

6TL0C22Z0X
24-13156

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 24-13156	Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 11/27/2024		Crash Time 12:11 PM	Date Arrived 11/27/2024	Time Arrived 12:23 PM	
Date Notified 11/27/2024		Time Notified 12:13 PM	Total Units 01	Total Injured 00	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

<p>Diagram</p>	Reconstruction By
	Photos By A. WILCOX
	Additional Information PHOTOS

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

ON 11/27/2024, I WAS DISPATCHED TO E12480 STH 23 IN THE TOWN OF SPRING GREEN FOR A TRAFFIC CRASH. UNIT ONE OPERATOR STATED THAT SHE WAS DRIVING ON STH 23 WHEN SHE REACHED BACK TO GIVE HER CHILD SOMETHING AND RAN OFF THE ROADWAY AND STRUCK A MAILBOX, CAUSING DAMAGE TO UNIT 1. UNIT 1 OPERATOR WAS ABLE TO REMOVE UNIT 1 FROM THE SCENE. THE PROPERTY OWNER WAS NOTIFIED ABOUT THE MAILBOX.

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Location

ON 12480 PRAIRIE VIEW RD/ STH23 EB 158 FT N OF USH14 EB (FIRE 12480) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.190133099	Longitude -90.073848483
	X Coordinate 250221.84375	Y Coordinate 4786517
	Structure Type FIRE	

Crash Scene

First Harmful Event MAILBOX	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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With MAILBOX	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	01	License Plate Number 824WND	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5FNRL6H79KB129913	Make HOND	Year 2019	Model ODYSSEY
		Color BRZ - BRONZE	Body Style VN - VAN		Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER		
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 RIGHT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions			
01 01	Owner Name MICHELLE KRAEMER (608) 385-2061		Owner Address 2250 LOMBARDI LN PLAIN, WI 53577 , US	
	Sequence Of Events			
01 02 03 04	Event MAILBOX			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		INDIVIDUAL MICHELLE KRAEMER	
UNIT INDIVIDUAL	Individual			
	DRIVER MICHELLE KRAEMER (608) 385-2061		Citations Issued 0	Sex FEMALE
	Address 2250 LOMBARDI LN PLAIN, WI 53577 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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 OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)		
		Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)		

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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					
		PASSENGER NORA KRAEMER		Citations Issued 0	Sex FEMALE		
		Date of Birth		Race WHITE			
Address 2250 LOMBARDI LN PLAIN, WI 53577 , US		Driver License Number					
01	002	Safety Equipment		On Duty Crash			
		Safety Equipment BOOSTER SEAT					
		Row 02 - SECOND ROW	Seat Position 07 - LEFT				
		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					
Distracted By Action							
Non Motorist		Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action		
		Action		
01	002	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
01	003	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 SAMUEL KRAEMER (608) 385-2061	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address 2250 LOMBARDI LN PLAIN, WI 53577 , US	Driver License Number	
01	003	Safety Equipment	On Duty Crash	Safety Equipment BOOSTER SEAT
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	003	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	
Distracted By Action				
		Non Motorist	Striking Unit #	Location
Prior Action				

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UNIT	INDIVIDUAL	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					
		01	003				

Property Owner

PROP OWNER	01	ORGANIZATION/COMPANY NEWTONS AUTO REPAIR AND RESTOATION (608) 588-2422	Address E4910 USH 14 SPRING GREEN, WI 53588 , US

Fixed Objects Struck

01	Striking Unit 01	Struck Object MAILBOX	Structure Number	Damage Tag Number