

6TL0BNZM09
19-13058

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 19-13058		Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 10/20/2019		Crash Time 02:41 PM		Date Arrived 10/20/2019		Time Arrived 02:47 PM	
Date Notified 10/20/2019		Time Notified 02:42 PM		Total Units 02		Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input checked="" 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

Location

ON USH12 WB 853 FT S OF KINGS CORNER RD IN THE TOWN OF SUMPTER IN SAUK COUNTY		Latitude 43.37630203	Longitude -89.7683042	Lat/LongSource TLT/ILT	Access Control
		X Coordinate 275736.8437	Y Coordinate 4806326	On Roadway Link ID# 5320157	On Roadway Link Offset 2167
		Override <input type="checkbox"/>	Tribal Land		Structure Type

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY			
Manner of Collision 02--FRONT TO REAR		Light Condition DAWN			
Road Surface Condition(s) DRY		Environment Factor(s) NONE			
Roadway Factor(s) NONE		Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD			
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION			
Tribal Land		Access Control NO CONTROL		Special Study	
Within Interchange Area NO	Junction Location NON-JUNCTION		Intersection Type NOT AN INTERSECTION		
Work Zone Crash Location ACTIVITY AREA		Work Zone Crash Type LANE CLOSURE			
Workers Present YES		Law Enforcement Present OFFICER PRESENT			
Work Zone Speed Limit 45	Advisory/Regulatory Speed Limit ADVISORY		Normal Posted Speed Limit 55		

Unit Summary

Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4	
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
Surface Type		Road Curvature		Road Grade	

01
UNIT

6TLOBNZM09
19-13058

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01	BLACKTOP (BITUMINOUS)		STRAIGHT		LEVEL	
	Truck Bus or HazMat NO					
01	Role DRIVER			Citations Issued 1	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name RENZ			First Name KAYLA		Middle Initial MARIE
01	Street Address S3791 COUNTY ROAD A			Street Address 2		PO Box
	City BARABOO			State WI	Zip Code 53913	Country of Residence UNITED STATES
01	DOB	Sex F	Race W	Hair BROWN	Eyes BROWN	Height 509
	Driver's License Number			State WI	License Jurisdiction STATE	Weight 140
01	License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE		Phone Number (608) 844-3237 EXT.
	Equipment On Duty Accident			Safety Equipment		
01	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC			SHOULDER & LAP BELT		
	Helmet Use			Helmet Compliance		
01	Eye Protection			Tint Compliance		
	Injury Injury Severity SUSPECTED MINOR INJURY			Airbag DEPLOYED-FRONT		
01	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #
01	Hospital			Date of Death		Time of Death
	Non Motorist Striking Unit #			Location		To/From School
01	Prior Action			Action		
	Distracted By Action NOT DISTRACTED			Action Other		
01	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			Action Other		
	Drug & Alcohol Individual Condition APPEARED NORMAL			Suspected Alcohol Use NO		
01	Suspected Alcohol Use NO			Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
Drug Test Given		Drug Test Type		Drug Test Results		

6TLOBNZM09
19-13058

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UNIT INDIVIDUAL	TEST NOT GIVEN						
	Drug Type						
	License Plate Number 760YKG			Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 5J6RM4H73GL003532				Year 2016	Make HONDA	
UNIT 01 01 VEHICLE	Model CR-V EX-L		Body Style UT - SPORT UTILITY VEHICLE		Color WHI - WHITE		
	Initial Contact Point 12--FRONT		Vehicle Damage 1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT				
	Extent Of Damage DISABLING DAMAGE						
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Factors NOT APPLICABLE				
	Vehicle Removed By CRAIGS TOWING						
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		Bus Use NOT A BUS		
	Driver Actions FAILURE TO CONTROL						
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input type="checkbox"/> Use Operator Address			
	Organization Type INDIVIDUAL		Company Name				
	Last Name RENZ		First Name KAYLA		Middle MARIE	Suffix	Date of Birth
	Street Address S3791 COUNTY ROAD A		Street Address2		PO Box		
	City BARABOO		St WI	Zip Code 53913		Country of Residence UNITED STATES	
Telephone Number (608) 844-3237 EXT.							
UNIT 01	Event MOTOR VEH IN TRANSPORT						
	Event						
	Event						
	Event						
UNIT 01 POL DER	UTC Number AE753251	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL			
	Insurance Company GEICO-CASUALTY-CO			<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver		
	Organization Type INDIVIDUAL	Last Name RENZ	First Name KAYLA		Policy Holder Company		

Unit Summary

Unit Status Vehicle Operating As Classification Unit Type

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02 UNIT	IN TRANSIT		D CLASS		AUTOMOBILE			
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0			
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4			
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO			
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL			
	Truck Bus or HazMat NO							
02 UNIT INDIVIDUAL	Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name SCHROEDER		First Name RUSSELL		Middle Initial LEE		Suffix	
	Street Address 12526 1650 NORTH AVE		Street Address 2		PO Box			
	City WYANET		State IL		Zip Code 61379		Country of Residence UNITED STATES	
	DOB	Sex M	Race W	Hair GRAY	Eyes BLUE	Height 510	Weight 230	Phone Number (815) 699-2685 EXT.
	Driver's License Number		State IL		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2020			
	Equipment On Duty Accident		Safety Equipment					
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT					
	Helmet Use		Helmet Compliance					
	Eye Protection		Tint Compliance					
	Injury Injury Severity SUSPECTED MINOR INJURY		Airbag NON DEPLOYED					
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier			EMS Run #		
	Hospital		Date of Death			Time of Death		
	Non Motorist Striking Unit #		Location			To/From School		
	Prior Action		Action					
	Distracted By Action NOT DISTRACTED							
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other					
	Drug & Alcoh Individual Condition APPEARED NORMAL							
Suspected Alcohol Use NO		Suspected Drug Use NO						
Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test Results		
Drug Test Given		Drug Test Type				Drug Test Results		

