

6TL0CX0Q6P

20-04302

# 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>20-04302</b>		Investigating Officer/Deputy <b>DEPUTY I. HANSON</b>	
Crash Date <b>05/09/2020</b>		Crash Time <b>11:27 AM</b>		Date Arrived <b>05/09/2020</b>		Time Arrived <b>11:34 AM</b>	
Date Notified <b>05/09/2020</b>		Time Notified <b>11:28 AM</b>		Total Units <b>02</b>		Total Injured <b>03</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

Diagram		Reconstruction By	
<p>not scale</p>		Photos By <b>HANSON</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 1 WAS NOTH ON CTH BD ATTEMPTING A LEFT TURN WEST. UNIT 1 WAS SOUTH IN LANE 2. UNIT Q MADE THE LEFT TURN IN FONT OF UNIT 2. THE VEHICLES CRASHED IN LANE 2 SOUTHBOUND. UNIT 1 CAME TO REST AGAINST A CONCRETE POLE BASE.

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Location

Table with location details: ON CTHBD NB 62 FT S OF BERKLEY BLVD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY. Includes Latitude (43.476920428), Longitude (-89.76884174), X Coordinate (276064.84375), Y Coordinate (4817502.5), and Structure Type.

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (01 - ANGLE), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLEAR), Animal Type, Crash Classification (PUBLIC PROPERTY), Intersection Type (NOT AN INTERSECTION), Closure Type (LANE CLOSURE), Date Initial Lane/Rd Closed (05/09/2020), Date All Lanes Open (05/09/2020), Time Initial Lane/Rd Closed (11:27 AM), Time All Lanes Open (12:30 PM), Date Scene Cleared (05/09/2020), Time Scene Cleared (12:30 PM).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Type (PASSENGER CAR), Total Occs (2), Insurance? (YES), Most Harmful Event (MOTOR VEH IN TRANSPORT), Traffic Way (TWO-WAY, NOT DIVIDED, WITH A CONTINUOUS L), Surface Type (CONCRETE), Vehicle (AGN9774, HONDA CIVIC LX).

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UNIT VEHICLE	Color <b>BRO - BROWN</b>		Body Style <b>4D - 4DR</b>	Bus Use
	Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>		Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
	Owner Name <b>NICOLE CALDERON (608) 408-0644</b>		Owner Address <b>817 PARKSIDE AVE BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
	01	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ACUITY,-A-MUTUAL-INSURANCE-CO</b>		Individual <b>NICOLE CALDERON</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>LOGAN ANTHONY WEDEKIND (608) 408-0644</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>817 PARKSIDE AVE BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<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		
UNIT 001	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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 #

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UNIT INDIVIDUAL	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					
	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 UNIT INDIVIDUAL	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>KENDRA R FUNMAKER (608) 434-2698</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>
	Address <b>306 BIRCH STREET BARABOO, WI 53913 , US</b>			Date of Birth Race <b>WHITE</b>		
	Driver License Number					
	<b>Safety Equipment</b>		On Duty Crash			
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 002 UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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	

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UNIT INDIVIDUAL 01 002
Distracted By Source
Distracted By Action
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
UTC Number Issue To? Statute Number Description
BG022502 001 346.18(2) FAIL/YIELD WHILE MAKING LEFT TURN

Unit Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type TRUCK
Vehicle Type UTILITY TRUCK/PICKUP TRUCK 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 SOUTHBOUND Pre CrashTire Mark Speed Limit 35 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 DIVIDED HWY W/TRAFFIC BARRIER Traffic Control NO CONTROL Traffic Control Inoperative/Missing NO
Surface Type CONCRETE Road Curvature STRAIGHT Road Grade DOWNHILL
Truck Bus or HazMat NO
Vehicle
License Plate Number LX8520 Plate Type LTK - LIGHT TRUCK St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1FT8W3BT7GEB73697 Make FORD Year 2016 Model F350

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UNIT VEHICLE	Color <b>GRN - GREEN</b>	Body Style <b>PK - PICKUP</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>MIKES TOWING</b>		
	What Driver Was Doing <b>CHANGING LANES</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>AGUSTIN COMAS (815) 222-5064</b>	Owner Address <b>222 ARBOR RIDGE DR DELAVAN, WI 53115 , 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>ERIE-INS-CO</b>	Individual <b>AGUSTIN COMAS</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>AGUSTIN COMAS (815) 222-5064</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>222 ARBOR RIDGE DR DELAVAN, WI 53115 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
02 003	<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>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 #	

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UNIT	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						
	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		
02	003	Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>LEIGH A BUCHHOLZ COMAS</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>
					Date of Birth		Race <b>WHITE</b>
		Address <b>222 ARBOR RIDGE DR DELAN, WI 53115 , 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		
02	004	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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	

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CRASH REPORT

UNIT	<b>Distracted By</b>	Distracted By Source			
		Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	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	
	<b>02</b>	<b>004</b>	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
Individual Condition <b>APPEARED NORMAL</b>					