WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash [Document#	Agency 23-003	Crash Number	1	stigating Officer/Deputy RGEANT T. CLAUER	
Crash Date	Crash Time		Date Ar		Time Arrived		
01/09/2023	04:11 PM		01/09/		04:17 PM		
Date Notified 01/09/2023	Time Notified 04:12 PM		Total Ur 02	nits	Total Injured 02	Total Kille	ed
On Emergency Hit	and Run	Lane Close	ıre	Work Zone	Trailer	or Towed	Reporting Threshold
Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags		
▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amendo	ed	Secondary Crash
escription					l		
Diagram	S	auk Prairie Rd				Photos By SGT. CLAU! Additional Info	ER
U2 D				 USH 12 			
Not to Scale							
I, a sworn law enforcement one was traveling south observe unit one nearly stole unit one operator and passe	H ON USH 12 AND PPED WAITING T	D SLOWING DOWN TO TURN, UNIT TWO	TO TURN	I EAST ONTO SAUK PRA (UNIT ONE FRONT TO B	IRIE RD. UNIT TW ACK. UNIT TWO		

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Crash Date 01/09/2023

L	_ocation 										
ſ	ON USH12 EB 87 FT N					Latitude 43.2819	90482		Longitud	de 904861	
	OF SAUK PRAIRIE RD IN THE TOWN OF PRAIRIE IN SAUK COUNTY	E DU SAC				X Coordin 276140.	ate		Y Coord 479582	linate	
	M DAGK COOK!					Structure NO STR	Type UCTURE				
L	Crash Scene										
_	First Harmful Event					Eiret Harm	nful Event Lo	ncation			
	MOTOR VEH IN TRANSPO	RT				ON ROA		readors			
ŀ	Manner of Collision					Light Con	dition				
	03 - FRONT TO REAR					DAYLIG	HT				
ľ	Road Surface Condition(s)					Roadway	Factor(s)				
	DRY										
ŀ	Environment Factor(s)					NONE					
	NONE										
ŀ	Weather Condition(s)					-					
ı	CLOUDY										
ı											
Animal Type Relation To Trafficway TRAFFICWAY - ON ROA											
Crash Classification - Location							Crash Classification - Jurisdiction				
	PUBLIC PROPERTY										
TribalLand						Access C NO CON				Special Study	
-	•						RSECTION	1		•	
Closure Type				Reas	ons for Clos	ure					
L	LANE CLOSURE			TOW TRUCK							
	Date Initial Lane/Rd Closed 01/09/2023	Time Initial Lane/Rd Clos 04:11 PM	sed	TOW TRUCK							
- 1	Date All Lanes Open 01/09/2023	Time All Lanes Open 04:44 PM		1	Scene Clea 9/2023	red	I	ne Scene Clea :48 PM	red		
L		04.441 ##		0 1703	5/2025		04	.401 141			
T	Jnit Summary Unit Status		I V/eh	icle On	erating As C	lassification	,	UnitType			
	IN TRANSIT			LASS	-	1000011100011	•	AUTOMOE	BILE		
ŀ	Vehicle Type							Operating A	s Endorse	ments	
	(SPORT) UTILITY VEHICLE	E									
-	Total Occs	Train/Bus#Recorded		al#Cita	tions Issued	ł	Total Trail	ers		:Mat Types	
ŀ	02 Insurance?	Direction Of Travel	0				0 Speed Lin	-i+	0 TotalLan		
	YES	SOUTHBOUND		Pre	CrashTire Mark	•	55	11%	02	es	
ŀ	Most Harmful Event: Collision V MOTOR VEH IN TRANSPO	I Vith		cial Fur SPEC		TION	1	Emergency NOT APPL			
ŀ	Traffic Way		Traf	fic Con	trol			Traffic Contr	ol Inopera	tive/Missing	
TWO-WAY, NOT DIVIDED Surface Type				CONT				NO			
				Road Curvature					Road Grade		
L	BLACKTOP (BITUMINOUS Truck Bus or HazMat	<u> </u>	311	RAIGH	•			DOWNHIL			
ı	NO										
	Vehicle						XXXXXXXXXX	250000000000000000000000000000000000000			
	License Plate Number			te Type	JTOMOBII	E	St WI	Country of Iss			
Wildering.	AHF6581 Vehicle Identification Num	nher	Ma		, i OIVIOBII	.E	Year	Model	A I E S		
	5 JF2SKAJC4LH493979		I	IBARU		Year Model 2020 FORESTER					
4	Disconnection										

