

6TL0C9H5JP
20-07997

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 20-07997		Investigating Officer/Deputy DEPUTY M. TATE	
Crash Date 08/11/2020		Crash Time 12:11 PM		Date Arrived 08/11/2020		Time Arrived 12:15 PM	
Date Notified 08/11/2020		Time Notified 12:12 PM		Total Units 02		Total Injured 04	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input checked="" type="checkbox"/> Trailer or Towed	<input checked="" 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	

Location

ON STH23 EB 0.28 MI N OF HERRITZ RD IN THE TOWN OF REEDSBURG IN SAUK COUNTY	Latitude 43.48788800	Longitude -90.0137795	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 256298.2343	Y Coordinate 4819409.5	On Roadway Link ID# 4555250	On Roadway Link Offset 1489
	Override <input type="checkbox"/>	Tribal Land		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		Environment Factor(s) NONE	
Roadway 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
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Road Closed 08/11/2020	Time Initial Lane/Road Closed 12:15 PM		
Date All Lanes Open 08/11/2020	Time All Lanes Open 01:02 PM	Date Scene Cleared 08/11/2020	Time Scene Cleared 01:02 PM

Unit Summary

Unit Status IN TRANSIT		Vehicle Operating As Classification A CLASS		Unit Type TRUCK	
Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)				Operating As Endorsements	
Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

01
UNIT

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01	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO			
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade UPHILL			
01	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR							
01 UNIT INDIVIDUAL	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name KOPS		First Name JAMES		Middle Initial RICHARD	Suffix		
	Street Address 603 W 5TH ST #104		Street Address 2		PO Box			
	City MARSHFIELD		State WI	Zip Code 54449	Country of Residence UNITED STATES			
	DOB	Sex M	Race W	Hair BROWN	Eyes BLUE	Height 603	Weight 300	Phone Number (715) 486-5677 EXT.
	Driver's License Number		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES			
	License Type COMMERCIAL DRIVER LICENSE (CDL)		License Status VALID LICENSE		DL Expire Year 2022			
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT					
	Helmet Use	Helmet Compliance						
Eye Protection	Tint Compliance							
01 UNIT INDIVIDUAL	Injury	Injury Severity POSSIBLE INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #	Location		To/From School			
	Prior Action		Action					
	Distracted By Action NOT DISTRACTED							
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	Suspected Alcohol Use NO		Suspected Drug Use NO					

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UNIT INDIVIDUAL	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						
	License Plate Number 2908452		Plate Type TOR - TRACTOR	St IN	Country of Issuance UNITED STATES		
	Vehicle Identification Number 3AKJGLDR4LSLJ0792			Year 2020	Make FREIGHTLINER CORP		
	Model SEMI		Body Style TC - TRACTOR		Color BLU - BLUE		
	Initial Contact Point 06 - REAR		Vehicle Damage				
	Extent Of Damage MINOR DAMAGE		06 - REAR				
	Towed Due To Damage NOT TOWED		Vehicle Factors				
	Vehicle Removed By OPERATOR		NOT APPLICABLE				
UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		Bus Use		
	Driver Actions NO CONTRIBUTING ACTION						
	<input type="checkbox"/> Vehicle Owner Same As Operator			<input type="checkbox"/> Use Operator Address			
	Organization Type ORGANIZATION/COMPANY		Company Name RYDER TRUCK RENTAL INC				
	Last Name		First Name		Middle	Suffix	Date of Birth
	Street Address 11690 NW 105 ST		Street Address2		PO Box		
	City MIAMI		St FL	Zip Code 33178	Country of Residence UNITED STATES		
	Telephone Number (763) 242-1834 EXT.						
	01	Event MOTOR VEH IN TRANSPORT					
	02	Event					
03	Event						
04	Event						
UNIT HOL 01	Insurance Company ACE-AMERICAN-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver		
	Organization Type ORGANIZATION/COMPA		Last Name		First Name		
Trailer Plate #		Plate Type		State		Country of Issuance	

