

**20-10522**

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

Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-10522</b>		Investigating Officer/Deputy <b>DEPUTY A. BREUNIG</b>	
Crash Date <b>08/27/2020</b>		Crash Time <b>01:47 PM</b>		Date Arrived <b>08/27/2020</b>		Time Arrived <b>02:04 PM</b>	
Date Notified <b>08/27/2020</b>		Time Notified <b>01:48 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 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

<b>ON USH12 WB</b> <b>14 FT W</b> <b>OF CTHZ NB</b> <b>IN THE TOWN OF PRAIRIE DU SAC</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.31476007</b>	Longitude <b>-89.7591392</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control
	X Coordinate <b>276253.25</b>	Y Coordinate <b>4799466.5</b>	On Roadway Link ID# <b>5320351</b>	On Roadway Link Offset <b>14</b>
	Override <input type="checkbox"/>	Tribal Land		Structure Type

First Harmful Event		First Harmful Event Location	
<b>MOTOR VEH IN TRANSPORT</b>		<b>ON ROADWAY</b>	
Manner of Collision		Light Condition	
<b>02 - FRONT TO FRONT</b>		<b>DAYLIGHT</b>	
Road Surface Condition(s)		Environment Factor(s)	
<b>DRY</b>		<b>NONE</b>	
Roadway Factor(s)		Weather Condition(s)	
<b>NONE</b>		<b>CLEAR</b>	
Animal Type		Relation To Trafficway	
		<b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location		Crash Classification - Jurisdiction	
<b>PUBLIC PROPERTY</b>		<b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control	Special Study
		<b>NO CONTROL</b>	
Within Interchange Area	Junction Location	Intersection Type	
<b>NO</b>	<b>INTERSECTION-RELATED</b>	<b>FOUR-WAY INTERSECTION</b>	

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	
UNIT	Total Occs <b>1</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>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</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>	
01	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

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# Wisconsin Motor Vehicle Crash Report

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UNIT 01	INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>1</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>			
		Last Name <b>COLLINS</b>		First Name <b>AIDAN</b>		Middle Initial <b>SEAN</b>	Suffix		
		Street Address <b>E11122 BREEZY KNOLL LN</b>		Street Address 2		PO Box			
		City <b>BARABOO</b>		State <b>WI</b>	Zip Code <b>53913</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>600</b>	Weight <b>155</b>	Phone Number <b>(608) 434-0289 EXT.</b>
		Driver's License Number		State <b>WI</b>	License Jurisdiction <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>2023</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							
UNIT 01	INDIVIDUAL	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>				
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
		Medical Transport <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/From School		
		Prior Action		Action					
		Distracted By Action <b>NOT DISTRACTED</b>		Action Other					
		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other					
		<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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 01	INDIVIDUAL	License Plate Number <b>469WGF</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>			
		Vehicle Identification Number <b>1FAFP34N95W288463</b>			Year <b>2005</b>	Make <b>FORD</b>			
		Model <b>FOCUS</b>		Body Style <b>4D - 4DR</b>		Color <b>BLK - BLACK</b>			
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>							

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UNIT VEHICLE	01	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors		
		Vehicle Removed By <b>EVERETTS TOWING</b>		NOT APPLICABLE		
		What Driver Was Doing <b>LEFT TURN</b>		Driver Prior Action Other		Bus Use
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>					
	<input type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type <b>INDIVIDUAL</b>		Company Name			
	Last Name <b>MACKINNON</b>		First Name <b>FELIPA</b>		Middle <b>MARIA</b>	Suffix Date of Birth
	Street Address <b>E11122 BREEZY KNOLL LN</b>		Street Address2		PO Box	
	City <b>BARABOO</b>		St <b>WI</b>	Zip Code <b>53913</b>		Country of Residence <b>UNITED STATES</b>
Telephone Number <b>(608) 434-0280 EXT.</b>						
UNIT HOL	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		Event				
		Event				
		Event				
	01	UTC Number <b>AE753340</b>	Issue To? <b>001</b>	Statute Number <b>346.18(2)</b>	Description <b>FAIL/YIELD WHILE MAKING LEFT TURN</b>	
		Insurance Company <b>USAA-CASUALTY-INS-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver
	01	Organization Type <b>INDIVIDUAL</b>	Last Name <b>MACKINNON</b>		First Name <b>FELIPA</b>	Policy Holder Company

## 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>(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>UNKNOWN</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</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>	
	Truck Bus or HazMat <b>NO</b>					

