

6TL0D2XVNB

20-10194

# 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>20-10194</b>		Investigating Officer/Deputy <b>DEPUTY B. SCHLOUGH</b>	
Crash Date <b>08/17/2020</b>		Crash Time <b>03:54 PM</b>		Date Arrived <b>08/17/2020</b>		Time Arrived <b>04:28 PM</b>	
Date Notified <b>08/17/2020</b>		Time Notified <b>03:56 PM</b>		Total Units <b>02</b>		Total Injured <b>02</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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

## Location

ON USH12 EB 0.44 MI N OF PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.32118369</b>	Longitude <b>-89.7590763</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control
	X Coordinate <b>276281.9375</b>	Y Coordinate <b>4800180</b>	On Roadway Link ID# <b>5491576</b>	On Roadway Link Offset <b>291</b>
	Override <input type="checkbox"/>	Tribal Land		Structure Type

## 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>		Environment Factor(s) <b>NONE</b>	
Roadway 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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Road Closed <b>08/17/2020</b>	Time Initial Lane/Road Closed <b>04:10 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>08/17/2020</b>	Time All Lanes Open <b>05:10 PM</b>	Date Scene Cleared <b>08/17/2020</b>	Time Scene Cleared <b>05:10 PM</b>

## Unit Summary

Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
Vehicle Type <b>PASSENGER VAN</b>		Operating As Endorsements			
Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</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>	

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01	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRI</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>		
01	Truck Bus or HazMat <b>NO</b>						
01 UNIT INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>2</b>		<input type="checkbox"/> Use Driver Address		
	Individual Type <b>INDIVIDUAL</b>						
	Last Name <b>GUZMAN MARTINEZ</b>		First Name <b>MIGUEL</b>		Middle Initial	Suffix	
	Street Address <b>E10730 CTH O</b>		Street Address 2		PO Box		
	City <b>SAUK CITY</b>		State <b>WI</b>	Zip Code <b>53583</b>	Country of Residence <b>UNITED STATES</b>		
	DOB	Sex <b>M</b>	Race <b>H</b>	Hair <b>BLACK</b>	Eyes <b>BROWN</b>	Height <b>509</b>	
	Weight <b>180</b>	Phone Number <b>(608) 370-4829 EXT.</b>					
	Driver's License Number		State <b>WI</b>	License Jursdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>		
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>REVOKED</b>		DL Expire Year <b>2019</b>		
	Equipment		On Duty Accident				
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					
01 UNIT INDIVIDUAL	Injury		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
	MedicalTransport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #		
	Hospital		Date of Death		Time of Death		
	Non Motorist		Striking Unit #		Location		
	Prior Action		Action		To/FromSchool		
	Distracted By Action <b>NOT DISTRACTED</b>						
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other				
	Drug & Alcoh		Individual Condition <b>APPEARED NORMAL</b>				
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>				

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UNIT 01	INDIVIDUAL	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						
		License Plate Number <b>ACT1478</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1GBDM19W6SB226574</b>				Year <b>1995</b>	Make <b>CHEVROLET</b>	
		Model <b>ASTRO</b>		Body Style <b>4D - 4DR</b>		Color <b>BLU - BLUE</b>		
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage				
		Extent Of Damage <b>DISABLING DAMAGE</b>		<b>01 - RIGHT FRONT CORNER</b>				
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors				
		Vehicle Removed By <b>EVERETTS TOWING</b>		<b>NOT APPLICABLE</b>				
UNIT 01	VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Driver Prior Action Other		Bus Use		
		Driver Actions <b>FAILURE TO CONTROL</b>						
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator				<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type <b>INDIVIDUAL</b>		Company Name				
		Last Name <b>GUZMAN MARTINEZ</b>		First Name <b>MIGUEL</b>		Middle	Suffix	Date of Birth
		Street Address <b>E10730 CTH O</b>		Street Address2		PO Box		
		City <b>SAUK CITY</b>		St <b>WI</b>	Zip Code <b>53583</b>		Country of Residence <b>UNITED STATES</b>	
		Telephone Number <b>(608) 370-4829 EXT.</b>						
		01	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		02	02	Event				
03	03	Event						
04	04	Event						
01	01	UTC Number <b>BG024552</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>			
	02	UTC Number <b>BG024553</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(b)</b>	Description <b>OPERATING WHILE REVOKED (FORFEITURE 2ND)</b>			

