

6TL0B655Q6

20-06778

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0B655Q6

| | | | | | |
|--|---|--|--|---|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 20-06778 | Investigating Officer/Deputy DEPUTY W. NEUBAUER | |
| Crash Date 07/12/2020 | | Crash Time 03:40 AM | Date Arrived 07/12/2020 | Time Arrived 03:55 AM | |
| Date Notified 07/12/2020 | | Time Notified 03:50 AM | 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>UNIT 1</p> <p>UNIT 2</p> <p>USH 12</p> <p>NOT TO SCALE</p> | Reconstruction By |
| | Photos By 9140 |
| | Additional Information NONE, PHOTOS |

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

UNIT 1 AND 2 WERE TRAVELING S/B ON USH 12. UNIT1 AND 2 COLLIDED. COLLISION CAUSED DAMAGE TO UNIT 1 FRONT BUMPER AND UNIT 2 REAR BUMPER

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Location

| | | |
|---|----------------------------------|----------------------------------|
| ON USH12 EB 247 FT N OF KINGS CORNER RD IN THE TOWN OF SUMPTER IN SAUK COUNTY | Latitude 43.379024521 | Longitude -89.76849739 |
| | X Coordinate 275731.25 | Y Coordinate 4806629 |
| | 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 DARK/UNLIT | |
| 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 | 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 Crash Tire Mark | Speed Limit 55 | Total Lanes 4 |
| | 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/O TRAFFIC BARRIER | Traffic Control NO CONTROL | | 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 427YUA | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number KNDCE3LC4J5171067 | Make KIA MOTORS CORPORA | Year 2018 | Model NIRO |
| | | Color SIL - SILVER (ALUMINUM) | Body Style 4H - HATCHBACK 4 DOOR | | Bus Use |
| | | Initial Contact Point 11 - LEFT FRONT CORNER | Vehicle Damage | | |
| | | Extent Of Damage FUNCTIONAL DAMAGE | 01 - RIGHT FRONT CORNER, 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 GOING STRAIGHT | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions NO CONTRIBUTING ACTION | | | | |
| 01 | Owner Name JOSHUA D WILCOX | | Owner Address N5007 HEMLOCK ST POYNETTE, WI 53955 , US | | |
| | Sequence Of Events | | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | 02 | Event | | | |
| | 03 | Event | | | |
| | 04 | Event | | | |
| UNIT | Policy Holder | | | | |
| | Insurance Company WISCONSIN-MUTUAL-INS-CO | | Individual JOSHUA WILCOX | | |
| UNIT INDIVIDUAL | Individual | | | | |
| | Driver KAYLA R RUSSELL (608) 617-7541 | | Citations Issued 0 | Sex FEMALE | |
| | Address W6712 PHILLIPS RD PARDEEVILLE, WI 53954 , US | | Date of Birth | Race WHITE | |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 01 | 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 | | EMS Run # | |
| Hospital | | Date of Death | | Time of Death | |
| Distracted By | | Distracted By Source UNKNOWN | | | |
| Distracted By Action UNKNOWN | | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | | |
|---|----------------------|--|--|---|----------|----------------------|--|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | | |
| | | Prior Action | | | | | |
| | | Action | | | | | |
| 01 | 001 | Action Other | | To/From School | | | |
| | | Drug & Alcohol | Suspected Alcohol Use YES | 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 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL | | | | | |
| | | Individual | | | | | |
| | | Passenger ANDREA L SPLITGERBER (414) 406-0780 | | Citations Issued 0 | | Sex FEMALE | |
| | | Date of Birth | | Race WHITE | | | |
| | | Address 2554 AIRPORT RD #9 PORTAGE, WI 53901 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 | 002 | 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 | | | | | | |
| | Distracted By Action | | | | | | |
| Non Motorist | Striking Unit # | | Location | | | | |

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UNIT INDIVIDUAL 01 002
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 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 5 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel SOUTHBOUND Pre Crash Tire Mark Speed Limit 55 Total Lanes 4
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/O TRAFFIC BARRIER Traffic Control NO CONTROL Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade LEVEL
Truck Bus or HazMat NO