23-00311

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

		Color		Boo	ly Style		Bus Use				
		GRN - GREEN			- 4DR		-				
١.	Ш	Initial Contact Point		ver	nicle Damage			7 8 9 10 11			
I≡	<u>o</u>	06 - REAR			- RIGHT SIDE REAF						
UNIT	I	Extent Of Damage		06	- REAR, 07 - LEFT I	REAR CORNER,	08 - LEFT SIDE				
–	VEHICL	FUNCTIONAL DAMAGE		RE	AR			5 4 8 2 1			
		Towed Due To Damage		Veh	icle Removed By						
		NOT TOWED			ERATOR						
		What Driver Was Doing		ver	nicle Factors						
		SLOW/STOPPING									
		Driver Prior Action Other		NO	T APPLICABLE						
		Driver Actions									
	ш	NO CONTRIBUTING ACTIO	N								
⊢	\mathbf{H}										
	=										
🗆	EHICI										
	5										
		OwnerName			Owner Address						
l_		JANET A BROWN			1259 S FOREST LN						
2	5	(600) 864-3801 EXT. 9			PRAIRIE DU SAC,	WI 53578 , US					
				YY 8 YY 8							
		Event									
	5	MOTOR VEH IN TRANSPORT									
		Event									
	8										
	8	Event									
	8	Event									
	0										
١.		Policy Holder									
l⊑		иналична и при на п									
N		Insurance Company			ndividual						
-		STATE-FARM-GENERAL-IN	8-00	ا	ANET BROWN						
		Individual		3373343							
		Driver			itations ssued	Sex					
		JANET A BROWN		lo		FEMALE					
	7	(600) 864-3801 EXT. 9		\vdash							
		·		Ł	Date of Birth	Race WHITE					
⊨						¥¥∏: I ⊆					
Ž	NON	Address		E	Driver License Number						
-	9	1259 S FOREST LN									
		PRAIRIE DU SAC, WI 53578	, US	۱۶	STATE: WISCONSIN	COUNTRY: UNI	TEDSTATES				
		I On Duty C	rash	+	Safety Equipment						
	Sai	ety Equipment	4011	١٠	arety Equipment						
				┙.							
		Row	Seat Position	۱٤	SHOULDER & LAP E	ELT					
		01 - FRONT ROW	07 - LEFT								
		HelmetUse	•	1	lelmet Compliance						
		Eye Protection		+7	int Compliance						
		_,		Ι.	in Compilation						
			osih.	٠,	irbaa						
2	8	Injury Severity SUSPECTED MINOR INJURY			limbag						
-		(0.05.0.000.000.000.000.000.000.000.000.		1	ON DEPLOYED						
		'	jection Path				Trapped/Extricated				
		NOT EJECTED N	OT EJECTED/NOT APP	PLIC	ABLE		NOT TRAPPED				
		Medical Transport		E	MS Agency Identifier		EMS Run#				
		NOT TRANSPORTED									
	4:14:55	i		- 1			1				

Crash Date 01/09/2023 Crash Time 04:11 PM

23-00311

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Hospital				Date of Death			Time of Death		
		Distracted By	Distracted B	ly Source L ICABL I	E (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED)								
		Non Motorist	Striking Unit	#	Location						
		Prior Action									
		Action									
	3										
LNO	INDIVIDUAL										
_	<u>2</u>										
		Action Other						To/From School			
		Suspected Alcohol Use Drug & Alcohol NO			se	Suspected Drug Use NO					
		Alcohol Test Given			Alcohol Test Type				Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Т	Drug Test Results			
10	8	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		individual	969899899899								
		Passenger KATHLEEN E CUMMINGS-EMSHOFF			Citations Issued						
	3	(608) 513-2282				Date of Birth	\dashv	Race WHITE			
ENS.	DIVIDUAL	Address				Driver License Number					
		116 14TH ST PRAIRIE DU SAC,	WI 53578	, US		STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty Cra	ısh		Safety Equipment					
	Sai	ety Equipment	1	SeatPo	sition	SHOULDER & LAP BELT					
		01 - FRONT ROW HelmetUse		09 - RI		Helmet Compliance					
		Eye Protection				Tint Compliance					
			Jaium Paus								
2	85	Injury		ED MIN	OR INJURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED		oction Pat OT EJEC	th CTED/NOT APPL	ICABLE			Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifie	∋ĭ"		EMS Run#		
		Hospital				Date of Death					