## Unit Summary

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UNIT 02	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>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>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</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>DIVIDED HWY W/O TRAFFIC BARRI</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>	
02	Truck Bus or HazMat <b>NO</b>					
UNIT 02 INDIVIDUAL 02 INDIVIDUAL 02 INDIVIDUAL 02	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>	
	Last Name <b>KINDSCHI</b>		First Name <b>VERNE</b>		Middle Initial <b>W</b>	Suffix
	Street Address <b>S9008 USH 12</b>		Street Address 2		PO Box	
	City <b>PRAIRIE DU SAC</b>		State <b>WI</b>	Zip Code <b>53578</b>	Country of Residence <b>UNITED STATES</b>	
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>BROWN</b>	Height <b>510</b>
			Weight <b>300</b>	Phone Number <b>(608) 643-3915 EXT.</b>		
	Driver's License Number		State <b>WI</b>	License Jursidiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>	
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2015</b>	
	<b>Equipment</b>	On Duty Accident		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>SUSPECTED MINOR INJURY</b>		Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	MedicalTransport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>		EMS Run #	
	Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death		Time of Death	
	<b>Non Motorist</b>	Striking Unit #		Location		To/FromSchool
	Prior Action		Action			
	Distracted By Action <b>NOT DISTRACTED</b>					
Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other				
<b>Drug &amp; Alcoh</b>	Individual Condition <b>NOT OBSERVED</b>					
Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>				

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UNIT	INDIVIDUAL	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							
		License Plate Number <b>116BMB</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>1GNSKJKC4FR572667</b>				Year <b>2015</b>	Make <b>CHEVROLET</b>		
		Model <b>SUBURBAN</b>		Body Style <b>4D - 4DR</b>		Color <b>SIL - SILVER (ALUMINUM)</b>			
		Initial Contact Point <b>06 - REAR</b>		Vehicle Damage					
		Extent Of Damage <b>DISABLING DAMAGE</b>		<b>06 - REAR</b>					
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors					
		Vehicle Removed By <b>EVERETTS TOWING</b>		<b>NOT APPLICABLE</b>					
UNIT	VEHICLE	What Driver Was Doing <b>SLOW/STOPPING</b>		Driver Prior Action Other		Bus Use			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>							
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator				<input checked="" type="checkbox"/> Use Operator Address			
		Organization Type <b>INDIVIDUAL</b>		Company Name					
		Last Name <b>KINDSCHI</b>		First Name <b>VERNE</b>		Middle <b>W</b>	Suffix	Date of Birth	
		Street Address <b>S9008 USH 12</b>		Street Address2		PO Box			
		City <b>PRAIRIE DU SAC</b>		St <b>WI</b>	Zip Code <b>53578</b>		Country of Residence <b>UNITED STATES</b>		
		Telephone Number <b>(608) 643-3915 EXT.</b>							
		UNIT	HOL	01 Event <b>MOTOR VEH IN TRANSPORT</b>					
				02 Event <b>OTHER POST, POLE OR SUPPORT</b>					
03 Event <b>FENCE</b>									
04 Event									
01 Insurance Company <b>SECURA-INS-A-MUTUAL-CO</b>									
UNIT	HOL	01		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver			
		Organization Type <b>INDIVIDUAL</b>		Last Name <b>KINDSCHI</b>		First Name <b>VERNE</b>		Policy Holder Company	

