

6TL09JDKZF
20-05436

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 20-05436	Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 06/08/2020		Crash Time 01:02 PM	Date Arrived 06/08/2020	Time Arrived 01:17 PM	
Date Notified 06/08/2020		Time Notified 01:03 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

<p>Diagram</p> <p style="text-align: center;">EAST MAIN ST</p> <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 2 WAS TRAVELING W/B ON E MAIN ST. UNIT 1 WAS ATTEMPTING TO ENTER THE W/B TRAFFIC LANE FROM A PARKED POSITION ON E MAIN ST. OPERATOR OF UNIT 1 FAILED TO YIELD THE RIGHT OF WAY AND PULLED OUT AND STRUCK UNIT 2 AT AN ANGLE. OPERATOR OF UNIT 1 STATED, "I DIDN'T SEE HER, IT WAS MY FAULT." AFTER IMPACT BOTH UNITS LEGALLY PARKED ALONG E MAIN ST.

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Location

ON E MAIN ST/ STH33 WB 142 FT W OF LA VALLE ST IN THE VILLAGE OF LA VALLE IN SAUK COUNTY	Latitude 43.581928204	Longitude -90.127826306
	X Coordinate 247468.78125	Y Coordinate 4830194.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	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 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 (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 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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO				

UNIT 01	Vehicle				
	01	License Plate Number AAL8477	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1J4FJ58L6LL186868	Make JEEP	Year 1990	Model CHEROKEE
	VEHICLE	Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage		
Extent Of Damage MINOR DAMAGE		11 - LEFT FRONT CORNER			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing ENTERING TRAFFIC LANE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	01	Owner Name MICHAEL SCOTT ROBERTS (608) 415-1445		Owner Address 206 E MAIN ST LA VALLE, WI 53941 , 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-ADVANCED-INSURANCE-CO		Individual MICHAEL ROBERTS	
UNIT INDIVIDUAL	Individual			
	Driver MICHAEL SCOTT ROBERTS (608) 415-1445		Citations Issued 1	Sex MALE
	Address 206 E MAIN ST LA VALLE, WI 53941 , US		Date of Birth	Race WHITE
			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					
	Violations					
01	UTC Number AD978047	Issue To? 001	Statute Number 346.06	Description FAILURE TO YIELD RIGHT OF WAY		

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 2		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 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 NO CONTROL				Traffic Control Inoperative/Missing NO			
	Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT				Road Grade DOWNHILL			
	Truck Bus or HazMat NO											

02	02	Vehicle							
		License Plate Number 745XGD		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 4A4AR3AU4FE017448		Make MITSUBISHI		Year 2015		Model OUTLANDER	
		Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE				Bus Use	
		Initial Contact Point 04 - RIGHT SIDE REAR							

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	03 - RIGHT SIDE MIDDLE
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name JAMI L DENEFF (608) 317-6658	Owner Address 5907 RATTMAN RD MADISON, WI 53718 , US
	Sequence Of Events	
UNIT VEHICLE	01 Event MOTOR VEH IN TRANSPORT	
	02 Event	
	03 Event	
	04 Event	
UNIT	Policy Holder	
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual JAMI DENEFF
UNIT INDIVIDUAL	Individual	
	Driver JAMI L DENEFF (608) 317-6658	Citations Issued 0
		Sex FEMALE
		Date of Birth
UNIT INDIVIDUAL	Address 5907 RATTMAN RD MADISON, WI 53718 , 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 <small>Distracted By Source</small> NOT APPLICABLE (NOT DISTRACTED)	
	<small>Distracted By Action</small> NOT DISTRACTED	
	Non Motorist	<small>Striking Unit #</small> <small>Location</small>
	<small>Prior Action</small>	
	<small>Action</small>	
	<small>Action Other</small>	
	<small>To/From School</small>	
	Drug & Alcohol	<small>Suspected Alcohol Use</small> NO
		<small>Suspected Drug Use</small> NO
		<small>Alcohol Test Given</small> TEST NOT GIVEN
	<small>Alcohol Test Type</small>	
	<small>Alcohol Test Results</small>	
	<small>Drug Test Given</small> TEST NOT GIVEN	
	<small>Drug Test Type</small>	
	<small>Drug Test Results</small>	
	<small>Drug Type</small>	
	<small>Individual Condition</small> APPEARED NORMAL	
UNIT	Individual	
	<small>Passenger</small> LAILA N JACOBSON (608) 317-6658	<small>Citations Issued</small> 0
		<small>Sex</small> FEMALE
		<small>Date of Birth</small>
		<small>Race</small> WHITE
	<small>Address</small> 5907 RATTMAN RD MADISON, WI 53718 , US	<small>Driver License Number</small>
	Safety Equipment	<small>On Duty Crash</small> EMT/FIRST-RESPONDER
	<small>Row</small> 01 - FRONT ROW	<small>Seat Position</small> 09 - RIGHT
		<small>Safety Equipment</small> SHOULDER & LAP BELT
	<small>Helmet Use</small>	<small>Helmet Compliance</small>
<small>Eye Protection</small>	<small>Tint Compliance</small>	
UNIT	Injury	<small>Injury Severity</small> NO APPARENT INJURY
		<small>Airbag</small> NON DEPLOYED
	<small>Ejected</small> NOT EJECTED	<small>Ejection Path</small> NOT EJECTED/NOT APPLICABLE
		<small>Trapped/Extricated</small> NOT TRAPPED
	<small>Medical Transport</small> NOT TRANSPORTED	<small>EMS Agency Identifier</small>
		<small>EMS Run #</small>
	<small>Hospital</small>	<small>Date of Death</small>
		<small>Time of Death</small>
	Distracted By	<small>Distracted By Source</small>

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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
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
	Drug Type			
	02	003	Individual Condition	
APPEARED NORMAL				