Vehicle

UNIT 02 02
License Plate Number YARA Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number WDCYC3HFXA182300 Make MERCEDES BENZ Year 2010 Model G
Color BLK - BLACK Body Style 4H - HATCHBACK 4 DOOR Bus Use
Initial Contact Point 05 - RIGHT REAR CORNER Vehicle Damage
Extent Of Damage MINOR DAMAGE 05 - RIGHT REAR CORNER
Towed Due To Damage NOT TOWED Vehicle Removed By OPERATOR
What Driver Was Doing GOING STRAIGHT

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| | | | | |
|--|---|---|--|-----------------------------------|
| UNIT VEHICLE | Driver Prior Action Other | | Vehicle Factors | |
| | | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 02 | Owner Name MOUSA ALDASHASH (608) 609-7006 | | Owner Address 5688 HARBORT RD WAUNAKEE, WI 53597 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company WISCONSIN-MUTUAL-INS-CO | | Individual MOUSA ALDASHASH | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver MOUSA ALDASHASH (608) 609-7006 | | Citations Issued 0 | Sex MALE |
| | Address 5688 HARBORT RD WAUNAKEE, WI 53597 , US | | Date of Birth | Race BLACK |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 02 003 | 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 | EMS Run # |
| Hospital | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |
| Non Motorist | | Striking Unit # | Location | |

WISCONSIN MOTOR VEHICLE
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| | | | | | |
|---------------------|-----------------|---|--|--|--|
| UNIT | INDIVIDUAL | Prior Action | | | |
| | | Action | | | |
| 02 | 003 | 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 ABIGAIL KA DRISCOLL (608) 209-3473 | | Citations Issued 0 | Sex FEMALE |
| | | Address 5566 COUNTY RD TT MARSHALL, WI 53559 , US | | Date of Birth | Race HISPANIC |
| | | | | Driver License Number | STATE: WISCONSIN COUNTRY: UNITED STATES |
| 02 | 004 | 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 | | | |
| Prior Action | | | | | |

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|---------------------|-----------------|--|---|--|--|
| UNIT | INDIVIDUAL | Action | | | |
| | | Action Other | | To/From School | |
| 02 | 004 | 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 QUINTEN N ROHLOFF (715) 281-9790 | Citations Issued 0 | Sex MALE | |
| | | Date of Birth | Race WHITE | | |
| 02 | 005 | Address 4705 SIGGLKOW RD #2 MCFARLAND, WI 53558 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | | Safety Equipment | On Duty Crash | Safety Equipment SHOULDER & LAP BELT | |
| | | Row 06 - UNKNOWN ROW | Seat Position 07 - LEFT | | |
| | | Helmet Use | Helmet Compliance | | |
| | | Eye Protection | Tint Compliance | | |
| 02 | 005 | 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 | | | |
| Prior Action | | | | | |

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|---|---|--|--|
| UNIT 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 | | |
| | Individual | | |
| | Passenger RICHARD K ROWELL JR (608) 977-4377 | Citations Issued 0 | Sex MALE |
| | Address 6341 PHEASANT LN #85 MIDDLETON, WI 53562 , US | | Date of Birth Race BLACK |
| Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| UNIT INDIVIDUAL | Safety Equipment | On Duty Crash | Safety Equipment SHOULDER & LAP BELT |
| | Row 06 - UNKNOWN ROW | Seat Position 08 - MIDDLE | |
| | 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 | | EMS Run # |
| | Date of Death | | Time of Death |
| | Distracted By | Distracted By Source | |
| Distracted By Action | | | |
| Non Motorist | Striking Unit # | Location | |
| Prior Action | | | |

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|----------------------|----------------------|---|--|--|
| UNIT | INDIVIDUAL | Action | | |
| | | Action Other | | To/From School |
| 02 | 006 | 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 CELESTE A LOYA (773) 746-4662 | Citations Issued 0 | Sex FEMALE |
| | | Date of Birth | Race WHITE | |
| | | Address 1704 N 24TH AVE MELROSE PARK, IL 60160 , US | Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES | |
| 02 | 007 | Safety Equipment | On Duty Crash | Safety Equipment |
| | | Row 06 -UNKNOWN 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 | | | | |
| Non Motorist | Striking Unit # | Location | | |
| Prior Action | | | | |

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|-------------|-------------------|--------------|--|-------------------|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Action | | | | |
| | | Action Other | | | To/From School | |
| | 02 | 007 | 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 | | | |