Property Owner

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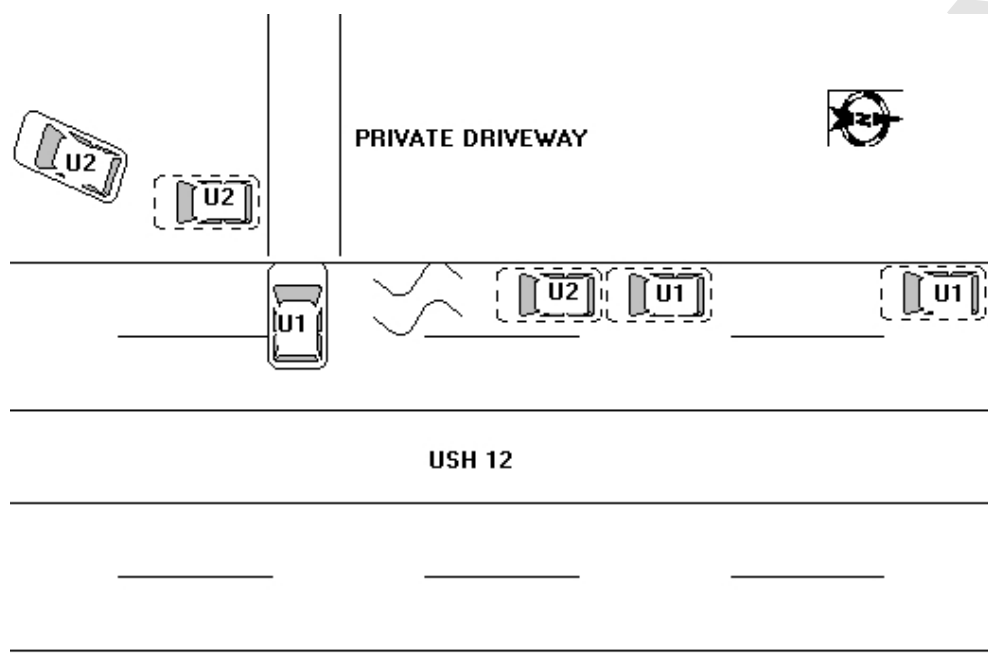
SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

PROP OWNER 01	Organization/Company <b>KINDSCHI'S INC</b> (608) 393-9158	Address <b>S8933A USH 12</b> <b>PRAIRIE DU SAC, WI 53578 , US</b>

## Fixed Objects Struck

Striking Unit <b>02</b>	Struck Object <b>OTHER POST, POLE OR SUPPORT</b>	Structure Number	Damage Tag Number
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## Description

Diagram	Reconstruction By
 <p><b>PRIVATE DRIVEWAY</b></p> <p><b>USH 12</b></p> <p><b>DRAWING NOT TO SCALE</b></p>	Photos By <b>DEPUTY SCHLOUGH</b>  Additional Information <b>PHOTOS</b>

UNIT 1 AND UNIT 2 WERE TRAVELING S/B ON USH 12. UNIT 2 WAS SLOWING DOWN TO MAKE A RIGHT TURN INTO A PRIVATE DRIVEWAY. UNIT 1 DID NOT OBSERVE UNIT 2 SLOWING. UNIT 1 REAR ENDED UNIT 2. AFTER IMPACT UNIT 2 LEFT THE ROADWAY AND ENTERED THE S/B DITCH. UNIT 2 THEN STRUCK A POST AND A FENCE. UNIT 1 CAME TO REST IN THE ROADWAY FACING WEST. UNIT 2 CAME TO REST IN A FIELD FACING SW.

## Signature

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

## Law Enforcement Agency

Agency Space <b>20-010194</b>				
Officer Rank <b>DEP</b>	Officer Last Name <b>SCHLOUGH</b>	Officer First Name <b>BRIAN</b>	Officer Middle Name <b>D</b>	Suffix
DOT Officer ID <b>9102</b>		DNR Officer ID	Officer Badge Number <b>9102</b>	

Officer EMail

**6TL0D2XVNB****20-10194****Wisconsin Motor Vehicle  
Crash Report****SAUK COUNTY SHERIFFS DEPARTMEN  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895**

Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPARTMEN</b>		TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>		Law Enforcement Agency Street Address2	
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>	
Law Enforcement Agency Phone Number <b>(608) 356-4895 EXT.</b>	ORI Number <b>WI0570000</b>	BFUNC Agency <b>5600</b>	TraCS Agency Number <b>205</b>