

6TL0BJ1GJS

20-00971

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 20-00971		Investigating Officer/Deputy DEPUTY J. MACASKILL	
Crash Date 01/25/2020		Crash Time 11:25 PM		Date Arrived 01/25/2020		Time Arrived 11:32 PM	
Date Notified 01/25/2020		Time Notified 11:26 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

<p>Diagram</p> <p>Not drawn to Scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

ON 1/25/20 AT APPROXIMATELY 2330, UNIT 1 WAS DRIVING SOUTH ON JEFFERSON ST NEAR CEMETERY RD. UNIT 1 WAS DRIVING DOWNHILL WHEN UNIT 1 BEGAN TO SLIDE DOWN THE HILL. UNIT 1'S BACK OF VEHICLE SLID OUT AND STRUCK UNIT 2 THAT WAS DRIVING NORTHBOUND ON JEFFERSON ST. REAR PASSENGER SIDE OF UNIT 1 STRUCK THE FRONT DRIVER SIDE OF UNIT 2. UNIT 1 STATED HE BEGAN SLIDING DUE TO THE SNOWY ROADS. BOTH VEHICLES REMOVED BY OPERATORS.

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Location

ON JEFFERSON ST 672 FT S OF CITY VIEW RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.487671989	Longitude -89.728594069
	X Coordinate 279359.25	Y Coordinate 4818589.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 05 - REAR TO SIDE		Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) SNOW			
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 PASSENGER CAR				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 SOUTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	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 CURVE RIGHT		Road Grade DOWNHILL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE	Vehicle					
		License Plate Number AAY7143		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number KNAGE123785204318		Make KIA MOTORS CORPORA	Year 2008	Model OPTIMA LX/			
Color WHI - WHITE		Body Style 4D - 4DR		Bus Use			
Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage					
Extent Of Damage FUNCTIONAL DAMAGE		07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR					

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01	Owner Name DARIN A CARIGAN (608) 393-0927		Owner Address 1415 JEFFERSON ST BARABOO, WI 53913 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
04	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual DARIN CARIGAN	
UNIT INDIVIDUAL	Individual			
	Driver JACOB ALLAN CARIGNAN (608) 393-0927		Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address 1415 JEFFERSON ST BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT INDIVIDUAL 01 001	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 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	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 CURVE LEFT		Road Grade UPHILL		
	Truck Bus or HazMat NO						
	UNIT VEHICLE 02	Vehicle					
		License Plate Number 153ZDD		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 3C8FY68815T641487		Make CHRYSLER	Year 2005	Model PT CRUISER			
Color BLK - BLACK		Body Style VN - VAN		Bus Use			
Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT					
Extent Of Damage FUNCTIONAL DAMAGE							
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					

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UNIT VEHICLE	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name STEPHANIE ROSE JOYCE (608) 963-9561	Owner Address E11796A TRAP SHOOT RD BARABOO, WI 53913 , US	
UNIT INDIVIDUAL	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
	Policy Holder		
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual STEPHANIE JOYCE
	Individual		
	Driver STEPHANIE ROSE JOYCE (608) 963-9561		Citations Issued 0
	Sex FEMALE		Date of Birth
Address E11796A TRAP SHOOT RD BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Airbag
	Injury Severity NO APPARENT INJURY		NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
	Hospital		EMS Run #
	Date of Death		Time of Death
UNIT INDIVIDUAL	Distracted By		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
UNIT INDIVIDUAL	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	002				