WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Decument Number Overide	
Crash Time Date Arrived 11:23 AM 10/11/2022 11:17 AM 10/11/2022 11:23 AM 10/11/2022 11:17 AM 10/11/2022 100 11:23 AM 10/11/2022 10/11/2	
Date Notified 10/11/2022	
10/11/2022 11:17 AM	
Government Property Active School Zone NO Tags Reportable Crash Type DT4000 (STANDARD CRASH) Description Diagram Not to scale Place of rest for Unit 2 Photos By DEP. S. MESSNER Additional Information PHOTOS Stop signs on foxhill	
Property Active School Zone NO Reportable DT4000 (STANDARD CRASH) Description Place of rest for Unit 2 Photos By DEP. S. MESSNER Photos By DEP. S. Messner No. Reedsburg Road After being struck, unit spun around STOP Stop signs on foxhill	Reporting Threshold
Description Diagram Not to scale Place of rest for Unit 2 Photos By DEP. S. MESSNER Additional Information PHOTOS After being struck, unit spun around Stop Stop signs on foxhill	
Photos By DEP. S. MESSNER Photos By DEP. S. MESSNER N. Reedsburg Road After being struck, unit spun around Stop signs on foxhill	Secondary Crash
Place of rest for Unit 2 Photos By DEP. S. MESSNER Additional Information PHOTOS N. Reedsburg Road After being struck, unit spun around Stop signs on foxhill	
N. Reedsburg Road After being struck, unit spun around Stop signs on foxhill	
N. Reedsburg Road After being struck, unit 1 spun around Stop signs on foxhill	
N. Reedsburg Road After being struck, unit spun around STOP Stop signs on foxhill	
N. Reedsburg Road After being struck, unit spun around Stop Stop signs on foxhill	
N. Reedsburg Road After being struck, unit spun around STOP Stop signs on foxhill	
After being struck, unit spun around Stop signs on foxhill	
After being struck, unit 1 spun around STOP Stop signs on foxhill	
spun around STOP Stop signs on foxhill	
spun around STOP Stop signs on foxhill	
Stop signs on foxhill	
Stop signs on foxhill	
Stop signs on foxhill	
Landy Control of the	
place of rest for Unit 1	
Foxhill Road	
The second secon	
I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	

ON 10/11/2022 AT APPROXIMATELY 11:17 AM, UNIT 1, A GRAYJEEP CHEROKEE BEARING WI REGISTRATION PLATE #892JXY, WAS DRIVEN BY CORRINE M. GOECKS, AND PASSENGER BRANDIE J. BEICH. UNIT 1 WAS NORTHBOUND ON FOXHILL ROAD. FOXHILL ROAD HAD A POSTED 45 MPH ZONE AND HAD A CONTROLLED INTERSECTION WITH N. REEDSBURG ROAD WITH A STOP SIGN. UNIT 2, A RED F150 FORD BEARING WI REGISTRATION PLATE #RY5573, WAS BEING DRIVEN BY TYLER HINZ. UNIT 2 WAS WESTBOUND OF NORTH REEDSBURG ROAD WITH NO CONTROL. UNIT 1 FAILED TO YIELD TO ONCOMING TRAFFIC, PROCEEDED OUT INTO N. REEDSBURG ROAD. UNIT 2'S FRONT DRIVEN'S SIDE CORNER PANEL STRUCK UNIT 1'S PASSENGER SIDE CORNER PANEL UNIT 1 SPUN AROUND AND WENT INTO THE DITCH OF THE SOURTHWEST CORNER OF THE INTERSECTION. UNIT 1 HAD A COMBINATION OF AIRBAG DEPLOYMENTS. ALL OCCUPANTS REMOVED THEMSELVES FROM THE UNIT 1 AND WERE, LATER, TRANSPORTED BY DELLS DELTON EMS TO ST. CLARE HOSPITAL. UNIT 1 WAS REMOVED BY CRAIGS' TOWING. UNIT 2 VEERED OFF AND WENT INTO THE DITCH OF THE NORTHWEST CORNER OF THE INTERSECTION. UNIT 2 WAS REMOVED BY MIKE'S TOWING. DRIVER OF UNIT 1 WAS CITED FOR FAILURE TO YIELD RIGHTWAY.

