

6TL0DKRB19  
23-07437

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 <b>23-07437</b>	Investigating Officer/Deputy <b>DEPUTY R. BARNES</b>	
Crash Date <b>07/13/2023</b>		Crash Time <b>06:09 PM</b>	Date Arrived <b>07/13/2023</b>	Time Arrived <b>06:23 PM</b>	
Date Notified <b>07/13/2023</b>		Time Notified <b>06:09 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
<p>Diagram by: Ryan Barnes on 07/13/23 Not to Scale</p>		<p>Photos By <b>R. BARNES</b></p> <p>Additional Information <b>PHOTOS</b></p>

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

ON 07/13/2023 I RESPONDED TO A TWO VEHICLE CRASH THAT OCCURRED ON PINE STREET NEAR MAPLE STREET IN THE VILLAGE OF WEST BARABOO. BOTH UNIT 1 AND UNIT 2 WERE TRAVELING NORTH ON PINE STREET, WHEN UNIT 1 ATTEMPTED TO CHANGES LANES BUT STRUCK UNIT 2 WHILE CHANGES LANES. NO LANE BLOCKAGE RESULTS AND BOTH VEHICLES WERE REMOVED BY THE OPERATORS.

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Location

ON STH136 WB 60 FT S OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.473713167</b>	Longitude <b>-89.768757442</b>
	X Coordinate <b>276059.8125</b>	Y Coordinate <b>4817146.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</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

UNIT 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>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</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"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</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>					

UNIT 01 VEHICLE	<b>Vehicle</b>					
	License Plate Number <b>ASN7120</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>KL4CJESM3NB559667</b>		Make <b>BUICK</b>	Year <b>2022</b>	Model <b>ENCORE</b>	
	Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
	Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>		Vehicle Damage <b>03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR</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>CHANGING LANES</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>			
01 01	Owner Name <b>KAYLA VOS (608) 462-7680</b>		Owner Address <b>103 BRIDGE ST WONEWOC, WI 53968 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>KAYLA VOS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KAYLA VOS (608) 462-7680</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>103 BRIDGE ST WONEWOC, WI 53968 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
			<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
			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>		
Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
Hospital		EMS Agency Identifier		
		EMS Run #		
		Date of Death		
		Time of Death		
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location			
	Prior Action						
	Action						
	Action Other				To/From School		
<b>01</b>	<b>001</b>	<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>Individual</b>					
		Passenger <b>MICHAEL CASHMRE</b> <b>(608) 350-7934</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>342 MARSHALL DR</b> <b>ANITCOH, IL , US</b>			Date of Birth	Race <b>WHITE</b>	
					Driver License Number		
		<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash	
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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			
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				

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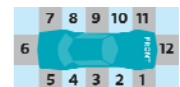
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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	01	001	<b>Violations</b>			
			UTC Number <b>BI589513</b>	Issue To? <b>001</b>	Statute Number <b>346.13(1)</b>	Description <b>UNSAFE LANE DEVIATION</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>(SPORT) UTILITY VEHICLE</b>					Operating As Endorsements		
		Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	
		Insurance? <b>YES</b>		Direction Of Travel <b>NORTHBOUND</b>		<input type="checkbox"/> Pre CrashTire Mark		Speed Limit <b>35</b>	
		Total HazMat Types <b>0</b>		Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</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>	

UNIT	VEHICLE	<b>Vehicle</b>				
		License Plate Number <b>ACM1438</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>KNDJX3A52G7285958</b>		Make <b>KIA MOTORS CORPORAT</b>	Year <b>2016</b>	Model <b>SOUL</b>
		Color <b>BLU - BLUE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage <b>08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</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>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>JOSHUA GARANT</b>		Owner Address <b>815 ROSEMARY LN BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
02	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>JOSHUA GARANT</b>	
03	<b>Individual</b>			
	Driver <b>MYKENZIE GARANT</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>815 ROSEMARY LN BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
04	<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	
003	<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
02	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>02</b>	<b>003</b>	<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>			