

6TL0BJ1GKF  
20-07707

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>20-07707</b>	Investigating Officer/Deputy <b>DEPUTY J. MACASKILL</b>	
Crash Date <b>08/05/2020</b>		Crash Time <b>03:50 AM</b>	Date Arrived <b>08/05/2020</b>	Time Arrived <b>04:04 AM</b>	
Date Notified <b>08/05/2020</b>		Time Notified <b>03:53 AM</b>	Total Units <b>02</b>	Total Injured <b>00</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

Location

ON LOCUST ST 163 FT W OF CEDAR ST IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.47186919</b>	Longitude <b>-89.7640594</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control
	X Coordinate <b>276433</b>	Y Coordinate <b>4816929</b>	On Roadway Link ID# <b>4558696</b>	On Roadway Link Offset <b>163</b>
	Override <input type="checkbox"/>	Tribal Land		Structure Type

Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>DRY</b>	Environment Factor(s) <b>NONE</b>	
Roadway 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

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	
UNIT	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>
01	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>				

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01 UNIT INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>			
	Last Name <b>SCHOOL</b>		First Name <b>DANIEL</b>		Middle Initial <b>ROWAN</b>	Suffix		
	Street Address <b>816 ASH ST</b>		Street Address 2		PO Box			
	City <b>BARABOO</b>		State <b>WI</b>	Zip Code <b>53913</b>	Country of Residence <b>UNITED STATES</b>			
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>BLOND</b>	Eyes <b>BLUE</b>	Height <b>604</b>	Weight <b>215</b>	Phone Number <b>(608) 393-3618 EXT.</b>
	Driver's License Number		State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2026</b>			
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
01 UNIT INDIVIDUAL	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action <b>NOT DISTRACTED</b>							
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other					
	<b>Drug &amp; Alcohol</b>	Individual Condition <b>ASLEEP OR FATIGUED, UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>						
	Suspected Alcohol Use <b>YES</b>		Suspected Drug Use <b>NO</b>					
Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>PRELIMINARY BREATH TEST (PBT)</b>			Alcohol Test Results <b>07</b>			
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type			Drug Test Results			
Drug Type								
License Plate Number <b>565CFZ</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>				
Vehicle Identification Number <b>1FM5K8D82FGA07901</b>			Year <b>2015</b>	Make <b>FORD</b>				
Model <b>EXPLORER X</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Color <b>BRZ - BRONZE</b>				
Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>								

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UNIT VEHICLE	01	Vehicle Damage			
	01	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT				
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors		
	Vehicle Removed By <b>OPERATOR</b>		<b>NOT APPLICABLE</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Driver Prior Action Other		
			Bus Use		
	Driver Actions <b>FAILURE TO CONTROL</b>				
	<input type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type <b>INDIVIDUAL</b>		Company Name		
Last Name <b>SCHOOL</b>		First Name <b>DANIEL</b>	Middle <b>R</b>	Suffix	Date of Birth
Street Address <b>816 ASH ST</b>		Street Address2	PO Box		
City <b>BARABOO</b>		St <b>WI</b>	Zip Code <b>53913</b>	Country of Residence <b>UNITED STATES</b>	
Telephone Number <b>(608) 393-3618 EXT.</b>					
01	Event <b>PARKED MOTOR VEHICLE</b>				
02	Event				
03	Event				
04	Event				
UNIT HOL	01	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver
	Organization Type <b>INDIVIDUAL</b>		Last Name <b>SCHOOL</b>	First Name <b>DANIEL</b>	Policy Holder Company

### Unit Summary

UNIT 02	Unit Status <b>LEGALLY PARKED</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>0</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</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>					
	License Plate Number <b>AJJ2954</b>			Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>

