

6TLOBFKDCT
20-04091


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 20-04091	Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 05/02/2020		Crash Time 02:00 PM	Date Arrived 05/02/2020	Time Arrived 02:14 PM	
Date Notified 05/02/2020		Time Notified 02:07 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 	Reconstruction By
	Photos By
	Additional Information NONE
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
UNIT 2 WAS STOPPED AT THE STOP SIGN. UNIT 1 WAS SLOWING BEING UNIT 2. UNIT 2 BEGAN TO PROCEED THROUGH THE INTERSECTION AND SLOWED AGAIN. UNIT 1 BEGAN TO PROCEED INTO THE INTERSECTION AND STRUCK UNIT 2 WHEN THEY SLOWED.	

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Location

ON CTHDL WB 178 FT E OF BREEZY KNOLL LN/ STH136 WB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.434557912	Longitude -89.739114198
	X Coordinate 278314.375	Y Coordinate 4812718
	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) DRY	Roadway Factor(s) NONE	
Environment 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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade HILLCREST	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number NX9807	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1C6RR7LT5HS766356	Make RAM	Year 2017	Model 1500
		Color GRY - GRAY	Body Style PK - PICKUP		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	12 - FRONT		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01 01	Owner Name JOSEPH M CICHANOWICZ		Owner Address 610 6TH ST PRAIRIE DU SAC, WI 53578 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		Individual JOSEPH CICHANOWICZ	
UNIT INDIVIDUAL	Individual			
	Driver JOSEPH M CICHANOWICZ		Citations Issued 1	Sex MALE
	Address 610 6TH ST PRAIRIE DU SAC, WI 53578 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	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 01 001
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
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
Violations
01 UTC Number AE139522 Issue To? 001 Statute Number 346.14(1m) Description AUTOMOBILE FOLLOWING TOO CLOSELY

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 4 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel WESTBOUND Pre Crash Tire Mark Speed Limit 25 Total Lanes 2
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way TWO-WAY, NOT DIVIDED Traffic Control STOP SIGN Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade HILLCREST
Truck Bus or HazMat NO

02 02
Vehicle
License Plate Number AHU2466 Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1FMCU9J97HUD48204 Make FORD Year 2017 Model ESCAPE
Color RED - RED Body Style UT - SPORT UTILITY VEHICLE Bus Use
Initial Contact Point 06 - REAR

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	06 - REAR
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02 02	Owner Name RANDALL SCOTT HEIDEMAN (574) 404-1643	Owner Address 4016 DOLLAR LN DE PERE, WI 54115 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	Policy Holder	
	Insurance Company LIBERTY-MUTUAL-INS-CO	Individual RANDALL HEIDEMAN
02 002	Individual	
	Driver RANDALL SCOTT HEIDEMAN	Citations Issued 0
		Sex MALE
		Date of Birth
	Race WHITE	
	Address 4016 DOLLAR LN DE PERE, WI 54115 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02 002	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance	
	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
	Hospital	Date of Death
		EMS Run #
		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	
Individual Condition APPEARED NORMAL		
UNIT	Individual	
	Passenger TINA MARIE HEIDEMAN	Citations Issued 0 Sex FEMALE
		Date of Birth Race WHITE
	Address 4016 DOLLAR LN DE PERE, WI 54115 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment	On Duty Crash Safety Equipment
	Row 01 - FRONT ROW Seat Position 09 - RIGHT	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	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	

WISCONSIN MOTOR VEHICLE
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UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	Action			
		Action Other			
		To/From School			
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
	02	003	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					
Individual					
UNIT	INDIVIDUAL	Passenger MYRANDA ROSE HEIDEMAN	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
		Address 4016 DOLLAR LN DE PERE, WI 54115 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment			
02	004	On Duty Crash	Safety Equipment		
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		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			
Distracted By Action					

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UNIT	Non Motorist		Striking Unit #	Location			
	Prior Action						
	Action						
UNIT	Action Other						
	To/From School						
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO			
02	004	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							
UNIT	Individual						
	Passenger CLAYTON JAY HEIDEMAN			Citations Issued 0		Sex MALE	
	Date of Birth			Race WHITE			
UNIT	Address 4016 DOLLAR LN DE PERE, WI 54115 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment			On Duty Crash			
	Safety Equipment SHOULDER & LAP BELT			Row 02 - SECOND ROW			
02	005	Seat Position 09 - RIGHT			Helmet Compliance		
		Helmet Use			Eye Protection		
		Tint Compliance			Injury		
Airbag NON DEPLOYED			Injury Severity NO APPARENT INJURY				
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							
Distracted By Action							
Non Motorist		Striking Unit #		Location			

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UNIT	INDIVIDUAL			
	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			
	02	005		