

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL09B7DCN

Document Number Override		Primary Crash Document #	Agency Crash Number 20-02726	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 03/12/2020		Crash Time 05:40 PM	Date Arrived 03/12/2020	Time Arrived 06:19 PM	
Date Notified 03/12/2020		Time Notified 05:43 PM	Total Units 02	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram <p style="text-align: center;">drawing not to scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 AND UNIT 2 WERE TRAVELING NORTH BOUND ON STATE HIGHWAY 12. UNIT 1 WAS IN THE RIGHT LANE WHILE UNIT 2 WAS IN THE LEFT LANE. UNIT 1 CHANGED LANES TO THE LEFT AND STRUCK UNIT 2 CAUSING MINOR DAMAGE TO BOTH VEHICLES. OPERATOR OF UNIT 1 WAS CITED.

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

Location

ON USH12 WB 0.50 MI S OF USH12 WB IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.333077225	Longitude -89.758791414
	X Coordinate 276348.71875	Y Coordinate 4801500
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 04	
	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 BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle					
	01	License Plate Number ADX5762		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FADP3K24HL217936		Make FORD	Year 2017	Model FOCUS
		Color RED - RED		Body Style HB - HATCHBACK		Bus Use
	VEHICLE	Initial Contact Point 07 - LEFT REAR CORNER		Vehicle Damage		
Extent Of Damage MINOR DAMAGE		05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing CHANGING LANES		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE			
01	01	Owner Name SHAWN MICHAEL OCHOA (608) 643-9143		Owner Address 898 HIGHLAND TRL PRAIRIE DU SAC, WI 53578 , US
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		Individual SHAWN OCHOA	
UNIT INDIVIDUAL	Individual			
	Driver SHAWN MICHAEL OCHOA (608) 643-9143		Citations Issued 01	Sex MALE
	Address 898 HIGHLAND TRL PRAIRIE DU SAC, WI 53578 , US		Date of Birth	Race
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		Safety Equipment
		On Duty Crash	SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		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	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	01	001	Violations			
UTC Number BB341101			Issue To? 001	Statute Number 346.34(1)(a)3	Description DEVIATING FROM LANE OF TRAFFIC	

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type (SPORT) UTILITY VEHICLE					Operating As Endorsements		
		Total Occs 01		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0	Total HazMat Types 0
		Insurance? YES		Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55	Total Lanes 04
		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 BARRIER				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	02	Vehicle					
		License Plate Number 656ZBN		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FMCU0H91DUA18165		Make FORD		Year 2013	Model ESCAPE
		Color RED - RED		Body Style UT - SPORT UTILITY VEHICLE			Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER					

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	01 - RIGHT FRONT CORNER, 12 - FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name ALISSA M WHITAKER (608) 341-0924	Owner Address 130 N LOCUST ST REEDSBURG, WI 53959 , US
	Sequence Of Events	
UNIT VEHICLE	Event 01 MOTOR VEH IN TRANSPORT	
	Event 02	
	Event 03	
	Event 04	
UNIT VEHICLE	Policy Holder	
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual ALISSA WHITAKER
UNIT INDIVIDUAL	Individual	
	Driver ALISSA M WHITAKER (608) 341-0924	Citations Issued 0
		Sex FEMALE
		Date of Birth
UNIT INDIVIDUAL	Address 130 N LOCUST ST REEDSBURG, WI 53959 , US	Race WHITE
		Driver License Number
		STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT INDIVIDUAL	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
UNIT INDIVIDUAL	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY
		Airbag NON DEPLOYED
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
		EMS Run #
UNIT INDIVIDUAL	Hospital	Date of Death
		Time of Death

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UNIT	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		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
	Drug Type				
02	002	Individual Condition			
		APPEARED NORMAL			