug Test Given		Drug Test Type		Drug Test Results				
	_	TEST NOT GIVEN Drug Type								
2	001	Didg Type								
		Individual Condition								
		APPEARED NORMAL								
		Individual Passenger			Citations Issued	Sex				
	_	WILLIÄM LEUTE			0 MALE					
.	INDIVIDUAL	(608) 393-6007			Date of Birth	Race WHITE				
UNIT	Ĭ	Address			Driver License Numbe	er				
	Z	52 FIELDSTONE DR # 508 WISCONSIN DELLS, WI 53965 , US								
	Sat	On Duty C	Crash		Safety Equipment					
		Row	ition	SHOULDER & LAP	PBELT					
		01 - FRONT ROW Helmet Use	09 - RIG	HT	Helmet Compliance					
		Tiemer Use								
1		Eye Protection			Tint Compliance					
6	002	Injury Sev	-		Airbag					
P	8		ARENT IN.		NON DEPLOYED					
			-	TED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport			EMS Agency Identifier	r	EMS Run #			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
		Distracted By	By Source							
		Distracted By Action								
		Striking U	nit #	Location						
		Non Motorist								
Minor	ncin M	Motor Vehicle Crash		This repor	rt does not include anv C	IIS data	Crash Date	10/21/2024		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

I 1										
		Prior Action								
		Action								
	_									
	INDIVIDUAL									
UNIT										
	Z									
		Action Other								To/From School
		Sust	pected Alcohol U	se	Suspected Drug Use					
	L	Drug & Alcohol אס			NO					
		Alcohol Test Given		Alcohol Test Ty	ре			Alcohol Tes	t Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type	!	Drug T	est Results			
		TEST NOT GIVEN		5 7		5.«g .				
6	002	Drug Type		I.						
	0									
		Individual Condition								
		APPEARED NORMAL								
I		t Summary Status			Vehicle Operating As Class	sification		Unit Type		
		RANSIT			D CLASS			AUTOMOBILE		
02		сlе Туре						Operating A	s Endorse	ments
0		SENGER CAR	Train/Bus # Red	corded	Total # Citations Issued Total Traile			ers	Total Haz	zMat Types
	1 1	0003			0		0		0	inar i ypoo
	Insurance? Direction Of Travel				Pre CrashTire		Speed Lim			es
UNIT	YES NORTHBOUND Most Harmful Event: Collision With			ND	Mark 45 Special Function		Emergency	4 Motor Veh	icle Use	
		TOR VEH IN TRANSPOR			NO SPECIAL FUNCTION			NOT APPLICABLE		
		ic Way			Traffic Control			Traffic Control Inoperative/Missing		
		DED HWY W/O TRAFFI	C BARRIER		STOP SIGN Road Curvature			NO Road Grade		
		CKTOP (BITUMINOUS)			STRAIGHT			UPHILL		
	Truc	k Bus or HazMat						•		
	NO		_	_			_	_		
		Vehicle License Plate Number			Plate Type		St	Country of Is	suance	
		AXM3449			AUT - AUTOMOBILE		WI	UNITED ST		
	2	Vehicle Identification Numb	er		Make		Year	Model		
	02	1FAHP3N27CL361373 Color			FORD Body Style		2012	FOCUS Bus Use		
		GRY - GRAY						Bus Use		
	щ	Initial Contact Point			Vehicle Damage					7 8 9 10 11
UNIT	IICI	02 - RIGHT SIDE FROM	NT			NIT				6
	VEHICLE	Extent Of Damage FUNCTIONAL DAMAG	E		02 - RIGHT SIDE FRO	/111				54321
	-	Towed Due To Damage			Vehicle Removed By				I	
		NOT TOWED			OPERATOR					
		What Driver Was Doing LEFT TURN								

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WISCONSIN MOTOR VEHICLE CRASH REPORT

				Ve	hicle Factors					
		Driver Prior Action Other		NC	OT APPLICABLE					
	ш	Driver Actions NO CONTRIBUTING ACTIO	N							
Ŀ	VEHICLE									
UNIT	H									
	>									
		Owner Name HARLEY UPTAGRAW			Owner Address					
	02	(608) 610-9281			E12394 STATE RO BARABOO, WI 539					
	:	Sequence Of Events			•					
	6	Event MOTOR VEH IN TRANSPORT								
	02	Event								
	03	Event								
	04	Event								
╘		Policy Holder								
UNIT		Insurance Company			ndividual					
		GEICO-GENERAL-INS-CO			HARLEY UPTAGRAW					
		Individual Driver			Ottational Lanuard	Sex				
	_	HARLEY UPTAGRAW (608) 610-9281 Address E12394 STATE ROAD 33 BARABOO, WI 53913, US			Citations Issued 0	MALE				
L	INDIVIDUAL				Date of Birth	Race WHITE				
UNIT	N				Driver License Number					
-	Z				STATE: WISCONSIN COUNTRY: UNITED STATES					
	On Duty Crash Safety Equipment				Safety Equipment					
		Row	Seat Position	:	SHOULDER & LAP I	BELT				
		01 - FRONT ROW Helmet Use	07 - LEFT		Helmet Compliance					
		Eye Protection		Tint Compliance						
07	003	Injury Seve	-		Airbag					
	õ		ARENT INJURY jection Path		NON DEPLOYED		Trapped/Extricated			
			OT EJECTED/NOT APP	PLIC	CABLE		NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED Hospital		Date of Death		Time of Death				
		Distracted By NOT APP	By Source PLICABLE (NOT DISTRA	ACI	ED)					
		Distracted By Action NOT DISTRACTED								
		Non Motorist	it # Location							
•										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other	Suspected Alcohol Us	e	Suspected Drug Use			To/From School
		Drug & Alcohol	NO		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	5	
02	003	Drug Type						
		Individual Condition						
			MAL					