

6TLOBNZM08

19-11784

# 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>19-11784</b>	Investigating Officer/Deputy <b>DEPUTY A. BREUNIG</b>	
Crash Date <b>09/21/2019</b>		Crash Time <b>09:45 AM</b>	Date Arrived <b>09/21/2019</b>	Time Arrived <b>09:57 AM</b>	
Date Notified <b>09/21/2019</b>		Time Notified <b>09:49 AM</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

<p>Diagram</p> <p style="text-align: center;">USH 12 EASBOUND LANES</p> <p style="text-align: center;">NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING SOUTHBOUND ON USH 12 IN THE LEFT LANE. UNIT 2 WAS TRAVELING SOUTHBOUND IN THE RIGHT LANE. UNIT 1 ATTEMPTED TO CHANGE LANES. UNIT 1 MOVED INTO THE RIGHT LANE AND STRUCK UNIT 2. THE OPERATOR OF UNIT 1 STATED THAT SHE DID NOT SEE UNIT 2. THE OPERATOR OF UNIT 2 STATED THAT HE ATTEMPTED TO SLOW QUICKLY TO AVOID BEING STRUCK.

## Location

<b>ON USH12 EB 0.28 MI S OF STH33 EB IN THE TOWN OF BARABOO IN SAUK COUNTY</b>	Latitude <b>43.505608269</b>	Longitude <b>-89.781730198</b>
	X Coordinate <b>275128.96875</b>	Y Coordinate <b>4820723.5</b>
	Structure Type	

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Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>05--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>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>65</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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

UNIT 01 VEHICLE	License Plate Number <b>513AWX</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>3GNAXKEV7KS679834</b>		Make <b>CHEVROLET</b>	Year <b>2019</b>	Model <b>EQUINOX</b>	
	Color <b>RED - RED</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>5--RIGHT REAR CORNER</b>		Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>5--RIGHT REAR CORNER</b>			
	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>			

WISCONSIN MOTOR VEHICLE  
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UNIT	VEHICLE	Driver Actions <b>FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE</b>	
		Owner Name <b>KAREN LEE MOHR (715) 743-3490</b>	Owner Address <b>N2820 SIDNEY AVE NEILLSVILLE, WI 54456 , US</b>
UNIT	01	<b>Sequence Of Events</b>	
		01	Event <b>MOTOR VEH IN TRANSPORT</b>
		02	Event
		03	Event
UNIT	04	<b>Policy Holder</b>	
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>KAREN MOHR</b>
UNIT	INDIVIDUAL	<b>Individual</b>	
		Driver <b>KAREN LEE MOHR (715) 743-3490</b>	Citations Issued <b>0</b>
		Date of Birth	Sex <b>FEMALE</b>
UNIT	01	Address <b>N2820 SIDNEY AVE NEILLSVILLE, WI 54456 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
UNIT	001	<b>Safety Equipment</b>	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance
UNIT	001	Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
UNIT	001	Airbag <b>NON DEPLOYED</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
UNIT	001	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
		Hospital	EMS Run #
UNIT	001	Date of Death	Time of Death
		<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
UNIT	001	Distracted By Action <b>NOT DISTRACTED</b>	
		Striking Unit #	Location
UNIT	001	<b>Non Motorist</b>	
		Prior Action	

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UNIT INDIVIDUAL	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>Individual</b>		
	Passenger <b>KENNETH MAYNARD MOHR (715) 743-3490</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>N2820 SIDNEY AVE NEILLSVILLE, WI 54456 , US</b>		Date of Birth <b>WHITE</b>
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<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	
	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
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given Alcohol Test Type Alcohol Test Results
Drug Test Given Drug Test Type Drug Test Results
Drug Type
Individual Condition

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
IN TRANSIT D CLASS AUTOMOBILE
Vehicle Type Operating As Endorsements
PASSENGER CAR
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
Insurance? Direction Of Travel Pre Crash Tire Mark Speed Limit Total Lanes
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use
Traffic Way Traffic Control Traffic Control Inoperative/Missing
Surface Type Road Curvature Road Grade
Truck Bus or HazMat

UNIT 02 02 VEHICLE
Vehicle
License Plate Number Plate Type St Country of Issuance
Vehicle Identification Number Make Year Model
Color Body Style Bus Use
Initial Contact Point Vehicle Damage
Extent Of Damage
Towed Due To Damage Vehicle Removed By
What Driver Was Doing Vehicle Factors
Driver Prior Action Other

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>JACOB DANIEL DAGUE (608) 415-0069</b>	Owner Address <b>520 REMINGTON ST BARABOO, WI 53913 , US</b>
02	02	<b>Sequence Of Events</b>	
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>	
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>JACOB DAGUE</b>
UNIT	INDIVIDUAL	Driver <b>JACOB DANIEL DAGUE (608) 415-0069</b>	Citations Issued <b>0</b>
			Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
		Address <b>520 REMINGTON ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
02	003	<b>Safety Equipment</b>	On Duty Crash
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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>
		Distracted By Action <b>NOT DISTRACTED</b>	
		<b>Non Motorist</b>	Striking Unit #
			Location
		Prior Action	

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UNIT INDIVIDUAL	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>Individual</b>		
	Passenger <b>WILLIAM J DAGUE</b> <b>(608) 415-0069</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>520 REMINGTON ST</b> <b>BARABOO, WI 53913 , US</b>		Date of Birth Race <b>WHITE</b>
UNIT INDIVIDUAL	On Duty Crash		Safety Equipment
	<b>Safety Equipment</b>	<b>BOOSTER SEAT</b>	
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	Helmet Compliance	
	Helmet Use	Tint Compliance	
	Eye Protection	Airbag <b>NON DEPLOYED</b>	
	<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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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			To/From School
<b>02</b>	<b>004</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>			