

6TL0BFKDJO

23-00669

# 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 23-00669	Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 01/20/2023		Crash Time 11:45 AM	Date Arrived 01/20/2023	Time Arrived 11:53 AM	
Date Notified 01/20/2023		Time Notified 11:45 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

Diagram  	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 WAS EXITING A PRIVATE PARKING LOT AND ATTEMPTING TO TURN LEFT ONTO A PUBLIC ROADWAY. UNIT 2 WAS TRAVELING NB ON SAID PUBLIC ROADWAY. UNIT 1 FAILED TO YIELD WHILE MAKING A LEFT TURN FROM THE PARKING LOT, AND STRUCK UNIT 2.

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## Location

ON MULBERRY ST 159 FT S OF LINN ST/ STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474365432	Longitude -89.767045666
	X Coordinate 276200.65625	Y Coordinate 4817214
	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>02 - FRONT TO FRONT</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</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

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>V5187V</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2C3JA53GX5H176486</b>	Make <b>CHRYSLER</b>	Year <b>2005</b>	Model <b>300</b>
		Color <b>WHI - WHITE</b>	Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>ENTERING TRAFFIC LANE</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>				
01 01	Owner Name <b>DYLAN RICHARD EVERSON (608) 449-5764</b>		Owner Address <b>807 N WESTMOR ST SPRING GREEN, WI 53588 , US</b>		
	<b>Sequence Of Events</b>				
01 01	01	Event <b>LEFT TURN</b>			
	02	Event <b>MOTOR VEH IN TRANSPORT</b>			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	<b>Individual</b>				
	01 01	Driver <b>DYLAN RICHARD EVERSON (608) 449-5764</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>807 N WESTMOR ST SPRING GREEN, WI 53588 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES		
<b>Safety Equipment</b>		On Duty Crash			
01 001	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>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location		

WISCONSIN MOTOR VEHICLE  
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UNIT	INDIVIDUAL	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 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>	
		Passenger GEOFFREY G COOLEY-LONETREE	Citations Issued 0
	Sex MALE		
	Date of Birth		
	Race		
Address 107 1/2 4TH ST # 1 BARABOO, WI 53913 , US	Driver License Number		
	STATE: WISCONSIN COUNTRY: UNITED STATES		
01	002	<b>Safety Equipment</b>	
		On Duty Crash	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 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       01 002	Action		
	Action Other		To/From School
	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>		

### Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</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 02 02	License Plate Number <b>AJR5126</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>5NPE34AFXFH095847</b>	Make <b>HYUNDAI</b>	Year <b>2015</b>	Model <b>SONATA</b>	
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>SD - SEDAN</b>	Bus Use		
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT</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>GOING STRAIGHT</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name	Owner Address
	APRIL LYNN JAMISON (608) 477-2123	1300 WASHINGTON AVE # 14 BARABOO, WI 53913 , US
<b>Sequence Of Events</b>		
01 02 03 04	Event	MOTOR VEH IN TRANSPORT
	Event	
	Event	
	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company	Individual
	PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U	APRIL JAMISON
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver	Citations Issued
	APRIL LYNN JAMISON (608) 477-2123	0
		Sex
		FEMALE
	Date of Birth	Race
		WHITE
	Address	Driver License Number
	1300 WASHINGTON AVE # 14 BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES
02 003	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
		SHOULDER & LAP BELT
	Row	Seat Position
	01 - FRONT ROW	09 - RIGHT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity
		NO APPARENT INJURY
		Airbag
		NON DEPLOYED
	Ejected	Ejection Path
	NOT EJECTED	NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated	
		NOT TRAPPED
	Medical Transport	EMS Agency Identifier
	NOT TRANSPORTED	
	EMS Run #	
	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

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
02	003	<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	
UNIT	INDIVIDUAL	Individual Condition <b>APPEARED NORMAL</b>	
		<b>Individual</b>	
		Passenger <b>JAXTON E CEPEDA-SMITH</b> (608) 477-2123	Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth [REDACTED]
			Race <b>WHITE</b>
		Address <b>1300 WASHINGTON AVE # 14</b> <b>BARABOO, WI 53913 , US</b>	Driver License Number
		<b>Safety Equipment</b> On Duty Crash	
		Safety Equipment <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>	
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>
Helmet Use			
Helmet Compliance			
Eye Protection			
Tint Compliance			
02	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			
<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          02 004	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>		