

6TL0F2KRDH
25-01354

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0F2KRDH

Document Number Override		Primary Crash Document #		Agency Crash Number 25-01354		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 02/13/2025		Crash Time 12:32 PM		Date Arrived 02/13/2025		Time Arrived 12:33 PM	
Date Notified 02/13/2025		Time Notified 12:32 PM		Total Units 02		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

Diagram		Reconstruction By
		Photos By I GALVAN
		Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING ON CTH W APPROACHING THE STOP SIGN OF STH 23. UNIT 1 SLOWED AND APPEARED TO HAVE STOPPED. UNIT 1 CONTINUE THROUGH THE INTERSECTION AND WAS STRUCK BY UNIT 2 WHO WAS TRAVELING SOUTHBOUND ON STH 23. UNIT 1 FAILED TO YIELD TO THE RIGHT OF AWAY. UNIT 1 OPERATOR ADMITTED THAT HE DID NOT SEE UNIT 2 AND LEFT STOP SIGN TOO SOON. UNIT 1 OPERATOR CITED FOR FAILURE TO YIELD TO THE RIGHT OF WAY. NO INJURIES REPORTED. BOTH UNITS REMOVED BY OPERATORS.

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Location

INTERSECTION ON STH23 WB AT CTHW IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.395572213	Longitude -90.036359991
	X Coordinate 254098.25	Y Coordinate 4809222.5
	Structure Type NO STRUCTURE	

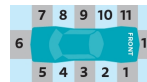
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	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-RELATED	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK			
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements				
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 FX7585	Plate Type LTK	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1GCEK29019Z192102	Make CHEV	Year 2009	Model SILVERADO	
	Color GRY - GRAY	Body Style PK - PICKUP		Bus Use	
	Initial Contact Point 04 - RIGHT SIDE REAR	Vehicle Damage			
	Extent Of Damage MINOR DAMAGE	04 - RIGHT SIDE REAR			



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY				
01	01	Owner Name GARY OIMOEN (000) 000-0000		Owner Address 10148 SHARP RD MOUNT HOREB, WI 53572 , US		
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	Policy Holder				
		Insurance Company ALLSTATE-INS-CO		INDIVIDUAL GARY OIMOEN		
UNIT	INDIVIDUAL	Individual				
		DRIVER PATRICK SWEENEY (608) 576-6249		Citations Issued 1	Sex MALE	
		Address 2634 CHESAPEAKE DR FITCHBURG, WI 53719 , US		Date of Birth	Race WHITE	
		Driver License Number				
01	001	Safety Equipment		On Duty Crash		
		Row 01 - FRONT ROW		Seat Position 07 - LEFT		
		Safety Equipment SHOULDER & LAP BELT		Helmet Use		
		Helmet Compliance		Eye Protection		
Tint Compliance		Injury 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					
		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					
UNIT	INDIVIDUAL	Individual					
		PASSENGER GARY OIMOEN (000) 000-0000		Citations Issued 0	Sex MALE		
		Date of Birth		Race WHITE			
		Address 10148 SHARP RD MOUNT HOREB, WI 53572 , US		Driver License Number			
		Safety Equipment		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
		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			

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **02/13/2025**
Crash Time **12:32 PM**

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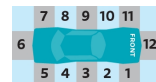
UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
	Drug Type				
	Individual Condition APPEARED NORMAL				
	Violations				
	01	UTC Number BK261022	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR				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 SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			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						

Vehicle

UNIT	VEHICLE	02	License Plate Number ASR7706				Plate Type AUT	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number LRBFZSR45PD065526				Make BUIC	Year 2023	Model ENVISION
			Color RED - RED				Body Style UT - SPORT UTILITY VEHICLE		Bus Use
			Initial Contact Point 01 - RIGHT FRONT CORNER				Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT		
			Extent Of Damage FUNCTIONAL DAMAGE						



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name ELAINE BERNDT (608) 462-7225		Owner Address 311 MAPLE ST WONEWOC, WI 53968 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ERIE-INS-CO		INDIVIDUAL ELAINE BERNDT	
UNIT INDIVIDUAL	Individual			
	DRIVER ELAINE BERNDT (608) 462-7225		Citations Issued 0	Sex FEMALE
	Address 311 MAPLE ST WONEWOC, WI 53968 , US		Date of Birth	Race WHITE
	Driver License Number			
02 003	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED	
	Hospital		EMS Agency Identifier	EMS Run #
Date of Death		Time of Death		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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		Prior Action					
		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					
UNIT	INDIVIDUAL	Individual					
		PASSENGER LORI FRENCH (608) 402-5601		Citations Issued 0	Sex FEMALE		
		Date of Birth		Race WHITE			
		Address 327 DIVISION ST # A UNION CENTER, WI 53962 , US		Driver License Number			
		Safety Equipment		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
		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					
		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			
		02	004				