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20-01983

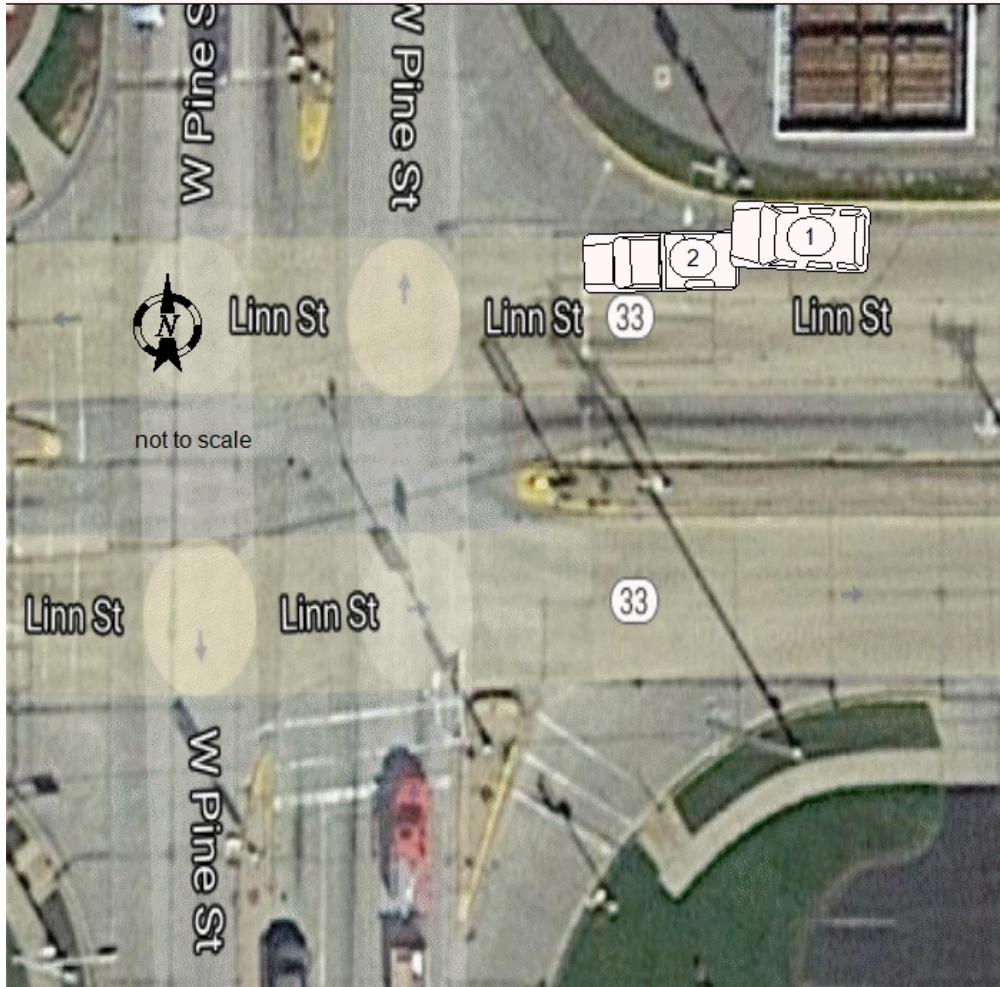
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>20-01983</b>		Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>02/21/2020</b>		Crash Time <b>03:58 PM</b>		Date Arrived <b>02/21/2020</b>		Time Arrived <b>03:59 PM</b>	
Date Notified <b>02/21/2020</b>		Time Notified <b>03:58 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 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	
		Additional Information <b>NONE</b>	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.			
OPERATOR OF UNIT 2 WAS STOPPED AT STOP LIGHT ON LINN ST WAITING TO TURN NB ON W PINE ST AND UNIT 1 STRUCK REAR OF UNIT 2. UNIT 1 OPERATOR STATED SHE WAS TALKING TO HER YOUNG CHILD IN BACK SEAT AND WAS NOT ABLE TO STOP IN TIME. NO INJURIES REPORTED. BOTH VEHICLES SUSTAINED FUNCTIONAL DAMAGE AND WERE BOTH REMOVED BY EACH RESPECTIVE OPERATOR.			

