#### 6TL0F2KRBV 24-00298

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Do	ocument #	,	gency Crash Number Investigating Officer/Deputy  1-00298 DEPUTY I. GALVAN					
ΒV	Crash Date <b>01/09/2024</b>	Crash Time 03:15 PM		Date Arrived 01/09/2024		Time Arrived 03:39 PM				
KR.	Date Notified <b>01/09/2024</b>	Time Notified 03:17 PM		Total Units <b>02</b>		Total Injured  01	,			
.0F2	On Emergency Hit	and Run Lane Closure		Work Zone	Trailer or	Towed	Reporting Threshold			
6TL	Government Property	Active School Zone		School Bus Related NO		Tags				
	<b>✓</b> Reportable	Crash Type DT4000 (STAN	ANDARD CRASH)			Amended		Secondary Crash		

Diagram

STH 33

Not to scale

Reconstruction By

Photos By I GALVAN

Additional Information **PHOTOS** 

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

UNIT 1 AND 2 TRAVELING WESTBOUND ON STH 33 NEAR CTH X. UNIT 2 TURNED ON BLINKER TO TURN ONTO CTH X. UNIT 2 BEGAN TO SLIDE. UNIT 1 CLAIMS HE WAS A CAR LENGTH AWAY AND SLID INTO UNIT 2. UNIT 2 COMPLAINED RIGHT KNEE PAIN BUT REFUSED AMBULANCE. UNIT 2 WAS CITED FOR FOLLOWING TOO CLOSE. BOTH VEHICLES WERE REMOVED BY OPERATORS.

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Crash Date 01/09/2024

Crash Time 03:15 PM

L	.oc	ation <b></b>									
		STH33 WB				Latitude			Longitude		
	63 F					43.48160	)9674		-89.6	41312049	
		CTHX WB HE TOWN OF GREE!	NEIEI D			X Coordin	ate		Y Coc	Y Coordinate	
		AUK COUNTY	NI ILLD			286395.96875 48			4817	688	
						Structure NO STR	Type UCTURE				
(	ra	sh Scene									
T	First	Harmful Event				First Harm	nful Event Lo	ocation			
	MO	TOR VEH IN TRANSP	ORT			ON ROA	DWAY				
ľ	Manı	ner of Collision				Light Cond	dition				
	03 -	FRONT TO REAR			DAYLIGI	HT					
Ī	Road	d Surface Condition(s)				Roadway	Factor(s)				
	SNC	ow .									
ŀ	Envir	ronment Factor(s)				1					
	WE	ATHER CONDITIONS				ROAD S	URFACE (	CONDITION	(WET,	ICY, SNOW, SLUSH,	
ŀ	Wea	ther Condition(s)				,					
	SNC	w									
ŀ	Anim	al Type				Relation T	To Trafficwa	V			
							TRAFFICWAY - ON ROAD				
		h Classification - Location			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
ŀ	Triba	I Land		Access Control NO CONTROL			Special Study		Special Study		
	Withi <b>NO</b>	in Interchange Area	Junction Location INTERSECTION-RELAT	ΓED		ersection Type NTERSECTION					
į	Jnit	Summary =	•								
		Status		Vehicle Ope	erating As C	lassification	1	Unit Type			
	IN T	N TRANSIT D CLASS					TRUCK				
-	Vehi	cle Type	•				Operating As Endorsements				
L	_	LITY TRUCK/PICKUP									
		Occs	Train/Bus # Recorded	Total # Citations Issue						azMat Types	
L	1		Discretion Of Travel	1 Pre CrashTii		O Speed Lir 55		imit Total Lanes			
	insur YES	ance?	Direction Of Travel WESTBOUND							anes	
		Harmful Event: Collision		Special Fun					Emergency Motor Vehicle Use		
<b>.</b> .		TOR VEH IN TRANSP		NO SPEC		CTION		NOT APPLICABLE  Traffic Control Inoperative/Missing			
		ic Way		Traffic Cont	rol					rative/Missing	
		D-WAY, NOT DIVIDED	)	NO CONT	ROL			NO			
		асе Туре		Road Curva				Road Grade LEVEL			
L		CKTOP (BITUMINOU	JS)	CURVE R	IGHT						
	Trucl <b>NO</b>	k Bus or HazMat									
1		Vehicle									
		License Plate Number					St	Country of Is			
		MZ4496			HT TRUC	:K	WI	UNITED ST	ATES		
	01	Vehicle Identification Nu	Make			Year	Model 1500 Bus Use				
	0	3B7HF13Z01M58256 Color	DODGE Body Style			2001					
		RED - RED	PK - PICI				D03 03C				
	щ	Initial Contact Point		Vehicle Da				<u> </u>	1		
										7 8 9 10 11	
	$\cup$	Extent Of Damage									
	/EHICL	Extent Of Damage FUNCTIONAL DAMA		02 - RIGI	HT SIDE F	RONT				6	

