

6TLOB8M807  
23-00311

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 23-00311		Investigating Officer/Deputy <b>SERGEANT T. CLAUER</b>	
Crash Date 01/09/2023		Crash Time 04:11 PM		Date Arrived 01/09/2023		Time Arrived 04:17 PM	
Date Notified 01/09/2023		Time Notified 04:12 PM		Total Units 02		Total Injured 02	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	

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>SGT. CLAUER</b>
	Additional Information <b>PHOTOS</b>

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

UNIT ONE WAS TRAVELING SOUTH ON USH 12 AND SLOWING DOWN TO TURN EAST ONTO SAUK PRAIRIE RD. UNIT TWO WAS TRAVELING SOUTH AND DIDN'T OBSERVE UNIT ONE NEARLY STOPPED WAITING TO TURN. UNIT TWO STRUCK UNIT ONE FRONT TO BACK. UNIT TWO HAD TO BE TOWED FROM THE SCENE. UNIT ONE OPERATOR AND PASSENGER WERE COMPLAINING OF NECK PAIN HOWEVER DECLINED EMS.

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## Location

ON USH12 EB 87 FT N OF SAUK PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.281990482	Longitude -89.75904861
	X Coordinate 276140.3125	Y Coordinate 4795827
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT 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>CLOUDY</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>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>01/09/2023</b>	Time Initial Lane/Rd Closed <b>04:11 PM</b>	<b>TOW TRUCK</b>	
Date All Lanes Open <b>01/09/2023</b>	Time All Lanes Open <b>04:44 PM</b>	Date Scene Cleared <b>01/09/2023</b>	Time Scene Cleared <b>04:48 PM</b>

## Unit Summary

<b>UNIT</b> 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>02</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>55</b>	Total Lanes <b>02</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>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

## Vehicle

<b>01</b>	License Plate Number <b>AHF6581</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JF2SKAJC4LH493979</b>	Make <b>SUBARU</b>	Year <b>2020</b>	Model <b>FORESTER</b>

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UNIT VEHICLE	Color <b>GRN - GREEN</b>	Body Style <b>4D - 4DR</b>	Bus Use	
	Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>			Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>SLOW/STOPPING</b>			Vehicle Factors <b>NOT APPLICABLE</b>
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>JANET A BROWN (600) 864-3801 EXT. 9</b>	Owner Address <b>1259 S FOREST LN PRAIRIE DU SAC, WI 53578 , US</b>		
UNIT VEHICLE	<b>Sequence Of Events</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
UNIT VEHICLE	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>JANET BROWN</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JANET A BROWN (600) 864-3801 EXT. 9</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>1259 S FOREST LN PRAIRIE DU SAC, WI 53578 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<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>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>
UNIT INDIVIDUAL	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 <b>EMS Run#</b>	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b> Distracted By Source NOT APPLICABLE (NOT DISTRACTED)					
	Distracted By Action NOT DISTRACTED					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	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	
01 001	Drug Type					
	Individual Condition APPEARED NORMAL					
	<b>Individual</b>					
	Passenger KATHLEEN E CUMMINGS-EMSHOFF (608) 513-2282			Citations Issued 0	Sex FEMALE	
	Address 116 14TH ST PRAIRIE DU SAC, WI 53578 , US			Date of Birth [REDACTED]	Race WHITE	
01 002	On Duty Crash			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	<b>Safety Equipment</b>		Safety Equipment			
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
	<b>Injury</b>		Injury Severity SUSPECTED MINOR 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		

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b> <b>INDIVIDUAL</b>	<b>Distracted By</b> Distracted By Source	
	Distracted By Action	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other To/From School	
	<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 Summary**

<b>UNIT</b> <b>02</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>03</b>	Train/Bus # Recorded	Total # Citations Issued <b>03</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>55</b>	Total Lanes <b>02</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>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

<b>02</b> <b>02</b>	License Plate Number <b>AMU1815</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FMZU73K63ZA34523</b>	Make <b>FORD</b>	Year <b>2003</b>	Model <b>XPL</b>
	Color <b>TAN - TAN</b>	Body Style <b>4D - 4DR</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>			