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Crash Date 10/11/2022

Crash Time 11:17 AM

	Location ====											
	ON FOX HILL RD					Latitude Longitude						
	53 FT S		43.532273204 -89.763083369									
	OF N REEDSBURG RD					X Coordinate Y Coordinate						
	IN THE TOWN OF DELTO	N										
	IN SAUK COUNTY				276734.84375 4823635							
						Structure NO STRI						
1	Crash Scene											
1	First Harmful Event	First Harmful Event Location										
	MOTOR VEH IN TRANSPORT						ON ROADWAY					
	Manner of Collision					Light Cond	dition					
	01 - ANGLE			DAYLIGH								
	Road Surface Condition(s)				Roadway	Factor(s)						
	DRY											
	Environment Factor(s)											
						NONE						
	NONE					MOME						
	Weather Condition(s)											
	CLEAR											
	A i 1 T											
	Animal Type						o Trafficway					
	Crash Classification - Location				TRAFFICWAY - ON ROAD							
	PUBLIC PROPERTY			Crash Classification - Jurisdiction								
	Tribal Land				NO SPECIAL JURISDICTION Access Control Special Study							
	Tibaicand			Access Control Special Study PARTIAL CONTROL								
	VA (ish in the sale and A van		lusta un a atia									
	Within Interchange Area YES			Intersection FOUR-W	WAY INTERSECTION							
	Closure Type LANE CLOSURE Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed				Reasons for Closure							
					TRUCK, I	FIRE/EMS						
	10/11/2022	11:23 AM										
	'	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						e Scene Clea	red			
	10/11/2022	11:52 AM		10/11	/2022	11:52 AM						
	Unit Summary 👅											
П	Unit Status		Vehi	cle Ope	erating As C	lassification		UnitType				
	IN TRANSIT		D C	LASS		AUTO			BILE			
	Vehicle Type						Operating As Endorsements					
,	(SPORT) UTILITY VEHICL											
	Total Occs Train/Bus#Recorded			Total#Citations Issued			d Total Traile		TotalHaz	zMat Types		
	2		1			0		0				
	Insurance? Direction Of Travel			Pre	CrashTire	Speed Lim		mit Total Lai		es		
	YES NORTHBOUND				Mark		45	2				
	Most Harmful Event: Collision With S				ction		•	Emergency	Motor Veh	nicle Use		
	MOTOR VEH IN TRANSPORT NO				AL FUNC	TION		NOT APPLICABLE				
	Fraffic Way Tra				rol			Traffic Control Inoperative/Missing				
	TWO-WAY, NOT DIVIDED ST				N			NO	·			
					iture			Road Grade)			
	BLACKTOP (BITUMINOUS) ST				STRAIGHT DOWNHIL					L		
	Truck Bus or HazMat		•					•				
	NO											
	Vehicle		cececese	eceece								
	License Plate Number		Pla	te Type			St	Country of Is	suance			
	892JXY				TOMOBIL	I I						
	Vehicle Identification Nu	mber	Mal	ke			Year	Model				
5	Total 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	664	JEI	EP			2016	CHEROKE	E			

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		Color		Body Style Bus Use								
		BLK - BLACK	I	UT - SPORT UTILITY VEHICLE								
	ш	Initial Contact Point	-	Vehicle Damage								
 	#	01 - RIGHT FRONT CORNER	_	7 8 9 10 M 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE								
	¥	Extent Of Damage	FRONT, 03 - RIGHT SIDE MIDDLE, 09 - LEFT SIDE									
⊃	VEHICL					E FRONT, 11 - I		5 4 3 2 1				
	7	Towed Due To Damage		Vehicle Ren		·						
		TOWED DUE TO DISABLING		CRAIGS T	-							
		What Driver Was Doing		Vehicle Fac								
		GOING STRAIGHT		versicle rac	itais							
				NOT APPI	LICABLE							
		Driver Prior Action Other										
		Driver Anti-										
		Driver Actions FAILED TO YIELD RIGHT-O	E-WAY									
l∟	Ш	17122 10 1122 110111-0	1101									
	EHE											
5	Ш											
	3											
		Owner Name			Address	10.4						
-	-	CORRINE MARIE GOECKS (608) 843-8084			YNN ST APT 2							
5	5	(000) 843-8084		BARABOO, WI 53913 , US								
		Sequence Of Events		escretores contratores contrat	orayorayorayorayorayor	evorevorevorevorevorevorevo						
		Event										
	5	MOTOR VEH IN TRANSPOR	RT .									
		Event										
	8	DITCH										
	Event											
	8											
		Event										
	8	Event Service										
		D										
N		Insurance Company		Individua								
-		ALLSTATE-INS-CO		CURRIN	IE GOECKS							
		Individual										
		Driver	<u>DOING DO TONO DE LA COMENCIA DEL COMENCIA DE LA COMENCIA DEL COMENCIA DE LA COMENCIA DEL COMENCIA DEL COMENCIA DE LA COMENCIA DEL COMENCIA DE LA COMENCIA DE LA COMENCIA DE LA COMENCIA DE LA COMENCIA DEL COMENCIA DE LA COMENCIA DE </u>	Citations issued Sex								
		CORRINE MARIE GOECKS		1		FEMALE						
	B	(608) 843-8084		Date of B	Birth	Race						
⊨	ă			WHITE								
Ž	5	Address		Driver License Number								
-	MON	325 LYNN ST APT 201										
		BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES								
		I On Duty Ci	rash	Safety Equipment								
	Sai	ety Equipment		outry Equipment								
		Row	Seat Position	SHOULDER & LAP BELT								
		01 - FRONT ROW	07 - LEFT									
		Helmet Use	<u> </u>	Helmet Compliance								
		Trainer dea	пеннек овтирналов									
		Eye Protection		TintCompliance								
		2707 (0.001.0.)		I WAS COLLE	phane							
		Injury Seve	Airbag									
9	8	injury suspec	TED MINOR INJURY	_	YED-COMBIN	ATION						
		(0000)(010))))))))))))))	jection Path	1			Trapped/Extricated					
		l *	OT EJECTED/NOT APP	ICAB! F			NOT TRAPPED					
		Medical Transport	LULUTEDATO I ALL		ency identifier		EMS Run#					
		EMS GROUND		6000123	•		2239					
	eninger			1 - 3 - 3 1 - 4	-		2239					

