

6TL0BMQKWW  
20-07480

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>20-07480</b>		Investigating Officer/Deputy <b>DEPUTY C. GALLAGHER</b>	
Crash Date <b>07/29/2020</b>		Crash Time <b>08:30 PM</b>		Date Arrived <b>07/29/2020</b>		Time Arrived <b>08:39 PM</b>	
Date Notified <b>07/29/2020</b>		Time Notified <b>08:30 PM</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 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 to scale</p> <p>CTH G</p>		Photos By	
		Additional Information <b>NONE</b>	

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

UNIT 1 WAS TRAVELING WB ON CTH G. UNIT 1 FAILED TO SLOW DOWN WHEN APPROACHING UNIT 2. UNIT 1 STRUCK THE BACK LEFT CORNER OF UNIT 2 CAUSING THE OCCUPANTS TO BE THROWN OFF. UNIT 1 CONTINUED AND CAME TO STOP IN EB LANE.

## Location

ON CTHG WB 0.25 MI E OF SLONIKER RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.556088387</b>	Longitude <b>-90.190161748</b>
	X Coordinate <b>242325.484375</b>	Y Coordinate <b>4827516</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>Q763683</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1HGCR2F80FA056388</b>	Make <b>HONDA</b>	Year <b>2015</b>	Model <b>ACCORD</b>
	Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage		
Extent Of Damage <b>VEHICLE NOT AT SCENE</b>	<b>16 - VEHICLE NOT AT SCENE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>UNKNOWN</b>	
	Driver Actions <b>UNKNOWN</b>			
01 01	Owner Name		Owner Address , ,	
	<b>Sequence Of Events</b>			
01 01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Driver <b>JANA T CAMPANELLI (608) 835-9696</b>		Citations Issued <b>3</b>	Sex <b>FEMALE</b>
	Address <b>1035 W COMPTON PT ADDISON, IL 60101 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action					
		Action					
		Action Other			To/From School		
	01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use	
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results		
			TEST NOT GIVEN	BLOOD	PENDING		
			Drug Test Given	Drug Test Type	Drug Test Results		
			TEST NOT GIVEN	BLOOD	PENDING		
	Drug Type						
	Individual Condition						
NOT OBSERVED							
01	01	<b>Violations</b>					
		UTC Number	Issue To?	Statute Number	Description		
		BE131629	001	346.67(1)	HIT AND RUN-INVOLVE GREAT BODILY HARM		
		02	02	01	01	UTC Number	Issue To?
BG112149	001	940.25(1)(a)	INJURY BY INTOX. USE/VEHICLE				
03	03	01	01	UTC Number	Issue To?	Statute Number	Description
BG112150	001	346.62(4)	RECKLESS DRIVING-CAUSE GREAT BODILY HARM				

Unit Summary

UNIT	02	Unit Status		Vehicle Operating As Classification		Unit Type							
		IN TRANSIT		O CLASS		EQUIPMENT							
		Vehicle Type				Operating As Endorsements							
		HORSE AND BUGGY											
		Total Occs		Train/Bus # Recorded		Total # Citations Issued		Total Trailers		Total HazMat Types			
		4				0		0		0			
		Insurance?		Direction Of Travel		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit		Total Lanes			
		NO		WESTBOUND				55		2			
		Most Harmful Event: Collision With				Special Function				Emergency Motor Vehicle Use			
		MOTOR VEH IN TRANSPORT				NO SPECIAL FUNCTION				NOT APPLICABLE			
Traffic Way				Traffic Control				Traffic Control Inoperative/Missing					
TWO-WAY, NOT DIVIDED				NO CONTROL				NO					
Surface Type				Road Curvature				Road Grade					
BLACKTOP (BITUMINOUS)				STRAIGHT				LEVEL					
Truck Bus or HazMat													
NO													
02	02	<b>Vehicle</b>											
		License Plate Number			Plate Type		St	Country of Issuance					
		Vehicle Identification Number			Make		Year	Model					
		Color			Body Style			Bus Use					
			HE - HORSE-BUGGY										

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UNIT VEHICLE	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>	
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>JOHN E YODER (608) 985-7573</b>		Owner Address <b>S2396 SLONIKER DR LAVALLE, WI 53941 , US</b>	
UNIT 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JOHN E YODER (608) 985-7573</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S2396 SLONIKER DR LAVALLE, WI 53941 , US</b>		Date of Birth	Race <b>WHITE</b>
Driver License Number				
UNIT 02	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment		<b>NOT APPLICABLE</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source		

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UNIT	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			
	02	002	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		
			Drug Type				
Individual Condition <b>APPEARED NORMAL</b>							
UNIT			INDIVIDUAL	<b>Individual</b>			
				Occupant Of Non-Motor Vehicle Transportation Device <b>JONATHAN J YODER</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
					Date of Birth	Race <b>WHITE</b>	
				Address		Driver License Number	
				<b>Safety Equipment</b>	On Duty Crash		Safety Equipment
					Row <b>12 - RIDING ON MOTOR</b>	Seat Position	<b>NOT APPLICABLE</b>
	Helmet Use				Helmet Compliance		
	Eye Protection				Tint Compliance		
	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>			Airbag <b>NOT APPLICABLE</b>		
		Ejected <b>PARTIALLY EJECTED</b>			Ejection Path <b>OTHER PATH (E.G., BACK OF PICKUP TRUCK, TRAILER)</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>					
Hospital <b>UW HEALTH-AMERICAN CENTER</b>		EMS Run #					
		Date of Death					
		Time of Death					
<b>Distracted By</b>	Distracted By Source						
	Distracted By Action						

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
02	003	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	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>MYRON J YODER</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>
					Date of Birth		Race <b>WHITE</b>
		Address  , , US			Driver License Number		
02	004	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
		Row <b>12 - RIDING ON MOTOR</b>		Seat Position		<b>NOT APPLICABLE</b>	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>NOT APPLICABLE</b>	
		Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			Trapped/Extricated <b>NOT APPLICABLE</b>
		Medical Transport <b>EMS GROUND</b>			EMS Agency Identifier <b>6000515</b>		EMS Run #
		Hospital <b>REEDSBURG AREA MED CTR</b>			Date of Death		Time of Death
		<b>Distracted By</b>		Distracted By Source			
		Distracted By Action					
<b>Non Motorist</b>		Striking Unit #		Location			

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UNIT	INDIVIDUAL	Prior Action					
		Action					
		Action Other		To/From School			
	02	004	<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	
			Drug Type				
			Individual Condition <b>APPEARED NORMAL</b>				
			<b>Individual</b>				
			Passenger <b>LELAND J YODER</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>			
Address , ,			Driver License Number				
UNIT			INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
	Row <b>14 - TRAILING UNIT</b>	Seat Position		<b>NOT APPLICABLE</b>			
	Helmet Use			Helmet Compliance			
	Eye Protection			Tint Compliance			
	02	005		<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NOT APPLICABLE</b>
				Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>	
				Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
				Hospital		Date of Death	Time of Death
				<b>Distracted By</b>		Distracted By Source	
				Distracted By Action			
<b>Non Motorist</b>			Striking Unit #	Location			
Prior Action							



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UNIT	INDIVIDUAL	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	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		02	005				