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UNIT	INDIVIDUAL	TEST NOT GIVEN							
		Drug Type							
02	03	Role PASSENGER	Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL				
		Last Name SCHROEDER	First Name JOYCE		Middle Initial E	Suffix			
UNIT	INDIVIDUAL	Street Address 12526 1650 NORTH AVE		Street Address 2		PO Box			
		City WYANET	State IL	Zip Code 61379	Country of Residence UNITED STATES				
UNIT	INDIVIDUAL	DOB [REDACTED]	Sex F	Race W	Hair GRAY	Eyes BLUE	Height 505	Weight 150	Phone Number (815) 699-2685 EXT.
		Driver's License Number [REDACTED]		State IL	License Jurisdiction STATE	Country of Issuance UNITED STATES			
UNIT	INDIVIDUAL	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2019			
		Equipment	On Duty Accident	Safety Equipment					
UNIT	INDIVIDUAL	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE		SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
UNIT	INDIVIDUAL	Eye Protection		Tint Compliance					
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED					
UNIT	INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
UNIT	INDIVIDUAL	Hospital		Date of Death		Time of Death			
		Non-Motorist	Striking Unit #	Location		To/From School			
UNIT	INDIVIDUAL	Prior Action		Action					
		Distracted By Action							
UNIT	INDIVIDUAL	Distracted By Source		Action Other					
		Drug & Alcoh	Individual Condition APPEARED NORMAL						
UNIT	INDIVIDUAL	Suspected Alcohol Use NO		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type				Alcohol Test Results		
UNIT	INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type				Drug Test Results		
		Drug Type							

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UNIT	02				
	02				
	VEHICLE				
	License Plate Number LSJD56		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C4RJFCG1HC728193		Year 2017	Make JEEP	
	Model CHEROKEE		Body Style UT - SPORT UTILITY VEHICLE	Color BRO - BROWN	
	Initial Contact Point 6--REAR		Vehicle Damage 6--REAR		
	Extent Of Damage DISABLING DAMAGE		Vehicle Factors NOT APPLICABLE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Driver Prior Action Other NOT A BUS		
	Vehicle Removed By EVERETTS TOWING		Bus Use		
What Driver Was Doing STARTING IN ROAD		NOT A BUS			
Driver Actions NO CONTRIBUTING ACTION					
<input checked="" type="checkbox"/> Vehicle Owner Same As Operator <input type="checkbox"/> Use Operator Address					
Organization Type INDIVIDUAL		Company Name			
Last Name SCHROEDER		First Name RUSSELL	Middle LEE	Suffix Date of Birth	
Street Address 12526 1650 NORTH AVE		Street Address2		PO Box	
City WYANET		St IL	Zip Code 61379	Country of Residence UNITED STATES	
Telephone Number (815) 699-2685 EXT.					
01	Event MOTOR VEH IN TRANSPORT				
02	Event				
03	Event				
04	Event				
UNIT POL DER	Insurance Company COUNTRY-MUTUAL-INSURANCE-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver	
	Organization Type INDIVIDUAL	Last Name SCHROEDER	First Name RUSSELL	Policy Holder Company	

Description


Diagram

Reconstruction By

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<p>WESTBOUND USH 12</p> <hr/> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px dashed black; padding: 5px; text-align: center;">1</div> <div style="border: 1px dashed black; padding: 5px; text-align: center;">2</div> <div style="border: 1px dashed black; padding: 5px; text-align: center;">2</div> <div style="border: 1px dashed black; padding: 5px; text-align: center;">1</div> </div> <hr/> <p style="text-align: center;">LANE CLOSED WITH BARRELS</p> <hr/> <p style="text-align: center;">NOT TO SCALE</p> <div style="text-align: center; margin-top: 20px;">  </div>	<p>Photos By A BREUNIG</p> <hr/> <p>Additional Information NONE, PHOTOS</p>
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UNIT 1 WAS TRAVELING NORTHBOUND ON USH 12. UNIT 2 WAS TRAVELING IN FRONT OF UNIT 1. THE RIGHT LANE OF THE ROAD WAS CLOSED IN THE CONSTRUCTION ZONE. LAW ENFORCEMENT WAS PRESENT AND APPROXIMATELY 1 MILE NORTH SLOWING TRAFFIC FOR A PAINTING CREW. UNIT 2 WAS MOVING SLOW DUE TO BACKUP. UNIT 1 FAILED TO SLOW FOR THE BACKUP. UNIT 1 REAR ENDED UNIT 2.

Signature

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

Law Enforcement Agency

Agency Space 19-13063				
Officer Rank DEP	Officer Last Name BREUNIG	Officer First Name A	Officer Middle Name J	Suffix
DOT Officer ID 9172		DNR Officer ID	Officer Badge Number 9172	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205	