

6TL0D9426Q
20-06162

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 20-06162	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 06/26/2020		Crash Time 05:21 PM	Date Arrived 06/26/2020	Time Arrived 05:21 PM	
Date Notified 06/26/2020		Time Notified 05:21 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>	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 WAS ATTEMPTING TO TURN LEFT FROM THE STOP SIGN ON STH 58. AS IT ACCELERATED INTO THE LANE OF TRAFFIC THE TIRES WHICH WERE OF VARIOUS SIZES SPUN IN A WET SPOT ON THE PAVEMENT. UNIT #1 THEN SPUN AROUND STRIKING UNIT #2 WHO WAS WEST BOUND ON STH 33. UNIT #1 WAS REMOVED BY OPERATOR AND UNIT #2 WAS REMOVED BY SHIELD'S TOWING SERVICE.

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Location

ON STH33 EB 99 FT N OF STH58 NB IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.595237401	Longitude -90.127163019
	X Coordinate 247578.015625	Y Coordinate 4831671
	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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-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 02	Train/Bus # Recorded	Total # Citations Issued 03	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 03
	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 LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 567019	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5TELU42N35Z042297	Make TOYOTA	Year 2005	Model TACOMA DOU
		Color SIL - SILVER (ALUMINUM)	Body Style PK - PICKUP		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	11 - LEFT FRONT CORNER, 12 - FRONT		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		TIRES, OTHER	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01 01	Owner Name SCOTT M STIEMKE		Owner Address 11348 KLANG DR CAZENOVIA, WI 53924 , US	
	Sequence Of Events			
01 01	01	Event LEFT TURN		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual SCOTT STIEMKE	
UNIT INDIVIDUAL	Individual			
	Driver DYLAN SCOTT STIEMKE		Citations Issued 3	Sex MALE
	Address 11348 KLANG DR CAZENOVIA, WI 53924 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01 001	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				
01	001	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				
		Individual				
		Passenger CONNER CLARENCE RACHUJ		Citations Issued 0		Sex MALE
				Date of Birth		Race WHITE
		Address S7339 ROCKY CIRCLE RD HILLPOINT, WI 53937 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01	002	Safety Equipment		On Duty Crash		
				Safety Equipment SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT			
		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		
01	002	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	
	01	002	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	01	Violations			
			UTC Number BG112115	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN
UTC Number BG112116			Issue To? 001	Statute Number 341.04(1)	Description NON-REGISTRATION OF AUTO, ETC	
UTC Number BG112117			Issue To? 001	Statute Number 341.61(2)	Description DISPLAY UNAUTH. VEH. REGISTRATION PLATE	

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 03		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 45	Total Lanes 03
		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 LEVEL	
		Truck Bus or HazMat NO							
		02	02	Vehicle					
				License Plate Number 296WCK		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 3C4PDDGG2GT108548				Make DODGE		Year 2016	Model JOURNEY		
Color GRY - GRAY				Body Style UT - SPORT UTILITY VEHICLE			Bus Use		

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UNIT VEHICLE	Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By SHIELDS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name JODI LYNN WELDY		Owner Address S2087 BEIER RD WONEWOC, WI 53968 , US		
UNIT 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT 02	Policy Holder				
	Insurance Company ALLSTATE-INS-CO		Individual JODI WELDY		
UNIT INDIVIDUAL	Individual				
	Driver JODI LYNN WELDY		Citations Issued 0	Sex FEMALE	
	Address S2087 BEIER RD WONEWOC, WI 53968 , US		Date of Birth	Race WHITE	
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 02	Safety Equipment		On Duty Crash		
	Safety Equipment		SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance		
	Helmet Use		Tint Compliance		
	Eye Protection		Airbag NON DEPLOYED		
	Injury		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		

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UNIT	INDIVIDUAL	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	Individual	
		Passenger TIANA J WELDY	Citations Issued 0
			Sex FEMALE
			Date of Birth
			Race WHITE
		Address S2087 BEIER RD WONEWOC, WI 53968 , US	Driver License Number
		Safety Equipment	On Duty Crash
		Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE
		Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance		
UNIT	INDIVIDUAL	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

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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	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
	Drug Type			
Individual Condition APPEARED NORMAL				
UNIT	Individual			
	Passenger HAVEN R MITCHELL	Citations Issued 0	Sex FEMALE	
		Date of Birth	Race WHITE	
	Address S2087 BEIER RD WONEWOC, WI 53968 , US	Driver License Number		
	Safety Equipment	On Duty Crash	Safety Equipment	
		Row 02 - SECOND 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			
	Distracted By Action			

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		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		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
	Drug Type						
	Individual Condition APPEARED NORMAL						
	02	005					