

6TL0C22Z17  
25-01449

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>25-01449</b>		Investigating Officer/Deputy <b>DEPUTY A. WILCOX</b>	
Crash Date <b>02/15/2025</b>		Crash Time <b>04:05 PM</b>		Date Arrived <b>02/15/2025</b>		Time Arrived <b>04:20 PM</b>	
Date Notified <b>02/15/2025</b>		Time Notified <b>04:09 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 type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information

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

ON 02/15/2025, I WAS DISPATCHED TO COLD SPRINGS ROAD AND SKY VIEW ROAD IN THE TOWN OF FRANKLIN FOR A TWO-VEHICLE TRAFFIC CRASH. UNIT 1 OPERATOR WAS TRAVELING E/B ON COLD SPRINGS ROAD LOOKING OUT HIS WINDOW AT LAND WHEN HE RAN INTO UNIT 2; UNIT 2 OPERATOR STOPPED AND HONKED, TRYING TO GET UNIT 1 OPERATOR'S ATTENTION, BUT UNIT 1 OPERATOR WAS LOOKING OUT INTO A FIELD. UNIT 1 OPERATOR WAS ISSUED AND EXPLAINED A CITATION FOR INATTENTIVE DRIVING DUE TO HIM ADMITTING HE WAS NOT PAYING ATTENTION TO THE ROADWAY.

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Location

ON COLD SPRING RD 1255 FT E OF SKYVIEW RD IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude <b>43.376507126</b>	Longitude <b>-90.013561763</b>
	X Coordinate <b>255868.109375</b>	Y Coordinate <b>4807038</b>
	Structure Type <b>NO STRUCTURE</b>	

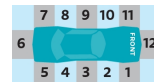
Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET, SNOW, SLUSH, ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>CLOUDY</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>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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</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>	<b>Vehicle</b>			
		License Plate Number <b>312702F</b>	Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GCHK24647E558759</b>	Make <b>CHEV</b>	Year <b>2007</b>	Model <b>SILVERADO</b>
		Color <b>SIL - SILVER (ALUMINUM)</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</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>OWNER</b>		
		What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>LOOKED BUT DID NOT SEE</b>				
01	01	Owner Name <b>KURT VOGEL</b> (608) 963-1851		Owner Address <b>S11401 COUNTY ROAD G</b> <b>SPRING GREEN, WI 53588 , US</b>		
		<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>				
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		INDIVIDUAL <b>KURT VOGEL</b>		
UNIT	INDIVIDUAL	<b>Individual</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>	
		DRIVER <b>KURT VOGEL</b> (608) 963-1851		Date of Birth	Race <b>WHITE</b>	
01	001	Address <b>S11401 COUNTY ROAD G</b> <b>SPRING GREEN, WI 53588 , US</b>		Driver License Number		
		<b>Safety Equipment</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
01	001	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Use		
		Helmet Use		Helmet Compliance		
01	001	Eye Protection		Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
01	001	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 #	
01	001	Hospital		Date of Death	Time of Death	
		<b>Distracted By</b> Distracted By Source <b>EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)</b>				
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>						

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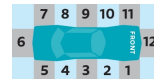
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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <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>					
01	001	<b>Violations</b>					
		UTC Number <b>BC936753</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</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>NORTHBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit <b>45</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>CURVE LEFT</b>				Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>											
		<b>Vehicle</b>											
		License Plate Number <b>PT2038</b>		Plate Type <b>LTK</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>					
Vehicle Identification Number <b>3C6UR5DL5NG340876</b>				Make <b>RAM</b>		Year <b>2022</b>		Model <b>2500</b>					
Color <b>WHI - WHITE</b>				Body Style <b>PK - PICKUP</b>				Bus Use					
Initial Contact Point <b>11 - LEFT FRONT CORNER</b>													



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UNIT VEHICLE	Extent Of Damage <b>NO DAMAGE</b>		Vehicle Damage <b>11 - LEFT FRONT CORNER</b>	
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>KATELYN STATZ</b> (608) 477-8440		Owner Address <b>115 EAST ST</b> <b>LOGANVILLE, WI 53943 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT VEHICLE	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		INDIVIDUAL <b>KATELYN STATZ</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>KATELYN STATZ</b> (608) 477-8440		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>115 EAST ST</b> <b>LOGANVILLE, WI 53943 , US</b>		Date of Birth	Race <b>WHITE</b>
	On Duty Crash		Driver License Number	
UNIT INDIVIDUAL	<b>Safety Equipment</b>			
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Injury <b>NO APPARENT INJURY</b>		Tint Compliance	
	Injury Severity		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	

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UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
		Distracted By Action <b>NOT DISTRACTED</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>							