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7	Towed Due To Damage		Vehicle Removed By						
r	NOT TOWED		OPERATOR						
7	What Driver Was Doing		Vehicle Factors						
	GOING STRAIGHT								
	Driver Prior Action Other		NOT APPLICABLE						
	Driver Actions FOLLOWING TOO CLOS	E							
	Owner Name MICHAEL CORNING (608) 617-9916		Owner Address W6549 PHILLIPS PARDEEVILLE, V						
	sequence Of Events								
	Event MOTOR VEH IN TRANSP	ORT							
00	Event								
03	Event								
40	Event								
⊢ P	olicy Holder								
Ξ	Insurance Company		Individual	_					
Ľ	KEITEL GROUP INSURA	NCE	MICHAEL CORNING						
	Individual								
. 1	Driver ISAAC PINEDA ACOSTA		Citations Issued  1	Sex MALE					
) i	(608) 477-7684		Date of Birth	Race WHITE					
DIMID 4	Address 125 7TH AVE #4		Driver License Number						
	BARABOO, WI 53913 , U	S	STATE: WISCONSIN COUNTRY: UNITED STATES						
Safe	On Duty	y Crash	Safety Equipment						
_	• • •								
	Row <b>01 - FRONT ROW</b>	Seat Position 07 - LEFT	SHOULDER & LAF	BELI					
H	Helmet Use		Helmet Compliance						
E	Eye Protection		Tint Compliance						
2 6 7	Injury S	everity ECTED MINOR INJURY	Airbag NON DEPLOYED						
	Ejected	Ejection Path	Trapped/Extricated						
	NOT EJECTED	NOT EJECTED/NOT APP			NOT TRAPPED				
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
F	Hospital		Date of Death		Time of Death				
	Distract	ed By Source	1		1				
	Distracted By NOT A	PPLICABLE (NOT DISTRA	ACTED)						

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		-										
		Non Motorist	Strik	ing Unit#	Location							
		Prior Action										
		Action										
	Ļ											
⊨	INDIVIDUAL											
LIND												
	N											
		Action Other										To/From School
	, I	Orug & Alcohol	Susp	pected Alcoho	ol Use		Suspected Drug Use					<u> </u>
	_	Alcohol Test Given	110		Alcohol Test T	Гуре				Alcohol Test	t Results	
		TEST NOT GIVEN			Drug Test Typ			D	T4 Dlk-			
		Drug Test Given TEST NOT GIVEN			Drug Test Typ	Je		Drug	Test Results			
2	001	Drug Type										
		Individual Condition										
		APPEARED NORM										
		/iolations										
	0	UTC Number BK260930	1ssu <b>00</b> 1		Statute Number 3 <b>46.14(1m)</b>		Description AUTOMOBILE FOLL	.OWIN	IG TOO CL	OSELY		
	Unit	Summary •					l					
		Status RANSIT					ehicle Operating As Classi CLASS	fication	1	Unit Type AUTOMOE	RIIF	
02	Vehi	cle Type				1-				Operating A		nents
0		Occs		Train/Bus#	Recorded	Total # Citations Issued Total Trail			ers	Total HazN	Mat Types	
	1				0			0		0		
_	Insurance? Direction Of Travel YES WESTBOUND			l	Pre CrashTire Speed Lin Mark 55			it	Total Lane 3	S		
UNIT	Most	Most Harmful Event: Collision With					Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
	MOTOR VEH IN TRANSPORT Traffic Way						Traffic Control			Traffic Control Inoperative/Missing		
	TWO-WAY, NOT DIVIDED					NO CONTROL				NO		
		Surface Type					oad Curvature			Road Grade		
		CKTOP (BITUMING	OUS)			С	URVE RIGHT			LEVEL		
	NO	Rus or HazMat										
	,	/ehicle										
		License Plate Numbe	r				Plate Type			Country of Is:		
		104NJP  Vehicle Identification I	Mumh	ner .			AUT - AUTOMOBILE WI			UNITED STATES  Model		
02	02	2GNALPEK3C626								EQUINOX		
		Color				E	Body Style		1	Bus Use		
		BLU - BLUE Initial Contact Point				4	D - 4DR					
		07 - LEFT REAR C	ORN	NER								7 8 9 10 11 6 2 3 12 5 4 3 2 1

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	Щ			Vehicle Damage					
LIND	VEHICLE	Extent Of Damage		06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE					
$\supset$	一	FUNCTIONAL DAMAGE		REAR					
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing <b>LEFT TURN</b>	\	Vehicle Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions	L						
_	LE	NO CONTRIBUTING ACT	ION						
LNU	ЫC								
_	VEHICL								
		Owner Name  AMANDA PAYNE		Owner Address E12505 COUNTY	POAD W # 7				
02	02	(608) 448-9945		BARABOO, WI 53					
		Sequence Of Events							
	10	MOTOR VEH IN TRANSP	ORT						
	02	Event							
	03	Event							
	04	Event							
_		Policy Holder							
UNIT		Insurance Company		Individual					
$\supset$		PROGRESSIVE-UNIVERS	SAL-INSURANCE-COMP	AMANDA PAYNE					
	ı	Individual							
		Driver AMANDA PAYNE		Citations Issued					
	AL	(608) 448-9945		<b>0</b> Date of Birth	FEMALE Race				
_	)U	,		Date of Birth	WHITE				
	IDINIDUAL	Address		Driver License Number					
_	IND	E12505 COUNTY ROAD V BARABOO, WI 53913 , U		STATE: WISCONSIN COUNTRY: UNITED STATES					
		27 tt 0 t2 0 0 7 11 0 0 0 10 7 0							
	Sai	On Duty fety Equipment	/ Crash	Safety Equipment					
	Jui	Row	Seat Position	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT	ONOOLDEN & LAI	DLL!				
		Helmet Use	•	Helmet Compliance					
		Eye Protection		Tint Compliance					
02	002	Injury S	everity PARENT INJURY	Airbag  NON DEPLOYED					
		Ejected	Ejection Path	1		Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPL			NOT TRAPPED			
		Medical Transport  NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
		Hospital		Date of Death					

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Crash Date 01/09/2024

Crash Time 03:15 PM

		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)			
		NOT DISTRACTED						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	UAL							
UNIT	INDIVIDUAL							
	IND							
		A 1: OII						To/From School
		Action Other						To/From School
	L	Orug & Alcohol	Suspected Alcohol U NO	se	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		
05	002	Drug Type						
		Individual Condition						
		APPEARED NOR	MAL					