

1XL050LHL0
SP24-01833

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK PRAIRIE POLICE DEPARTMENT
640 13TH ST
PRAIRIE DU SAC, WI 53578
(608) 643-2427

1XL050LHL0

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy OFFICER D. MONSON	
Crash Date 10/18/2024		Crash Time 04:44 PM		Date Arrived 10/18/2024		Time Arrived 05:04 PM	
Date Notified 10/18/2024		Time Notified 04:44 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	
<p>10/18/2024 1644 HRS HWY 12 NORTH OF SAUK PRAIRIE ROAD</p> <p>NOT TO SCALE</p> <p>OFFICER D. MONSON #66 SAUK PRAIRIE POLICE DEPARTMENT</p>		Photos By D. MONSON	
		Additional Information PHOTOS	

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

UNIT 01 WAS SLOWING STOPPING FOR TRAFFIC NORTH BOUND IN THE SAME LANE. UNIT 02 APPLIED BRAKES BUT DID NOT SEE UNIT 01 SLOW DOWN IN TIME AND STRUCK UNIT 01 WITH THE FRONT LEFT OF UNIT 02. UNIT 01 SUSTAINED MINOR COSMETIC DAMAGE. UNIT 02 SUSTAINED FUNCTIONAL YET STRUCTURAL DAMAGE. BOTH DRIVERS WEARING SEAT BELTS, BOTH HAVE INSURANCE. DRIVER OF UNIT 2 CITED FOR AUTO FOLLOWING TOO CLOSELY. CRASH WRITTEN BY OUR AGENCY ON BEHALF OF SAUK COUNTY SHERIFF'S DEPT.

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Location

ON USH12 WB 1144 FT N OF SAUK PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.28488937	Longitude -89.759026234
	X Coordinate 276152.78125	Y Coordinate 4796149
	Structure Type NO STRUCTURE	

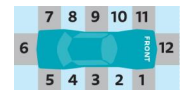
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		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 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<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 UPHILL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle					
	License Plate Number AFR6918		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2GKFLTEK9G6209322		Make GMC	Year 2016	Model TERRAIN	
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 07 - LEFT REAR CORNER		Vehicle Damage 07 - LEFT REAR CORNER			
Extent Of Damage MINOR DAMAGE						



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name BAILEY KAY MARTINSEN		Owner Address 404 WALL ST MAZOMANIE, WI 53560 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ALLSTATE-INS-CO		INDIVIDUAL BAILEY MARTINSEN	
UNIT INDIVIDUAL	Individual			
	DRIVER BAILEY KAY MARTINSEN		Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]		Race WHITE	
	Address 404 WALL ST MAZOMANIE, WI 53560 , US		[REDACTED] er 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 Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	Trapped/Extricated NOT TRAPPED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		EMS Agency Identifier
Medical Transport NOT TRANSPORTED		EMS Run #		Date of Death
Hospital		Time of Death		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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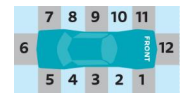
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					

Unit 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 1	Train/Bus # Recorded		Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel NORTHBOUND		<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 UPHILL	
		Truck Bus or HazMat NO						

UNIT	VEHICLE	Vehicle					
		License Plate Number NTE396		Plate Type AUT	St MN	Country of Issuance UNITED STATES	
		Vehicle Identification Number JTDKB20U393497817		Make TOYT	Year 2009	Model PRIUS	
		Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use	
		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER			
		Extent Of Damage FUNCTIONAL DAMAGE					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER			



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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
	Owner Name THAIS ALEXANDRA ALTENBERG (763) 849-2276		Owner Address 2333 COLBERT AVE NW BUFFALO, MN 55313 4412, US		
UNIT 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company USAA-CASUALTY-INS-CO		INDIVIDUAL THAIS ALTENBERG		
	Individual				
UNIT INDIVIDUAL	DRIVER THAIS ALEXANDRA ALTENBERG (763) 849-2276		Citations Issued 1	Sex FEMALE	
	Date of Birth [REDACTED]		Race WHITE		
	Address 2333 COLBERT AVE NW BUFFALO, MN 55313 4412, US		[REDACTED] ber STATE: MINNESOTA COUNTRY: UNITED STATES		
UNIT 02	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 EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)					
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			
	Violations			
	01	UTC Number BI345348	Issue To? 002	Statute Number 346.14(1m)