

6TL09N3P81

20-01010

# 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>20-01010</b>		Investigating Officer/Deputy <b>DEPUTY C. FRANK</b>	
Crash Date <b>01/27/2020</b>		Crash Time <b>08:13 AM</b>		Date Arrived <b>01/27/2020</b>		Time Arrived <b>08:29 AM</b>	
Date Notified <b>01/27/2020</b>		Time Notified <b>08:13 AM</b>		Total Units <b>02</b>		Total Injured <b>01</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

Diagram 		Reconstruction By  Photos By <b>9198</b>  Additional Information <b>PHOTOS</b>
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON THE ABOVE DATE AND TIME UNIT 1 WAS SB ON W. PINE ST AT LINN ST IN THE VILLAGE OF WEST BARABOO. UNIT 1 WAS IN LEFT TURN LANE TO TURN LEFT. UNIT 1 OPERATOR STATED SHE HAD A BLINKING YELLOW LEFT TURN ARROW. UNIT 1 OPERATOR COULD NOT SEE AROUND A NB LEFT TURNING TRUCK. UNIT 1 OPERATOR ACCELERATED INTO INTERSECTION TO TURN LEFT, EB, ON LINN ST. UNIT 2 WAS NB ON W PINE ST. UNIT 2 ENTERED THE INTERSECTION NB ON A GREEN LIGHT. UNIT 1 STRUCK UNIT 2 ON THE DRIVER'S SIDE WHEEL. BOTH OPERATORS CONTACTED LAW ENFORCEMENT FROM SEPARATE LOCATIONS.

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## Location

ON STH136 EB 23 FT S OF LINN ST/ STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.474734215</b>	Longitude <b>-89.768864954</b>
	X Coordinate <b>276054.875</b>	Y Coordinate <b>4817260</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>01 - ANGLE</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>NONE</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>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements		
	Total Occs <b>2</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>30</b>	Total Lanes <b>4</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>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE 01	<b>Vehicle</b>					
		License Plate Number <b>449VRG</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>KNAFT4A22D5716851</b>		Make <b>KIA MOTORS CORPORA</b>	Year <b>2013</b>	Model <b>FORTE LX</b>			
Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use			
Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage					
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>					

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By		
		What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>				
01	01	Owner Name <b>LAURA M BOHL (608) 477-8065</b>		Owner Address <b>E10145 N REEDSBURG RD BARABOO, WI 53913 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
<b>Policy Holder</b>						
UNIT	INDIVIDUAL	Insurance Company <b>ERIE-INS-CO</b>		Individual <b>LAURA BOHL</b>		
		<b>Individual</b>				
		Driver <b>LAURA M BOHL (608) 477-8065</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
		Date of Birth		Race <b>WHITE</b>		
Address <b>E10145 N REEDSBURG RD BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
<b>Safety Equipment</b>		On Duty Crash		Safety Equipment		
UNIT	INDIVIDUAL	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<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>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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UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				
		Action				
		Action Other		To/From School		
01	001	<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>CODI J MOTZ</b> <b>(619) 416-1720</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth	Race <b>WHITE</b>		
		Address <b>E10145 N REEDSBURG RD</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		01	002	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
Row <b>01 - FRONT ROW</b>	Seat Position <b>10 - UNKNOWN SE</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						
UNIT	INDIVIDUAL	<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>		
	01	<b>Violations</b>			
		UTC Number <b>AE754951</b>	Issue To? <b>001</b>	Statute Number <b>346.18(2)</b>	Description <b>FAIL/YIELD WHILE MAKING LEFT TURN</b>

## Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements		
		Total Occs <b>2</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"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>30</b>	Total Lanes <b>4</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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>					
		VEHICLE	02	<b>Vehicle</b>			
				License Plate Number <b>AAT1981</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>1G4HD57207U222323</b>	Make <b>BUICK</b>			Year <b>2007</b>	Model <b>LUCERNE</b>		
Color <b>GLD - GOLD</b>	Body Style <b>SD - SEDAN</b>			Bus Use			
Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage						
Extent Of Damage <b>DISABLING DAMAGE</b>	<b>10 - LEFT SIDE FRONT</b>						

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>MATTHEW D TOURDOT (608) 432-1028</b>		Owner Address <b>S3701 ABLEMAN RD REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
02	<b>Policy Holder</b>			
	Insurance Company <b>RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)</b>		Individual <b>MATTHEW TOURDOT</b>	
03	<b>Individual</b>			
	Driver <b>WYATT BRIAN TOURDOT (608) 415-0646</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S3701 ABLEMAN RD REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
04	<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>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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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location
		Prior Action			
		Action			
		Action Other			To/From School
02	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			
UNIT	INDIVIDUAL	Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>SAMANTHA KAYE KROGH</b> <b>(608) 385-2592</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth		Race <b>WHITE</b>	
02	004	Address <b>150 JUNEAU ST</b> <b>LYNDON STATION, WI 53944 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>		On Duty Crash	
		Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	
		Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
02	004	Eye Protection		Helmet Compliance	
		Tint Compliance		Airbag <b>NON DEPLOYED</b>	
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		Trapped/Extricated <b>NOT TRAPPED</b>	
Hospital		Date of Death		EMS Run #	
Distracted By		Distracted By Source			
Distracted By Action					
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location

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UNIT	INDIVIDUAL	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>					
		02	004				