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UNIT VEHICLE	Vehicle Damage		7 8 9 10 11 5 4 3 2 1	
	Extent Of Damage <b>DISABLING DAMAGE</b>			01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>			Vehicle Removed By <b>EVERETTS TOWING</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>			Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND, FOLLOWING TOO CLOSE, FAILURE TO CONTROL</b>			
	Owner Name <b>JOSE LUIS RINCON REYES (608) 459-0526</b>		Owner Address <b>S8548 CTH C NORTH FREEDOM, WI 53951 , US</b>	
	<b>Sequence Of Events</b>			
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT VEHICLE	<b>Policy Holder</b>			
	Insurance Company <b>ARTISAN-AND-TRUCKERS-CASUALTY-CO</b>	Individual <b>JOSE RINCON REYES</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JOSE LUIS RINCON REYES (608) 459-0526</b>		Citations Issued <b>03</b>	Sex <b>MALE</b>
	Date of Birth [REDACTED]		Race <b>HISPANIC</b>	
	Address <b>S8548 CTH C NORTH FREEDOM, WI 53951 , US</b>		Driver License Number	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity	Airbag
	<b>NO APPARENT INJURY</b>		<b>NO APPARENT INJURY</b>	<b>DEPLOYED-FRONT</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	

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UNIT INDIVIDUAL	<b>Distracted By</b> Distracted By Source UNKNOWN	
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	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		
UNIT INDIVIDUAL	<b>Individual</b>	
	Passenger MARCOS ALEXIS ESPINOZA URBINA (608) 459-0526	Citations Issued 0 Sex MALE
		Date of Birth Race HISPANIC
	Address S8548 CTH C NORTH FREEDOM, WI 53951 , US	Driver License Number
	<b>Safety Equipment</b>	On Duty Crash Safety Equipment
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT
	NONE USED - VEHICLE OCCUPANT	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	UNIT INDIVIDUAL	<b>Injury</b> Injury Severity NO APPARENT INJURY Airbag DEPLOYED-FRONT
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		

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UNIT	Distracted By Action			
	INDIVIDUAL	<b>Non Motorist</b>		
		Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other		To/From School	
	02	004	<b>Drug &amp; Alcohol</b>	
			Suspected Alcohol Use	Suspected Drug Use
			NO	NO
			Alcohol Test Given	Alcohol Test Type
TEST NOT GIVEN				
Drug Test Given			Drug Test Type	Drug Test Results
TEST NOT GIVEN				
Drug Type				
Individual Condition				
APPEARED NORMAL				
UNIT	INDIVIDUAL	<b>Individual</b>		
		Passenger	Citations Issued	Sex
		YELMIN ISAAC MAIRENA ZAVALA (608) 459-0526	0	MALE
			Date of Birth	Race
				HISPANIC
		Address	Driver License Number	
		S8548 CTH C NORTH FREEDOM, WI 53951 , US		
		<b>Safety Equipment</b>		Safety Equipment
		On Duty Crash	SHOULDER & LAP BELT	
		Row	Seat Position	
01 - FRONT ROW	09 - RIGHT			
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
02	005	<b>Injury</b>		
		Injury Severity	Airbag	
		NO APPARENT INJURY	DEPLOYED-FRONT	
		Ejected	Ejection Path	Trapped/Extricated
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
		Medical Transport	EMS Agency Identifier	EMS Run #
NOT TRANSPORTED				
Hospital	Date of Death	Time of Death		
<b>Distracted By</b>		Distracted By Source		
Distracted By Action				



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	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>					
	<b>Violations</b>					
<b>02</b>	<b>005</b>	<b>01</b>	UTC Number <b>BG115329</b>	Issue To? <b>003</b>	Statute Number <b>343.05(3)(a)</b>	Description <b>OPERATE W/O VALID LICENSE (1ST VIOLATION)</b>
			UTC Number <b>BG115330</b>	Issue To? <b>003</b>	Statute Number <b>346.14(1m)</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>
			UTC Number <b>BG115331</b>	Issue To? <b>003</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>