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## Location

ON LINN ST/ STH33 WB 43 FT E OF STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.474784901</b>	Longitude <b>-89.768669073</b>
	X Coordinate <b>276070.90625</b>	Y Coordinate <b>4817265</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>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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>(SPORT) UTILITY VEHICLE</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>5</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>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>ADH5027</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>2FMDK3GC6BBB07872</b>		Make <b>FORD</b>	Year <b>2011</b>	Model <b>EDGE</b>			
Color <b>BLK - BLACK</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use			
Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage					
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>11 - LEFT FRONT CORNER, 12 - FRONT</b>					

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UNIT	VEHICLE	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>	
		Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>		
01	01	Owner Name <b>PAOLA N MARTINEZ CARAPIA (608) 617-1057</b>	Owner Address <b>451 N LAKEVIEW AVE ENDEAVOR, WI 53930 , US</b>	
<b>Sequence Of Events</b>				
UNIT	VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
UNIT	VEHICLE	<b>Policy Holder</b>		
		Insurance Company <b>AMERICAN-AUTOMOBILE-INS-CO</b>	Individual <b>PAOLA MARTINEZ CARAPIA</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>PAOLA N MARTINEZ CARAPIA (608) 617-1057</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>HISPANIC</b>
		Address <b>451 N LAKEVIEW AVE ENDEAVOR, WI 53930 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT	INDIVIDUAL	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
		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		
UNIT	INDIVIDUAL	<b>Distracted By</b>		
		Distracted By Source <b>PASSENGER/OTHER NON-MOTORIST</b>		
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</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>BRYAN Y MOYOTL</b> <b>(608) 617-1057</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth	Race <b>HISPANIC</b>	
		Address <b>451 N LAKEVIEW AVE</b> <b>ENDEAVOR, WI 53930 , US</b>		Driver License Number		
		01	002	<b>Safety Equipment</b>		On Duty Crash
Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>			<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</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 01	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>				

## 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>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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>5</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>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 02	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>MR6562</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GCVKREC9HZ121253</b>	Make <b>CHEVROLET</b>	Year <b>2017</b>	Model <b>SILVERADO</b>
		Color <b>BLU - BLUE</b>	Body Style <b>PK - PICKUP</b>		Bus Use
		Initial Contact Point <b>05 - RIGHT REAR CORNER</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>05 - RIGHT REAR CORNER, 06 - REAR</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>SLOW/STOPPING</b>			

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>RALPH WALTER THOMPSON (608) 415-1105</b>		Owner Address <b>E7798A BRIAR BLUFF RD REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
UNIT 01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT 02	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>RALPH THOMPSON</b>	
	<b>Individual</b>			
	Driver <b>RALPH WALTER THOMPSON (608) 415-1105</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT 03	Date of Birth		Race <b>WHITE</b>	
	Address <b>E7798A BRIAR BLUFF RD REEDSBURG, WI 53959 , 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>07 - LEFT</b>	
UNIT 04	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
UNIT 05	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	
UNIT 06	Time of Death		<b>Distracted By</b>	
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non Motorist</b>			
UNIT 07	Striking Unit #		Location	

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UNIT	INDIVIDUAL	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				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Individual</b>				
		Passenger <b>MAURA EILEEN THOMPSON (608) 415-1105</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race <b>WHITE</b>	
		Address <b>E7798 BRIAR BLUFF RD REEDSBURG, WI 53959 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		02	004	<b>Safety Equipment</b>		On Duty Crash
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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						
02	004	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				

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UNIT	INDIVIDUAL				
		Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>			
		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
02	004	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>			