

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL09CGFD1

Document Number Override		Primary Crash Document #	Agency Crash Number <b>20-00114</b>	Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>01/03/2020</b>		Crash Time <b>05:20 PM</b>	Date Arrived <b>01/03/2020</b>	Time Arrived <b>05:25 PM</b>	
Date Notified <b>01/03/2020</b>		Time Notified <b>05:20 PM</b>	Total Units <b>02</b>	Total Injured <b>05</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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>	Reconstruction By
	Photos By <b>S. STEINHORST</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 2 WAS DRIVING EAST ON HWY 12. UNIT 1 WAS STOPPED AT THE STOP SIGN ON OLD BLUFF TRL. UNIT 1 ATTEMPTED TO CROSS THE EASTBOUND LANES OF HWY 12 TO TRAVEL WESTBOUND. UNIT 2 STRUCK UNIT 1 AS UNIT 1 HAD FAILED TO YIELD FROM THE STOP SIGN.

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

**Location**

<b>INTERSECTION ON USH12 EB AT OLD BLUFF TRL IN THE TOWN OF SUMPTER IN SAUK COUNTY</b>	Latitude <b>43.351829379</b>	Longitude <b>-89.767482474</b>
	X Coordinate <b>275713.21875</b>	Y Coordinate <b>4803606</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>01/03/2020</b>	Time Initial Lane/Rd Closed <b>05:39 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>01/03/2020</b>	Time All Lanes Open <b>06:04 PM</b>	Date Scene Cleared <b>01/03/2019</b>	Time Scene Cleared <b>06:24 PM</b>

**Unit Summary**

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>			
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>					Operating As Endorsements		
		Total Occs <b>3</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"/> Pre CrashTire Mark	Speed Limit <b>55</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>STOP SIGN</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>							
		<b>01</b>	<b>Vehicle</b>						
			License Plate Number <b>MA9809</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
Vehicle Identification Number <b>1C6SRFFT9KN850211</b>		Make <b>RAM</b>	Year <b>2019</b>	Model <b>1500</b>					

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1300 LANGE COURT  
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(608) 356-4895

UNIT VEHICLE	Color <b>WHI - WHITE</b>		Body Style <b>PK - PICKUP</b>	Bus Use	
	Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>		Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>				
	Owner Name <b>JOSE A JAIMES DIAZ (224) 406-1361</b>		Owner Address <b>398 E QUAKER HOLLOW LN ROUND LAKE BEACH, IL 60046 , US</b>		
01 01	<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event <b>OVERTURN/ROLLOVER</b>			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>HANOVER-INS-CO,-THE</b>		Individual <b>JOSE JAIMES DIAZ</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>JOSE A JAIMES DIAZ (224) 406-1361</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>	
	Address <b>398 E QUAKER HOLLOW LN ROUND LAKE BEACH, IL 60046 , US</b>		Date of Birth	Race <b>HISPANIC</b>	
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-SIDE</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 #		

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>			
	Distracted By Action <b>UNKNOWN</b>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	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	
01 001	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>MARISOL LOPEZ</b> <b>(224) 406-1361</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>
	Address <b>398 E QUAKER HOLLOW LN</b> <b>ROUND LAKE BEACH, IL 60046 , US</b>			Date of Birth		Race <b>HISPANIC</b>
	Driver License Number					
	<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	
	Eye Protection		Tint Compliance		Helmet Compliance	
	01 002	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>		Airbag <b>DEPLOYED-CURTAIN</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		

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>Distracted By</b> Distracted By Source	
	Distracted By Action	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	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>UNIT</b>	<b>Individual</b>	
	Passenger <b>ALAINA JAIMES</b> (224) 406-1361	Citations Issued <b>0</b> Sex <b>FEMALE</b>
		Date of Birth Race <b>HISPANIC</b>
	Address <b>398 E QUAKER HOLLOW LN</b> <b>ROUND LAKE BEACH, IL 60046 , US</b>	Driver License Number
	<b>Safety Equipment</b>	On Duty Crash Safety Equipment
	Row <b>02 - SECOND ROW</b> Seat Position <b>08 - MIDDLE</b>	<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b> Airbag <b>DEPLOYED-SIDE</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	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	Distracted By Action					
	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #		
		Location				
	Prior Action					
	Action					
	Action Other			To/From School		
	01	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						
Individual Condition <b>APPEARED NORMAL</b>						
<b>Violations</b>						
01	UTC Number <b>BD755529</b>		Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>		
				Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</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>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>EASTBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</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/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>CURVE LEFT</b>		Road Grade <b>LEVEL</b>		
		Truck Bus or HazMat <b>NO</b>							
		02	02	<b>Vehicle</b>					
				License Plate Number <b>KA0RGA</b>		Plate Type <b>MBK - MILWAUKEE BUC</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>JF2GPABC9G8299590</b>				Make <b>SUBARU</b>	Year <b>2016</b>	Model <b>CROSSTREK</b>			
Color <b>RED - RED</b>				Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use			

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(608) 356-4895

UNIT VEHICLE	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>REEDSBURG SALVAGE</b>		
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Owner Name <b>STEVEN B TOURDOT (608) 495-9071</b>		Owner Address <b>S531 WADLEIGH RD REEDSBURG, WI 53959 , US</b>		
02 02	<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>OWNERS-INS-CO</b>		Individual <b>STEVEN TOURDOT</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>ZACHARY BLAINE TOURDOT (608) 495-9071</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>S531 WADLEIGH RD REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
02 004	<b>Safety Equipment</b>		On Duty Crash		
	Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-FRONT</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	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>	
	Distracted By Action <b>UNKNOWN</b>			
	<b>Non Motorist</b>	Striking Unit #	Location	
	Prior Action			
	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>				
UNIT	<b>Individual</b>			
	Passenger <b>HUNTER ALAN BREKKE (608) 495-5837</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth		Race <b>WHITE</b>	
	Address <b>617 N WILLOW ST REEDSBURG, WI 53959 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</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>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-FRONT</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			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	Distracted By Action				
	<b>INDIVIDUAL</b>	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			
	Action				
	Action Other		To/From School		
	<b>02</b>	<b>005</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>		