

6TL092T5PV

20-10741

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 20-10741		Investigating Officer/Deputy DEPUTY J. KIRKENG	
Crash Date 09/02/2020		Crash Time 06:05 PM		Date Arrived 09/02/2020		Time Arrived 06:08 PM	
Date Notified 09/02/2020		Time Notified 06:05 PM		Total Units 02		Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Location

ON BERKLEY BLVD 65 FT E OF CTHBD NB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.47708676	Longitude -89.7685984	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 276085.125	Y Coordinate 4817520.5	On Roadway Link ID# 4558672	On Roadway Link Offset 413
	Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Environment Factor(s) GLARE	
Roadway Factor(s) NONE		Weather Condition(s) CLEAR	
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Road Closed 09/02/2020	Time Initial Lane/Road Closed 06:05 PM		
Date All Lanes Open 09/02/2020	Time All Lanes Open 06:42 PM	Date Scene Cleared 09/02/2020	Time Scene Cleared 06:42 PM

Unit Summary

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 1	Total Trailers 0	Total HazMat Types 0	
Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

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01	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
01	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address	
	Last Name MASON		First Name JUDITH		Middle Initial CAROL	Suffix
	Street Address S3210 FOX HILL RD		Street Address 2		PO Box	
	City BARABOO		State WI	Zip Code 53913		Country of Residence UNITED STATES
	DOB	Sex F	Race W	Hair BROWN	Eyes BLUE	Height 501
	Weight 130		Phone Number (608) 356-9460 EXT.			
	Driver's License Number		State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2021	
	Equipment	On Duty Accident		Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT		
01	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 APPLICA		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Non Motorist	Striking Unit #		Location		To/From School
	Prior Action		Action			
	Distracted By Action NOT DISTRACTED					
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other			
01	Drug & Alcoh	Individual Condition APPEARED NORMAL				
	Suspected Alcohol Use NO		Suspected Drug Use NO			

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UNIT 01	INDIVIDUAL	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						
		License Plate Number 965WEW		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 5YFBU4EE7DP184373				Year 2013	Make TOYOTA	
		Model COROLLA		Body Style 4D - 4DR		Color BLU - BLUE		
		Initial Contact Point 12 - FRONT		Vehicle Damage				
		Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT				
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Factors				
		Vehicle Removed By MIKES TOWING		NOT APPLICABLE				
UNIT 01	VEHICLE	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		Bus Use		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE						
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator				<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type INDIVIDUAL		Company Name				
		Last Name MASON		First Name JUDITH		Middle CAROL	Suffix	Date of Birth
		Street Address S3210 FOX HILL RD		Street Address2		PO Box		
		City BARABOO		St WI	Zip Code 53913		Country of Residence UNITED STATES	
		Telephone Number (608) 356-9460 EXT.						
		Event MOTOR VEH IN TRANSPORT						
		Event						
Event								
Event								
UNIT 01	01	UTC Number AD978474		Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN		
		Insurance Company AMERICAN-FAMILY-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver		
Organization Type		Last Name		First Name		Policy Holder Company		

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UNIT	HOL	INDIVIDUAL		MASON		JUDITH				
	Unit Summary									
02	UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE				
		Vehicle Type PASSENGER VAN				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 4				
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE				
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO				
		Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL				
02		Truck Bus or HazMat NO								
02	INDIVIDUAL	Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
		Last Name REYNOSO		First Name STEVEN		Middle Initial		Suffix		
		Street Address 1420 ELIZABETH ST		Street Address 2		PO Box				
		City BARABOO		State WI		Zip Code 53913		Country of Residence UNITED STATES		
		DOB	Sex M	Race H	Hair BLACK	Eyes BROWN	Height 600	Weight 190	Phone Number (608) 434-4908 EXT.	
		Driver's License Number		State WI		License Jursdiction STATE		Country of Issuance UNITED STATES		
		License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2022				
		Equipment	On Duty Accident		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 APPLICA		Trapped/Extricated NOT TRAPPED				
		MedicalTransport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
Hospital		Date of Death		Time of Death						
02	INDIVIDUAL	Non Motorist	Striking Unit #		Location		To/FromSchool			
		Prior Action		Action						
		Distracted By Action NOT DISTRACTED								
Distracted By Source										

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UNIT INDIVIDUAL	NOT APPLICABLE (NOT DISTRACTED)		Action Other		
	Drug & Alcohol		Individual Condition APPEARED NORMAL		
	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				
	License Plate Number RM8313		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GC4KYB60AF109410		Year 2010	Make CHEVROLET	
	Model SLV		Body Style PK - PICKUP	Color WHI - WHITE	
	Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage		
02 02	Extent Of Damage MINOR DAMAGE		02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR		
	Towed Due To Damage NOT TOWED		Vehicle Factors		
	Vehicle Removed By OPERATOR		NOT APPLICABLE		
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other	Bus Use	
	Driver Actions NO CONTRIBUTING ACTION				
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL		Company Name		
	Last Name REYNOSO	First Name STEVEN	Middle	Suffix	Date of Birth
	Street Address 1420 ELIZABETH ST		Street Address2		PO Box
	City BARABOO	St WI	Zip Code 53913	Country of Residence UNITED STATES	
Telephone Number (608) 434-4908 EXT.					
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
03	Event				

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UNIT

04	Event			
	Insurance Company AMERICAN-FAMILY-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
	Organization Type INDIVIDUAL	Last Name REYNOSO	First Name STEVEN	Policy Holder Company

Description

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

UNIT 2 WAS TRAVELING N/B ON WEST PINE ST. UNIT 1 WHICH WAS AT A STOP SIGN ATTEMPTING TO GO THROUGH THE INTERSECTION WEST, PULLED OUT FROM THE STOP SIGN CAUSING A COLLISION WITH UNIT 2. UNIT 2 ATTEMPTED TO MOVE FROM THE EAST LANE TO THE WEST LANE IN AN ATTEMPT TO AVOID THE COLLISION. UNIT 1 STATED SHE DID NOT SEE UNIT 2 DUE TO A GLARE FROM SUNLIGHT.

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name KIRKENG	Officer First Name J	Officer Middle Name W	Suffix
DOT Officer ID 9149		DNR Officer ID	Officer Badge Number 9149	

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