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UNIT 02	Role <b>DRIVER</b>			Citations Issued <b>0</b>		<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>	
	Last Name <b>RUSCH</b>			First Name <b>JEFFREY</b>			Middle Initial <b>S</b>		Suffix
	Street Address <b>1131 TURNBERRY CT</b>			Street Address 2			PO Box		
	City <b>LAKE GENEVA</b>			State <b>WI</b>		Zip Code <b>53147</b>		Country of Residence <b>UNITED STATES</b>	
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>GRAY</b>	Eyes <b>BLUE</b>	Height <b>600</b>	Weight <b>215</b>	Phone Number <b>(231) 675-7989 EXT.</b>	
	Driver's License Number			State <b>WI</b>		License Jurisdiction <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>2024</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						
UNIT 02	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>				
	Ejected <b>NOT EJECTED</b>			Ejection Path <b>NOT EJECTED/NOT APPLICA</b>			Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <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/From School		
	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>APPEARED NORMAL</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 02	License Plate Number <b>KY2388</b>			Plate Type <b>LTk - LIGHT TRUCK</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FTEW1E49KFC24227</b>					Year <b>2019</b>		Make <b>FORD</b>	
	Model <b>F150</b>			Body Style <b>PK - PICKUP</b>			Color <b>GRY - GRAY</b>		
	Initial Contact Point <b>12 - FRONT</b>								

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UNIT VEHICLE	02	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</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>
		What Driver Was Doing <b>GOING STRAIGHT</b>	Driver Prior Action Other
			Bus Use
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		<input type="checkbox"/> Vehicle Owner Same As Operator <input checked="" type="checkbox"/> Use Operator Address	
		Organization Type <b>ORGANIZATION/COMPANY</b>	Company Name <b>EAST JORDAN PLASTICS INC</b>
		Last Name	First Name
	Middle		
	Suffix		
	Date of Birth		
Street Address <b>1131 TURNBERRY CT</b>	Street Address2		
	PO Box		
City <b>LAKE GENEVA</b>	St <b>WI</b>		
	Zip Code <b>53147</b>		
	Country of Residence <b>UNITED STATES</b>		
Telephone Number <b>(231) 675-7989 EXT.</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	Event <b>TRAFFIC SIGN POST</b>		
03	Event <b>FENCE</b>		
04	Event		

## Property Owner

PROP OWNER 01	Organization/Company <b>BARRICADE FLASHER SERVICES INC</b> <b>(608) 795-2241</b>	Address <b>506 EMILY RD</b> <b>MAZOMANIE, WI 53560 , US</b>

## Fixed Objects Struck

01	Striking Unit <b>02</b>	Struck Object <b>TRAFFIC SIGN POST</b>	Structure Number	Damage Tag Number
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## Property Owner

PROP OWNER 02	Organization/Company <b>SAUK PRAIRIE CEMETERY ASSOC</b> <b>(608) 347-4098</b>	Address <b>CTH Z</b> <b>PRAIRIE DU SAC, WI 53578 , US</b>

## Fixed Objects Struck

02	Striking Unit <b>02</b>	Struck Object <b>FENCE</b>	Structure Number	Damage Tag Number
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## Witness

WITN ESS 01	Individual <b>TIMOTHY W RYAN</b> <b>(608) 963-1811</b>	Address <b>1212 WHITE PINE ST</b> <b>PRAIRIE DU SAC, WI 53578 , US</b>	Date of Birth

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## Description

<p>Diagram</p> <p>Diagram</p> <p>Reconstruction By</p> <p>Photos By <b>A BREUNIG</b></p> <p>Additional Information <b>PHOTOS</b></p>	<p>Reconstruction By</p> <p>Photos By <b>A BREUNIG</b></p> <p>Additional Information <b>PHOTOS</b></p>
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## Narrative

UNIT 1 WAS TRAVELING SOUTHBOUND ON USH 12. UNIT 2 WAS TRAVELING NORTHBOUND ON USH 12. UNIT 1 TRAVELED INTO THE LEFT TURN LANE AT THE INTERSECTION OF CTH Z. UNIT 1 MADE A LEFT TURN IN FRONT OF UNIT 2. UNIT 2 STRUCK UNIT 1. UNIT 1 SPUN NORTHBOUND AND CAME TO REST IN THE NORTHBOUND LANE. UNIT 2 TRAVELED OFF THE RIGHT SIDE OF THE ROAD AND STRUCK A SIGN POST. UNIT 2 TRAVELED THROUGH A FENCE AND CAME TO REST. BOTH OPERATORS STATED THAT THERE WAS A DUMP TRUCK STOPPED IN THE NORTHBOUND LEFT TURN LANE. BOTH OPERATORS ADVISED THAT THEY DID SEE EACH OTHER UNTIL THE COLLISION.

## Signature

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

## Law Enforcement Agency

Agency Space 20-10522				
Officer Rank <b>DEP</b>	Officer Last Name <b>BREUNIG</b>	Officer First Name <b>A</b>	Officer Middle Name <b>J</b>	Suffix
DOT Officer ID <b>9172</b>		DNR Officer ID		Officer Badge Number <b>9172</b>
Officer EMail				
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 DEPARTMENT</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address			Law Enforcement Agency Street Address2	

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1300 LANGE COURT			
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>

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