Crash Date 10/11/2022 Crash Time 11:17 AM

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

		Hospital ST CLARE HOSP				Date of Death		Time of Death					
		Distracted By	Distracted E	By Source N	•								
		Distracted By Action UNKNOWN											
		Non Motorist	Striking Uni	t#	Location								
		Prior Action			ı								
		Action											
	¥												
L N	NDIVIDUAL												
_	2												
		Action Other								To/From School			
	ļ	Drug & Alcohol	Suspected NO	Alcohol U		Suspected Drug Use NO							
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test Results					
		Drug Test Given Drug Test Type TEST NOT GIVEN				Drug Test Results							
5	B	Drug Type											
		Individual Condition											
		APPEARED NORMAL											
	4	Passenger BRANDIE J BEICH (608) 843-8084				Citations Issued Sex FEMALE Page 15 Significant Sex							
╘	DIVIDUA					Date of Birth Race WHITE							
ENS.		Address 325 LYNN ST APT 201 BARABOO, WI 53913 , US				Driver License Number							
	Sai	ety Equipment	On Duty Cre	ash		Safety Equipment							
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT		SHOULDER & LAP BELT								
		HelmetUse	HelmetUse			Helmet Compliance							
		Eye Protection			Tint Compliance								
2	700	Injury Severity Injury SUSPECTED MINOR INJURY				Airbag DEPLOYED-COMBINATION							
		Ejected NOT EJECTED	Eji	ection Pa		.ICABLE			Trapped/Extricated NOT TRAPPED				
		Medical Transport EMS GROUND	I			EMS Agency Identific	er		EMS Run# 2239				
		Hospital ST CLARE HOSP				Date of Death Time of Death							
	395557311					I			i e				

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Crash Time 11:17 AM

		_											
		Distracted By	Distr	acted By Sour	ce								
		Distracted By Action											
		Non Motorist	Strik	ing Unit#	Location								
		Prior Action			•								
	UAL	Action											
TIND	INDIVIDUAL												
		Action Other										To/From School	
	,	Suspected Alcohol Use					Suspected Drug Use						
	-	Alcohol RO			Alcohol Test Ty	/ре	140		Alcohol Tes	- est Results			
		TEST NOT GIVEN Drug Test Given TEST NOT GIVEN			Drug Test Type)	Drug Test Result						
5	Drug Type												
		Individual Condition											
		APPEARED NORM	AL										
	1	∟ Violations	15151515	SISISISISISISISISISISIS	\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$.6.6.6.	3234234234234	******	errerrerre	SSSSSSSSSS	SSSSSSSSS	TSTSTSTSTSTSTSTSTSTSTSTSTSTSTSTSTSTSTS	
	10	UTC Number BG024434	lsst 001		atute Number 46.18(3)		Description FAIL/YIELD RIGHT/V	VAY F	ROM STO	P SIGN			
	Uni	t Summary •											
	Unit Status IN TRANSIT				Vehicle Operating As Classification D CLASS				UnitType TRUCK				
02		icle Type LITY TRUCK/PICKU	BIICK						Operating As Endorsements				
	Tota	Total Occs Train/Bus#Recorded				Total # Citations Issued			Total Trailers		Total HazMat Types		
	1 Insu	1 Insurance? Direction Of Travel					Pre CrashTire	0 Speed Limit		0 Total Lane	s		
	YES	YES WESTBOUND					Mark 45			45 2		-1- 11	
LINO	MO.	lostHarmful Event: Collision With IOTOR VEH IN TRANSPORT					ecial Function O SPECIAL FUNCTIO	N		Emergency Motor Vehicle Use NOT APPLICABLE			
		Traffic Way TWO-WAY, NOT DIVIDED					affic Control CONTROL		Traffic Control Inoperative/Missing NO				
		ace Type ACKTOP (BITUMINO				oad Curvature			Road Grade DOWNHILL				
		k Bus or HazMat	,,,,				(Miloti)			DOWNER			
		Vehicle			\$6555555555555555555555555555555555555	e ce ce c		****					
		License Plate Number	•				late Type		I	Country of Issuance			
02	a	RY5573 Vehicle Identification Number			M	LTK - LIGHT TRUCK WI Make Yea		Year	UNITED STATES Model				
0	2	1FTFW1ET8EFB3	4826			F	ORD		2014	F150			