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01 UNIT TRAILER/TOWED	01	60370AA	TRL - TRAI	WA	UNITED STATES			
		Make UTIM	Unit Type SEMI TR	Vehicle Identification Number 1UYFS2486BA019828				
		<input type="checkbox"/> Trailer Owner Same As Vehicle						
		Organization Type ORGANIZATION/COMPANY		Company Name RYDER TRUCK RENTAL INC				
		Last Name		First Name		Middle Initial	Suffix	
		Street Address 17850 W VALLEY HWY		Street Address2		PO Box		
		City TUKWILLA		St WA	Zip Code 981885532	Country of Residence UNITED STATES		
		Telephone Number (000) 000-0000 EXT.						
	01 UNIT TRUCK BUS	01	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER			
			US DOT # 165420		Carrier Name RYDER TRUCK RENTAL INC			
		Carrier Address 11690 NW 105 ST		Carrier Address 2		Carrier PO Box Number		
		City MIAMI		State FL	Zip Code 33178	Country of Residence UNITED STATES		
		GVWR 10,001-26,000 LBS		Vehicle Configuration TRUCK TRACTOR/SEMI-TRAI		Cargo Body Type NO CARGO BODY - (BOBTAIL, LIGHT MOTOR VEHICLE		
		Carrier Type NOT IN COMMERCE/OTHER TRUCK			Permitted Load NOT APPLICABLE			
		<input type="checkbox"/> OS/OW Load		WI Permit Number		<input type="checkbox"/> Permitted Vehicle On Permitted Route		
		<input type="checkbox"/> Escort Vehicle Required By Permit			<input type="checkbox"/> Escort Vehicle Present			
		Measured Height		Measured Length		Measured Width	Measured Weight	

Unit Summary

02 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 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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 UPHILL		
		Truck Bus or HazMat NO						
	02	02	Role DRIVER		Citations Issued 1	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
			Last Name NEUMANN		First Name JENNIFER		Middle Initial LYNN	Suffix
		Street Address S6220 HWY 154		Street Address 2		PO Box		
		City		Zip Code				

Wisconsin Motor Vehicle
Crash Report

UNIT INDIVIDUAL	HILLPOINT			State WI		53937		Country of Residence UNITED STATES	
	DOB	Sex F	Race W	Hair BROWN	Eyes BLUE	Height 504	Weight 130	Phone Number (608) 444-8082 EXT.	
	Driver's License Number			State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE			DL Expire Year 2025		
	Equipment		On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT				
	Helmet Use				Helmet Compliance				
	Eye Protection				Tint Compliance				
	Injury		Injury Severity SUSPECTED MINOR INJURY		Airbag DEPLOYED-FRONT				
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED		
Medical Transport EMS GROUND			EMS Agency Identifier 6001024			EMS Run # 515			
Hospital REEDSBURG AREA MED CTR			Date of Death			Time of Death			
Non Motorist		Striking Unit #		Location		To/From School			
Prior Action				Action					
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK)				Action Other					
Distracted By Source HANDS-FREE MOBILE PHONE				Action Other					
Drug & Alcoh		Individual Condition APPEARED NORMAL							
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									
UNIT INDIVIDUAL	Role PASSENGER			Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name NEUMANN			First Name ASHLYNN			Middle Initial M	Suffix	
	Street Address S6220 HWY 154			Street Address 2			PO Box		
	City HILLPOINT			State WI		Zip Code 53937		Country of Residence UNITED STATES	

Wisconsin Motor Vehicle
Crash Report

UNIT INDIVIDUAL	DOB	Sex F	Race W	Hair	Eyes	Height	Weight	Phone Number (608) 444-8082 EXT.
	Driver's License Number			State	License Jurisdiction NOT LICENSED	Country of Issuance		
	License Type			License Status NOT LICENSED			DL Expire Year	
	Equipment	On Duty Accident		Safety Equipment				
	Row 02 - SECOND ROW	Seat Position 07 - LEFT		CHILD RESTRAINT SYSTEM - FORWARD FACING				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
	Injury	Injury Severity POSSIBLE INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
	Medical Transport EMS GROUND			EMS Agency Identifier 6001024		EMS Run # 515		
Hospital REEDSBURG AREA MED CTR			Date of Death		Time of Death			
UNIT INDIVIDUAL	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	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							
	UNIT INDIVIDUAL	Role PASSENGER			Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
Last Name NEUMANN			First Name JORDAN		Middle Initial J	Suffix		
Street Address S6220 HWY 154			Street Address 2		PO Box			
City HILLPOINT			State WI	Zip Code 53937	Country of Residence UNITED STATES			