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

		Distracted By	istracted By Sourc	e						
		Distracted By Action								
		Distinction by Monors								
		Non Motorist	triking Unit#	Location						
		Prior Action Prior Action		•						
		Action								
	4									
UNIT	NDWIDUAL									
_										
		Action Other							To/From School	
	l	Drug & Alcohol N	uspected Alcohol (O	Jse	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 R	esults			
0	700	Drug Type								
	נ	Individual Condition								
		APPEARED NORMA	L							
		t Summary 💻								
		Status 'RANSIT			ehicle Operating As Class CLASS	ification	Unit Type AUTON			
١		cle Type			CLASS		l	Operating As Endorsements		
02		ORT) UTILITY VEHIC	LE				'			
	Tota	lOccs	Train/Bus#Re	ecorded T	otal#Citations Issued	Tota 0	Trailers	Total Hazñ	Vat Types	
		rance?	Direction Of Tr	1 -	Pre CrashTire		ed Limit	TotalLane	es	
-	YES		SOUTHBOU		Mark	55	24.2.114	02		
Š		tHarmfulEvent: Collision			pecial Function IO SPECIAL FUNCTIO	N		ncy Motor Vehi PPLICABLE	cle Use	
		fic Way		Т	raffic Control		Traffic C	ontrol Inoperat	ive/Missing	
		D-WAY, NOT DIVIDED)		IO CONTROL		NO			
		ace Type ACKTOP (BITUMINOU	(8)		oad Curvature TRAIGHT		Road Gr DOWN			
		k Bus or HazMat	-,							
	NO									
	1	Vehicle				ecceccecce				
		License Plate Number AMU1815			Plate Type AUT - AUTOMOBILE	St WI	1 -	f Issuance STATES		
		Vehicle Identification Nu	ımher		Make	Year		JIAIES		
05	8	1FMZU73K63ZA345			FORD	2003				
		Color TAN - TAN			Body Style 4 D - 4DR		Bus Use			
I		Initial Contact Point 12 - FRONT					1			

Crash Date 01/09/2023
Crash Time 04:11 PM

23-00311

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Crash Date 01/09/2023

l	11			Vehicle Damage							
HN				01 - RIGHT FRONT			7 8 9 10 11 5 12				
5	VEHIC	Extent Of Damage DISABLING DAMAGE		FRONT, 10 - LEFT : CORNER, 12 - FRO		EFT FRONT	5 4 3 2 1				
		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABL	ING DAMAGE	EVERETTS TOWIN	G						
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT		NOT APPLICABLE							
		Driver Prior Action Other		NOT ATTERCABLE							
		Driver Actions									
	Щ	SPEED TOO FAST/COND	, FOLLOWING TOO CLO	SE, FAILURE TO CO	ITROL						
l N S	<u>≅</u>										
Π	VEHICL										
		Owner Name	F0	Owner Address							
8	02	JOSE LUIS RINCON REY (608) 459-0526	ES	S8548 CTH C NORTH FREED	OM, WI 53951 , US						
_		, ,		, , , , , , , , , , , , , , , , , , , ,							
		Sequence Of Events		I							
	5	Event MOTOR VEH IN TRANSP	ORT								
	02	Event									
		Event									
	03										
	8	Event									
_		Policy Holder									
UNIT		Insurance Company		Individual							
>		ARTISAN-AND-TRUCKERS-CASUALTY-CO JOSE RINCON REYES									
		Individual			Sex						
		Driver JOSE LUIS RINCON REY	ES	Citations Issued 03							
	AL	(608) 459-0526		Date of Birth	MALE Race						
<u>, </u>	IDIVIDUA			Date of Billi	HISPANIC						
TNO	2	Address		Driver License Number							
_		S8548 CTH C NORTH FREEDOM, WI 53	1051 119								
		NO.CTTT NEEDOM, IV. OC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		l 	/ Crash	Safety Equipment							
	Sat	fety Equipment									
		Row	Seat Position	SHOULDER & LA	P BELT						
		01 - FRONT ROW	07 - LEFT								
		HelmetUse		Helmet Compliance							
		Eye Protection	Eye Protection								
05	3	Injury S		Airbag							
0		INIUN NO AP		DEPLOYED-FRONT							
-	003	201000002000000000000000000000000000000	PARENT INJURY	DEPLOYED-FROI	NT	Transad/Eutricat					
	8	Ejected NOT EJECTED			NT	Trapped/Extricated					
	00	Ejected NOT EJECTED Medical Transport	PARENT INJURY Ejection Path			1					
	20	Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	PARENT INJURY Ejection Path	PLICABLE EMS Agency Identifi		NOT TRAPPED EMS Run#					
_	00	Ejected NOT EJECTED Medical Transport	PARENT INJURY Ejection Path	PLICABLE		NOT TRAPPED					

