

6TL0D7W17N  
25-00687

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>25-00687</b>	Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>01/23/2025</b>		Crash Time <b>04:11 PM</b>	Date Arrived <b>01/23/2025</b>	Time Arrived <b>04:50 PM</b>	
Date Notified <b>01/23/2025</b>		Time Notified <b>04:11 PM</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 checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>NOT TO SCALE</p>	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 2 WAS TURNING LEFT IN TO A DRIVEWAY WITH ITS TURN SIGNAL ON ACCORDING TO BOTH DRIVERS. UNIT 1 DRIVER SAW THE TURN SIGNAL AND MISTAKENLY THOUGHT UNIT 2 WAS TURNING RIGHT SO PASSED ON THE LEFT SIDE. THIS CAUSED A COLLISION WITH UNIT 2 AS UNIT 1 WAS PASSING.

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Location

<b>ON E4587 USH14 WB</b> <b>1086 FT E</b> <b>OF PEARL RD</b> <b>(FIRE E4587)</b>  <b>IN THE TOWN OF SPRING GREEN</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.189901603</b>	Longitude <b>-90.089650353</b>
	X Coordinate <b>248936.765625</b>	Y Coordinate <b>4786538.5</b>
	Structure Type <b>FIRE</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN 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>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>AWA6224</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5XYPGDA33HG231619</b>	Make <b>KIA</b>	Year <b>2017</b>	Model <b>SORENTO</b>
	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By	
	What Driver Was Doing <b>OVERTAKE LEFT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>IMPROPER OVERTAKING / PASSING LEFT</b>			
01 01	Owner Name <b>SARAH MANI (608) 475-0787</b>		Owner Address <b>29522 WHISPERING PINES RD LONE ROCK, WI 53556 , 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>ERIE-INS-CO</b>		INDIVIDUAL <b>SARAH MANI</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>SARAH MANI (608) 475-0787</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>29522 WHISPERING PINES RD LONE ROCK, WI 53556 , US</b>		Date of Birth	Race <b>WHITE</b>
	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>DEPLOYED-SIDE</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>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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>					
		<b>Individual</b>					
		PASSENGER <b>LAINA MANI</b> (608) 475-0787			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth			Race <b>WHITE</b>		
Address <b>29522 WHISPERING PINES RD</b> <b>LONE ROCK, WI 53556 , US</b>			Driver License Number				
01	002	<b>Safety Equipment</b>		On Duty Crash			
		Safety Equipment <b>BOOSTER SEAT</b>					
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</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			
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>		
		<b>Individual</b>		
		PASSENGER <b>CURTIS MANI</b> <b>(608) 475-0787</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
Address <b>29522 WHISPERING PINES RD</b> <b>LONE ROCK, WI 53556 , US</b>		Date of Birth Race <b>WHITE</b>		
Driver License Number				
01	003	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</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		
Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location	
Prior Action				

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	003	<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>			
	01	<b>Violations</b>				
		UTC Number <b>BG111566</b>	Issue To? <b>001</b>	Statute Number <b>346.09(4)</b>	Description <b>PASSING VEHICLE INDICATING LEFT TURN</b>	

Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>		
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash <input type="checkbox"/> Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>						

UNIT	02	<b>Vehicle</b>					
		License Plate Number <b>EY8529</b>		Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1GCUDED3RZ221464</b>		Make <b>CHEV</b>	Year <b>2024</b>	Model <b>SILVERADO</b>	
		Color <b>BLK - BLACK</b>		Body Style <b>PK - PICKUP</b>		Bus Use	
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRONT</b>			
Extent Of Damage <b>FUNCTIONAL 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>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>BRADLEY BINDL (608) 574-5215</b>		Owner Address <b>5368 HIGHWAY 23 SPRING GREEN, WI 53588 , 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>BRADLEY BINDL</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>BRADLEY BINDL (608) 574-5215</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>5368 HIGHWAY 23 SPRING GREEN, WI 53588 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02 004	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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>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>02</b>	<b>004</b>				