Wisconsin Motor Vehicle
Crash Report

UNIT INDIVIDUAL	DOB	Sex M	Race W	Hair	Eyes	Height	Weight	Phone Number (608) 444-8082 EXT.	
	Driver's License Number			State	License Jurisdiction	Country of Issuance			
	License Type			License Status NOT LICENSED			DL Expire Year		
	Equipment	On Duty Accident		Safety Equipment					
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT		CHILD RESTRAINT SYSTEM - FORWARD FACING					
	Helmet Use			Helmet Compliance					
	Eye Protection			Tint Compliance					
	Injury	Injury Severity SUSPECTED MINOR INJURY		Airbag NON DEPLOYED					
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport EMS GROUND			EMS Agency Identifier 6001024		EMS Run # 515			
Hospital REEDSBURG AREA MED CTR			Date of Death		Time of Death				
UNIT INDIVIDUAL	Non Motorist	Striking Unit #		Location		To/From School			
	Prior Action			Action					
	Distracted By Action								
	Distracted By Source			Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL							
	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								
	License Plate Number 392CCH			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number 1C4RDJDG3KC559603					Year 2019	Make DODGE			
Model DURANGO			Body Style UT - SPORT UTILITY VEHICLE			Color RED - RED			
Initial Contact Point 12 - FRONT									

