

6TL0BFKDFV  
21-10759

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 21-10759		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 11/08/2021		Crash Time 07:40 AM		Date Arrived 11/08/2021		Time Arrived 08:40 AM	
Date Notified 11/08/2021		Time Notified 08:17 AM		Total Units 02		Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 AND UNIT 2 WERE BOTH IN THEIR PRIVATE DRIVEWAYS. UNIT 1 AND UNIT 2 BACKED OUT OF THEIR DRIVEWAYS. UNIT 1 BACKED OUT TO THE WEST AND UNIT 2 BACKED OUT TO THE EAST. UNIT 1 AND UNIT 2 COLLIDED IN THE STREET IN A REAR END TYPE COLLISION.

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Location

ON CHESTNUT ST 124 FT E OF CLINTON SQ IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.472885805	Longitude -89.762418444
	X Coordinate 276569.46875	Y Coordinate 4817037.5
	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>04 - REAR 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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 01	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>3</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 Crash Tire Mark	Speed Limit <b>N/A</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>TWO-WAY, NOT DIVIDED</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>				

Vehicle

UNIT VEHICLE 01	License Plate Number <b>PG8427</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FTHX26F8VEA73942</b>	Make <b>FORD</b>	Year <b>1997</b>	Model <b>F150</b>
	Color <b>RED - RED</b>	Body Style <b>PK - PICKUP</b>	Bus Use	
	Initial Contact Point <b>07 - LEFT REAR CORNER</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>06 - REAR, 07 - LEFT REAR CORNER</b>		



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>BACKING</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>UNSAFE BACKING</b>		
01 01	Owner Name <b>JOSHUA J NEWLUN (608) 393-3744</b>	Owner Address <b>214 CHESTNUT ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U</b>	Individual <b>JOSHUA NEWLUN</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>JOSHUA J NEWLUN (608) 393-3744</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>214 CHESTNUT ST BARABOO, WI 53913 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<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>			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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 NO	Suspected Drug Use NO			
		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	INDIVIDUAL	<b>Individual</b>				
				Passenger <b>KENDALL M DOWNIE</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Address <b>907 2ND ST BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>	
				Driver License Number				
		01	002	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
Row <b>02 - SECOND 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						
Distracted By Action								
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
01	002	<b>Drug &amp; Alcohol</b>			
		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			
		Individual Condition	APPEARED NORMAL		
		<b>Individual</b>			
		UNIT	INDIVIDUAL	Passenger ELLAYNA M MACK	Citations Issued 0
	Date of Birth [REDACTED]			Race WHITE	
Address , , US	Driver License Number				
<b>Safety Equipment</b>					
On Duty Crash	Safety Equipment				
Row 02 - SECOND ROW	Seat Position 09 - RIGHT			CHILD RESTRAINT SYSTEM - FORWARD FACING	
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				
01	003			<b>Injury</b>	
				Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		<b>Distracted By</b>			
		Distracted By Source			
		Distracted By Action			
		<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 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		
	Individual Condition APPEARED NORMAL		
	01	003	

Unit Summary

UNIT 02	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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT VEHICLE 02	License Plate Number 973UUE	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
	Vehicle Identification Number ZACCJBAB1JPJ03216	Make JEEP	Year 2018	Model RENEGADE		
	Color BLU - BLUE	Body Style 4D - 4DR		Bus Use		
	Initial Contact Point 06 - REAR	Vehicle Damage 06 - REAR				
	Extent Of Damage MINOR DAMAGE					
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER				
	What Driver Was Doing BACKING					

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions <b>UNSAFE BACKING</b>		
02	Owner Name <b>MATHEW J BOWEN</b> (608) 477-9530	Owner Address <b>215 CHESTNUT ST</b> <b>BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>MADISON-MUTUAL-INSURANCE-CO</b>	Individual <b>MATHEW BOWEN</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>MATHEW J BOWEN</b> (608) 477-9530	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>215 CHESTNUT ST</b> <b>BARABOO, WI 53913 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02	<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
004	<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
02	<b>Distracted By</b>		
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>			
Striking Unit#	Location		

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UNIT INDIVIDUAL          02 004	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>		