

6TL0D7W15J
22-07061

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 22-07061		Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 07/21/2022		Crash Time 03:24 PM		Date Arrived 07/21/2022		Time Arrived 03:31 PM	
Date Notified 07/21/2022		Time Notified 03:24 PM		Total Units 02		Total Injured 02	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

Diagram		Reconstruction By	
		Photos By TLOHR	
		Additional Information PHOTOS	

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

UNIT 1 WAS TURNING RIGHT FROM THE LEFT LANE AND STRUCK UNIT 2 AS THEY WERE BOTH DRIVING SOUTH ON HWY 12. DRIVER OF UNIT 1 WAS CITED FOR DEVIATING FROM LANE,

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Location

ON S7703 USH12 EB 0.69 MI S OF USH12 EB (FIRE S7703) IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.362458966	Longitude -89.768857954
	X Coordinate 275640.9375	Y Coordinate 4804790.5
	Structure Type FIRE	

Crash Scene

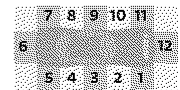
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - 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

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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 BARRIER		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	License Plate Number CBPB25	Plate Type AUT - AUTOMOBILE	St CO	Country of Issuance UNITED STATES
		Vehicle Identification Number 4T1BG22K1YU759254	Make TOYOTA	Year 2000	Model CAM
		Color GRN - GREEN	Body Style SD - SEDAN		Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage MINOR DAMAGE			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
	What Driver Was Doing CHANGING LANES	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER OVERTAKING / PASSING RIGHT, FAILED TO KEEP IN DESIGNATED LANE, LOOKED BUT DID NOT SEE		
01 01	Owner Name KYLE REED DAVILA	Owner Address LKA 10451 W 38TH AVE APT 302 WHEAT RIDGE, CO 80033 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company LOYA INSURANCE CO	Individual KYLE DAVILA	
UNIT INDIVIDUAL	Individual		
	Driver KYLE REED DAVILA	Citations Issued 1	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address LKA 10451 W 38TH AVE APT 302 WHEAT RIDGE, CO 80033 , US	Driver License Number [REDACTED] STATE: COLORADO COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
			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 APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By		Distracted By Source UNKNOWN	
Distracted By Action UNKNOWN			

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UNIT INDIVIDUAL	Non Motorist		Striking Unit#	Location
	Prior Action			
	Action			
	Action Other			To/From School
01 001	Drug & Alcohol		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			
	Individual			
UNIT INDIVIDUAL	Passenger KARA NICOLE CLOUD (203) 521-2570		Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]		Race AMERICAN INDIAN OR ALASKAN NATIVE	
	Address 190 BRUSHY HILL RD DANBURY, CT 06810 , US		Driver License Number [REDACTED] STATE: CONNECTICUT COUNTRY: UNITED STATES	
01 002	Safety Equipment		On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	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 APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run#	
Hospital		Date of Death	Time of Death	
Distracted By				
Distracted By Source				
Distracted By Action				
Non Motorist		Striking Unit#	Location	

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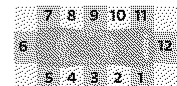
UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition APPEARED NORMAL			
	Violations			
	01	UTC Number BG111367	Issue To? 001	Statute Number 346.13(3)

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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 BARRIER			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 APA4237		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2FMPK4AP6LBA17668		Make FORD	Year 2020	Model EDGE	
	Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
	Extent Of Damage DISABLING DAMAGE					



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name BRANDON C HOUGOM (608) 769-8105		Owner Address 119 JENNIFER LN WEST SALEM, WI 54669 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event UTILITY POLE			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company AMPAC		Individual BRANDON HOUGOM	
UNIT INDIVIDUAL	Individual			
	Driver BRANDON C HOUGOM (608) 769-8105		Citations Issued 0	Sex MALE
	Address 119 JENNIFER LN WEST SALEM, WI 54669 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
02 003	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
	Injury		Injury Severity POSSIBLE INJURY	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Medical Transport NOT TRANSPORTED		Airbag DEPLOYED-COMBINATION		
Hospital		Trapped/Extricated NOT TRAPPED		
EMS Agency Identifier		EMS Run #		
Date of Death		Time of Death		
Distracted By				
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location		
		Prior Action					
		Action					
02	003	Action Other				To/From School	
		Drug & Alcohol		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					
		UNIT	INDIVIDUAL	Individual			
				Passenger KAITLYN ELIZABETH FORESTER (608) 333-8864		Citations Issued 0	Sex FEMALE
				Date of Birth [REDACTED]		Race WHITE	
		Address 603 CALLAWAY CT LA CROSSE, WI 54603 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
02	004	Safety Equipment		On Duty Crash			
		Safety Equipment SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-COMBINATION		
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		
Distracted By		Distracted By Source					
Distracted By Action							
Non Motorist		Striking Unit#	Location				

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UNIT INDIVIDUAL 02 004	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol	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		

Witness

WITN 01 ESS	Individual NICHOLAS PATRICK REICHERT (608) 717-8385	Address S7559 US HIGHWAY 12 # E-13 NORTH FREEDOM, WI 53951 , US	Date of Birth [REDACTED]