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Crash Date 01/09/2023

		Distracted By UN	racted By Source KNOWN	e						
		Distracted By Action OTHER ACTION (LOO	KING AWAY F	ROM TASK ETC	;)					
		Non Motorist	king Unit#	Location						
		Prior Action		•						
		Action								
_	NDIVIDUAL									
S										
	불									
		Action Other						To/From School		
				1	I Commented Describes) OPTONI SCHOOL		
	ı	Drug & Alcohol NO	pacted Alcohol (_	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	3			
05	8	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		Individual								
		Passenger MARCOS ALEXIS ESF (608) 459-0526	INOZA URBIN	IA	Citations Issued Sex MALE					
⊨	INDIVIDUAL	(000) 433-0320			Date of Birth	Race HISPANIC				
EN S	ğ	Address S8548 CTH C			Driver License Number					
		NORTH FREEDOM, W	153951 , US							
	Sai	ety Equipment	Duty Crash		Safety Equipment					
		Row 02 - SECOND ROW	SeatPo 09 - Ri		NONE USED - VEHICLE OCCUPANT					
		HelmetUse			Helmet Compliance					
		Eye Protection			Tint Compliance					
05	ğ	l laight No	ry Severity APPARENT I	N.IIIPV	Airbag DEPLOYED-FRON	iT				
		Ejected NOT EJECTED	Ejection Pa		1	· ·	Trapped/Extricated NOT TRAPPED			
		Medical Transport	9401 E3E	CIEDINOI AFFE	EMS Agency Identifie	eř	EMS Run#			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
		Dist	racted By Source)						
		Distracted By	•							

23-00311

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Crash Date 01/09/2023

								. ,		
		Distracted By Action								
		Non Motorist	Unit#	Location						
		Prior Action		I						
		Action								
	TV									
∐NO	INDIVIDUAL									
⋾	2									
	=									
		Action Other						To/From School		
		Suspac	ted Alcohol U	ise	Suspected Drug Use					
	Drug & Alcohol NO Alcohol Test Given Alcohol Test Typ				NO		Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN		Drug TestType		Drug Test Results	st Results			
8	8	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		Individual								
		Passenger YELMIN ISAAC MAIRENA ZAVALA (608) 459-0526			Citations Issued	Sex MALE		***************************************		
	IAL				Date of Birth	Race				
N	INDIVIDUA	Address			Driver License Number	HISPANIC				
_	2	S8548 CTH C NORTH FREEDOM, WI 53	951 , US							
	Sa	On Duty fety Equipment	Crash		Safety Equipment					
		Row 01 - FRONT ROW	SeatPo 09 - Ri		SHOULDER & LAP BELT					
		HelmetUse			Helmet Compliance					
		Eye Protection			Tint Compliance					
05	88	Injury Se Injury NO AP	everity	N II IDV	Airbag DEPLOYED-FRONT					
		Ejected	Ejection Pa	th	I .		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run#			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted By Distract	ed By Source)	•		•			
		Distracted By Action								
	MINIMA									

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Crash Date 01/09/2023

		Non Motorist	Striking Unit#		Location				
		Prior Action							
TINO		Action							
		Action Other							To/From School
	Ĺ)rug & Alcohol	Suspected Alco NO	ohol L	lse	Suspected Drug Use NO			
	Ī	Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type				
02		Drug Type							
		Individual Condition							
		APPEARED NORM	1AL						
	Ň	/iolations		e ke ke ke ke					5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
3		UTC Number BG115329	Issue To? 003	Star 343	tute Number 3.05(3)(a)	Description OPERATE W/O VAL			
2	3	UTC Number BG115330	Issue To? 003	Stat 346	tute Number 5.14(1m)	Description AUTOMOBILE FOLL	OWING TOO CL	OSELY	
3	3	UTC Number BG115331	Issue To? 003	Stat 346	tute Number 3.57(2)	Description FAILURE TO KEEP	VEHICLE UNDER	CONTROL	