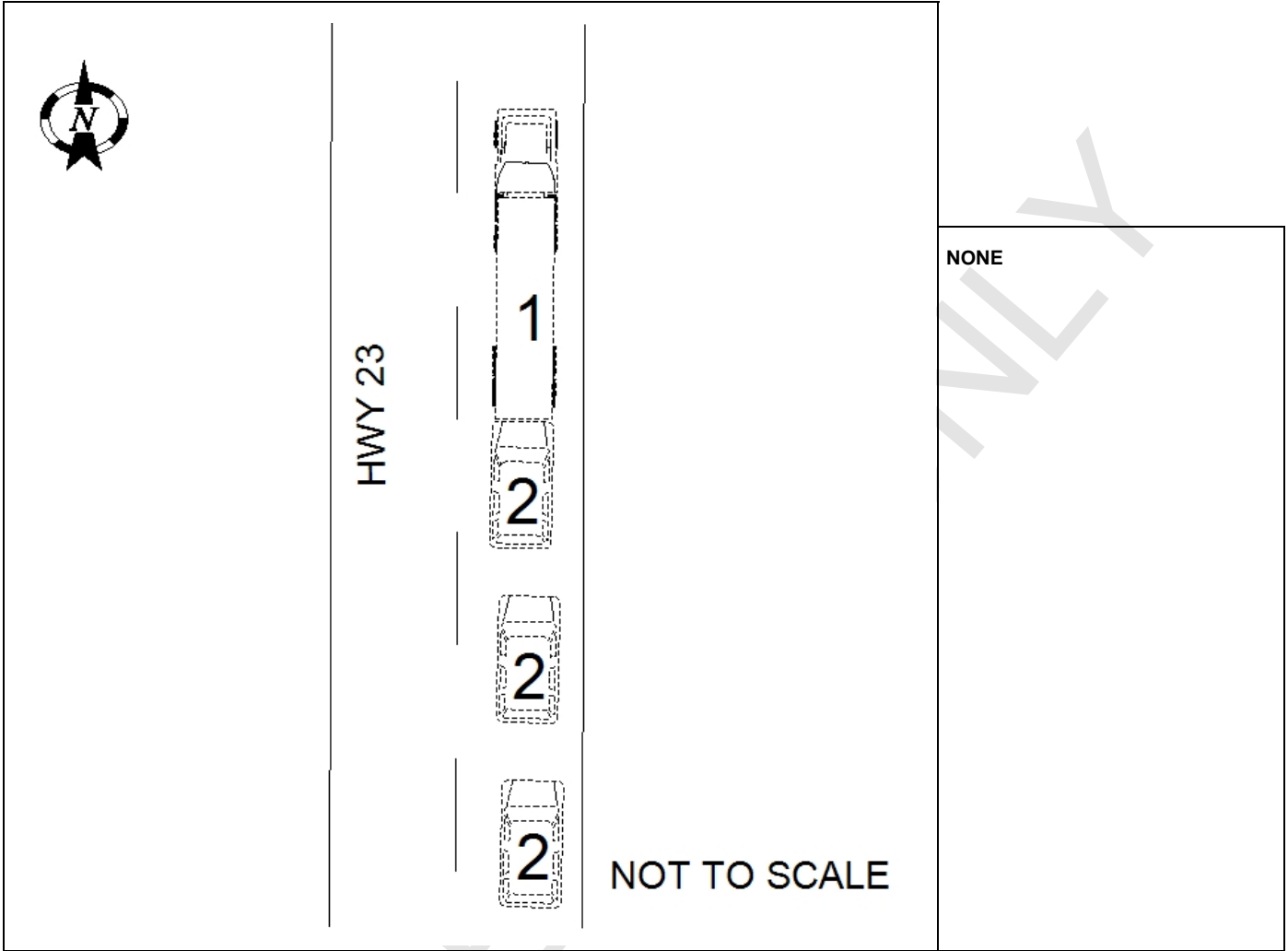
02	02	Extent Of Damage DISABLING DAMAGE		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Factors		
UNIT	VEHICLE	Vehicle Removed By STEVES AUTO SERVICE		NOT APPLICABLE		
		What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		Bus Use
		Driver Actions OTHER CONTRIBUTING ACTION				
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
Organization Type INDIVIDUAL		Company Name				
Last Name NEUMANN		First Name JENNIFER		Middle LYNN	Suffix	Date of Birth
Street Address S6220 HWY 154		Street Address2		PO Box		
City HILLPOINT		St WI	Zip Code 53937	Country of Residence UNITED STATES		
Telephone Number (608) 444-8082 EXT.						
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
02	01	UTC Number BE614708	Issue To? 002	Statute Number 346.89(1)	Description INATTENTIVE DRIVING	
UNIT	02	Insurance Company NATIONAL-GENERAL-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver
		Organization Type INDIVIDUAL	Last Name NEUMANN	First Name JENNIFER		Policy Holder Company

Description

Diagram

Reconstruction By
Photos By
Additional Information

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Narrative
ON THE ABOVE DATE AND TIME UNIT 1 WAS NORTHBOUND ON HWY 23. UNIT 1 DRIVER ADVISED HE WAS SLOWING DOWN AND FOLLOWING A STREET SWEEPER TRAVELING BETWEEN 20-25MPH. UNIT 2 WAS ALSO NORTHBOUND ON HWY 23. UNIT 2 DRIVER STATED SHE LOST A CALL ON HER HAND-FREE DEVICE, LOOKED DOWN FOR A SHORT TIME "AT SOMETHING", LOOKED UP, ATTEMPTED TO BRAKE, AND CRASHED INTO THE REAR END OF UNIT 1. UNIT 2 DRIVER STATED SHE DID NOT NOTICE UNIT 1 SLOWING DOWN. UNIT 1 DRIVER STATED HE HAD NECK SORENESS. UNIT 2 DRIVER AND PASSENGERS HAD MINOR INJURIES. UNIT 2 DRIVER WAS ISSUED A CITATION FOR INATTENTIVE DRIVING.

Signature _____

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

Law Enforcement Agency _____

Agency Space				
Officer Rank DEP	Officer Last Name TATE	Officer First Name MATTHEW	Officer Middle Name J	Suffix
DOT Officer ID 9105		DNR Officer ID	Officer Badge Number 9105	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMENT			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	

Law Enforcement Agency City LEA State Law Enforcement Agency Zip Code

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BARABOO	WI	53913	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

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