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		Color	Boo	Body Style Bus Use							
		RED - RED		l .	- PICKUP						
	ш	Initial Contact Point		Veh	Vehicle Damage						
 	#	11 - LEFT FRONT CORNER			-	SENSE US BIC	UT OIDE	7 8 9 10 11			
NS N	¥				01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE						
⊃	VEHICL				ONT, 11 - LEFT FRO			54321			
	>	DISABLING DAMAGE		-		2 (110/17)	Control State Control of Control				
		Towed Due To Damage			nicle Removed By						
		TOWED DUE TO DISABLIN	G DAMAGE	Mil	KES TOWING						
		What Driver Was Doing		Veh	nicle Factors						
		GOING STRAIGHT									
		Driver Prior Action Other		NO	T APPLICABLE						
		Driver Actions Driver Actions									
	ш	NO CONTRIBUTING ACTION									
⊢	S 200										
	EHE										
🗆	ii.										
	>										
		Owner Name			Owner Address						
\ ~	8	TYLER L HINZ			135 E PLEASANT						
8	0	(608) 604-9908			PORTAGE, WI 539	01,05					
		Sequence Of Events									
		Event									
	5	MOTOR VEH IN TRANSPOR	₹T								
	8	Event									
	8	Event									
	9										
	8	Event									
	0										
١.		Policy Holder									
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N		Insurance Company PROGRESSIVE-CLASSIC-IN	ie co		ndividual FYLER HINZ						
			15-00		I I LER FINZ						
		Individual									
		Driver		Citations issued Sex							
	•	TYLER L HINZ		0)	MALE	ALE				
	₹	(608) 566-0788		Ε	Date of Birth	Race					
ᆫ						WHITE					
늘		Address		Driver License Number							
3	<u> </u>	Address 135 E PLEASANT ST									
	Z	PORTAGE, WI 53901 , US	STATE: WISCONSIN COUNTRY: UNITED STATES								
		· ·									
	C.,	On Duty C ety Equipment	Safety Equipment								
	va:	-3.7.531117777-071									
		Row	Seat Position	SHOULDER & LAP BELT							
		01 - FRONT ROW	07 - LEFT								
		HelmetUse			Helmet Compliance						
		Eye Protection		1	Fint Compliance						
ام	g	I Injury Sev	erity	1	Nirbag						
05	8	Injury no app	ARENT INJURY	- 1	DEPLOYED-FRONT						
		200000000000000000000000000000000000000	jection Path		,		Trapped/Extricated				
		·	OT EJECTED/NOT APF	PLIC	ABLE		NOT TRAPPED				
		Medical Transport					EMS Run#				
		'		=	EMS Agency Identifier		LIWO KUR#				
		MOTIMANSPORTED	NOT TRANSPORTED				I				

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		Hospital		Date of Death Time of Deat							
		Distracted By NOT APPLICABL	e .E (NOT DISTRAC	CTED)							
		Distracted By Action NOT DISTRACTED									
		Non Motorist	Location								
		Prior Action									
		Action									
_	INDIVIDUAL										
N N											
	Z										
		Action Other					To/From School				
			I	I Commented Describes	r or Fronti School						
	ı	Drug & Alcohol NO		Suspected Drug Use NO							
		AlcoholTestGiven TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN		Drug Test Results							
05	8	Drug Type	•								
		Individual Condition									
		APPEARED NORMAL									
ı	Wit	ness 									
9	Indiv	ridual AL M ZOELLICK	[;	Address 300 UNION STREET		D	ate of Birth				
WITN 01 ESS 01	(608	8) 604-9908		LAVALLE, WI 53941 ,	US						
		ness									
	Individual KIMBERLY V ANDERSON			Address E11568 N REEDSBUR	D	ate of Birth					
WITN (Liens	3) 477-8710		BARABOO, WI 53913							
		ness -									
	Indiv	/idu a l		Address		D	ate of Birth				
03	l	A R FARLEY		E11568 N REEDSBURG RD BARABOO, WI 53913 , US							
WITN											