

6TL0D6N005
20-06820

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 20-06820	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 07/13/2020		Crash Time 12:09 PM	Date Arrived 07/13/2020	Time Arrived 12:38 PM	
Date Notified 07/13/2020		Time Notified 12:09 PM	Total Units 02	Total Injured	Total Killed
<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 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

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

UNIT 2 WAS STOPPED ON WALNUT AT MAIN FACING SOUTH. UNIT 1 WAS BEHIND UNIT 2. UNIT 1 OPERATOR STATED HE WAS OPENING A SODA AND SLOW ROLLED INTO THE REAR OF UNIT 2.

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Location

ON WALNUT ST/ STH154 EB 41 FT W OF S MAIN ST/ STH23 EB IN THE VILLAGE OF LOGANVILLE IN SAUK COUNTY	Latitude 43.440393691	Longitude -90.036883545
	X Coordinate 254237.375	Y Coordinate 4814202.5
	Structure Type NO STRUCTURE	

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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type T-INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	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	<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 LEVEL	
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	VEHICLE	License Plate Number ABH7505	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3FA6P0H75GR367208	Make FORD	Year 2016	Model FUSION
		Color BRZ - BRONZE	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage			
	Extent Of Damage NO DAMAGE	00 - NO DAMAGE			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01	Owner Name JANESSA SUE HOSTETLER (608) 647-8888		Owner Address 17998 LINGEL LN RICHLAND CENTER, WI 53581 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual JANESSA HOSTETLER	
	Individual			
	Driver JAMES LAVON YODER (478) 244-0081		Citations Issued 0	Sex MALE
Address 3458 JAMES RD MONTEZUMA, GA 31063 , US		Date of Birth	Race WHITE	
Driver License Number STATE: GEORGIA COUNTRY: UNITED STATES				
03	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		
04	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	Distracted By		Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)	
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)			

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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 JANESSA SUE HOSTETLER (608) 647-8888			Citations Issued 0	Sex FEMALE
		Address 17998 LINGEL LN RICHLAND CENTER, WI 53581 , US			Date of Birth	Race WHITE
		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	
		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				

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR	Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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 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 649BDR	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3GYFNEE30ES653353	Make CADILLAC	Year 2014	Model SRX LUXURY
		Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
		Initial Contact Point 06 - REAR	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			

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name SHARON KAY SCHULTE (608) 727-2124		Owner Address E4129 VILLAGE ROAD HILLPOINT, WI 53937 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
UNIT 04	Event			
	Policy Holder			
UNIT INDIVIDUAL	Insurance Company SECURA-INS-A-MUTUAL-CO		Individual SHARON SCHULTE	
	Individual			
UNIT INDIVIDUAL	Driver SHARON KAY SCHULTE (608) 727-2124		Citations Issued 0	Sex FEMALE
	Address E4129 VILLAGE ROAD HILLPOINT, WI 53937 , US		Date of Birth	Race WHITE
UNIT INDIVIDUAL	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		Address E4129 VILLAGE ROAD HILLPOINT, WI 53937 , US	
	Safety Equipment		On Duty Crash	
UNIT 02	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance	
UNIT 003	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
UNIT 003	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
UNIT 003	Hospital		Date of Death	Time of Death
	Distracted By			
UNIT 003	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
UNIT 003	Non Motorist		Striking Unit #	Location

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UNIT INDIVIDUAL 02 003	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		