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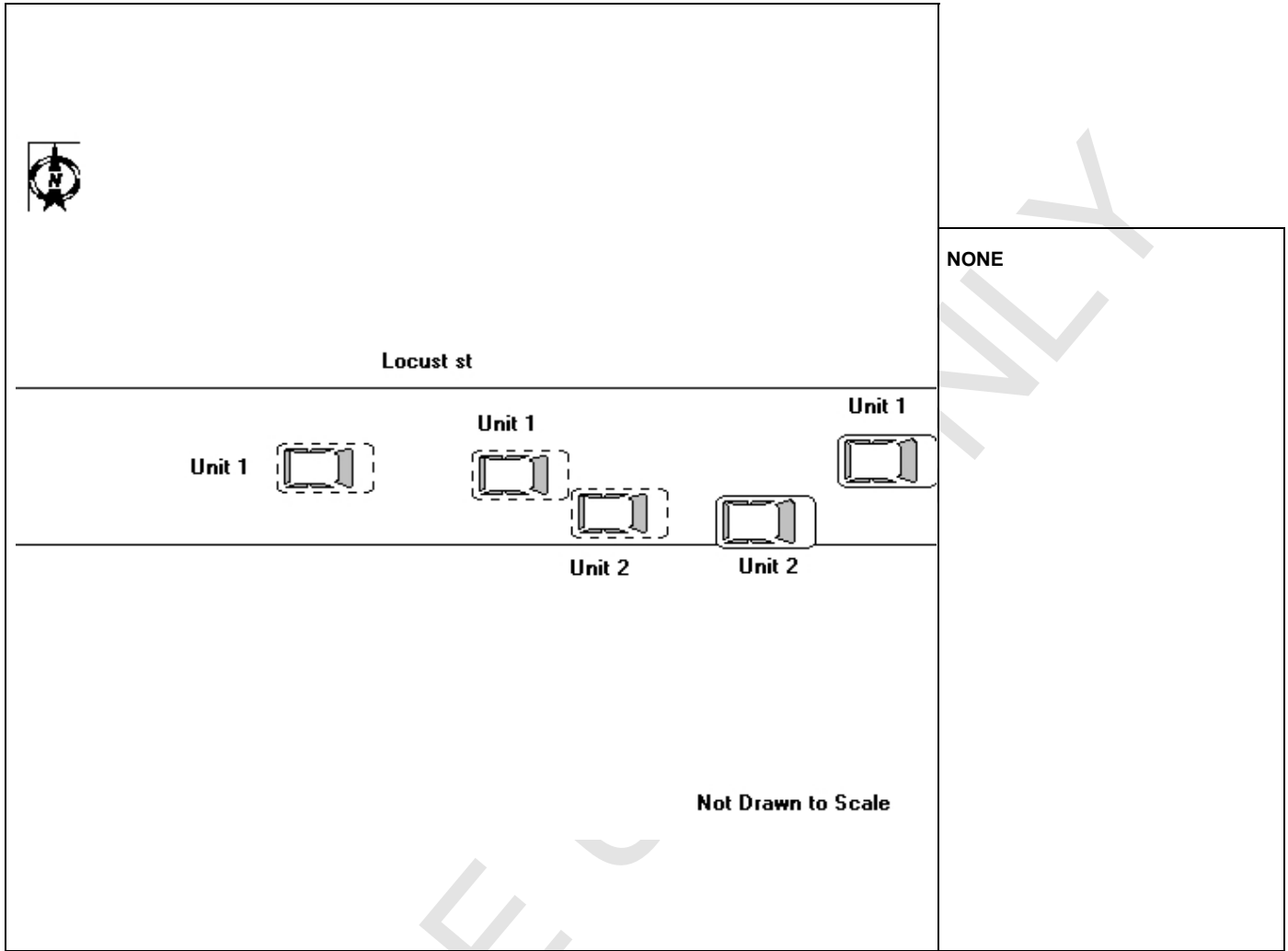
UNIT VEHICLE	Vehicle Identification Number <b>WAUAC48H06K010745</b>		Year <b>2006</b>	Make <b>AUDI</b>		
	Model <b>A4</b>		Body Style <b>CV - CONVERTIBLE</b>		Color <b>SIL - SILVER (ALUMINUM)</b>	
	Initial Contact Point <b>07 - LEFT REAR CORNER</b>		Vehicle Damage <b>06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>					
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
	Vehicle Removed By <b>OPERATOR</b>					
	What Driver Was Doing <b>LEGALLY PARKED</b>		Driver Prior Action Other		Bus Use	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
	<input type="checkbox"/> Vehicle Owner Same As Operator			<input type="checkbox"/> Use Operator Address		
	Organization Type <b>INDIVIDUAL</b>		Company Name			
Last Name <b>JAMES</b>		First Name <b>MELISSA</b>		Middle <b>K</b>	Suffix Date of Birth	
Street Address <b>207 LOCUST ST</b>		Street Address2		PO Box		
City <b>BARABOO</b>		St <b>WI</b>	Zip Code <b>53913</b>	Country of Residence <b>UNITED STATES</b>		
Telephone Number <b>(608) 434-2734 EXT.</b>						
01	Event <b>MOTOR VEH IN TRANSPORT</b>					
02	Event					
03	Event					
04	Event					
UNIT HOL	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver	
	Organization Type <b>INDIVIDUAL</b>	Last Name <b>JAMES</b>	First Name <b>MELISSA</b>		Policy Holder Company	

Description

Diagram

Reconstruction By
Photos By

Additional Information



**Narrative**  
ON 8/5/20 AT APPROXIMATELY 0350, UNIT 1 WAS DRIVING EB ON LOCUST ST NEAR WILLOW ST WHEN UNIT 1 STATED THEY FELL ASLEEP AND STRUCK UNIT 2. UNIT 1 STRUCK THE REAR OF UNIT 2 WHICH WAS LEGALLY PARKED AND UNOCCUPIED ON THE SOUTH SIDE OF THE ROAD OF LOCUST STREET. UNIT 1 STATED THEY HAD BEEN DRINKING EARLIER IN THE NIGHT BUT AT THE TIME OF THE CRASH, UNIT 1 WAS UNDER THE LEGAL LIMIT OF ALCOHOL IN THEIR SYSTEM.

**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 <b>DEP</b>	Officer Last Name <b>MACASKILL</b>	Officer First Name <b>JONATHON</b>	Officer Middle Name <b>R</b>	Suffix
DOT Officer ID <b>9176</b>		DNR Officer ID		Officer Badge Number <b>9176</b>
Officer EMail				
Local Agency Number		Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPTMEN</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City		LEA State	Law Enforcement Agency Zip Code	

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

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