

6TL0B8M7X3

20-12194

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0B8M7X3

| | | | | | | | |
|--|--------------------------------------|---|------------------------------------|----------------------------------|---|---|--------------------|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number 20-012194 | | Investigating Officer/Deputy DEPUTY B. MEARS | |
| Crash Date 10/16/2020 | | Crash Time 12:02 PM | | Date Arrived 10/16/2020 | | Time Arrived 12:02 PM | |
| Date Notified 10/16/2020 | | Time Notified 12:02 PM | | 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

| | | | |
|---------|--|----------------------------------|--|
| Diagram | | Reconstruction By | |
| | | Photos By DEPUTY MEARS | |
| | | Additional Information PHOTOS | |
| | | | |

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

UNIT 1 WAS AT THE STOP SIGN ON UNION ST AT MAIN ST IN LAVALLE. A SEMI WAS TRYING TO TURN ONTO UNION ST FROM MAIN ST AND UNIT 1 DRIVER STARTED TO BACK UP TO GIVE THE SEMI MORE TURNING ROOM. THE REAR OF UNIT 1 STRUCK UNIT #2 CAUSING MINOR DAMAGE TO THE FRONT LICENSE PLATE ON UNIT 2. UNIT 1 HAD DAMAGE TO THE REAR AND PASSENGER SIDE REAR. UNIT 2 OPERATOR STATED THE ONLY NEW DAMAGE TO HIS UNIT WAS THAT THE LICENSE PLATE GOT BENT. UNIT 1 OPERATOR WAS ISSUED A WRITTEN WARNING FOR UNSAFE BACKING. THERE WERE NO INJURIES AND BOTH UNIT WERE DRIVEN AWAY BY THE OPERATORS.

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Location

| | | |
|--|------------------------------|----------------------------|
| ON MAIN ST/ STH33 EB 101 FT N OF E MAIN ST/ STH58 NB IN THE VILLAGE OF LA VALLE IN SAUK COUNTY | Latitude 43.58251992 | Longitude -90.129895796 |
| | X Coordinate 247304.15625 | Y Coordinate 4830266.5 |
| | 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 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 NO 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 VAN | Operating As Endorsements | | | |
| | Total Occs 01 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel EASTBOUND | <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 | | | | |

Vehicle

| | | | | | | |
|-------------|----------------|---|--|---------------------|---|--|
| UNIT | VEHICLE | License Plate Number 109WZH | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 2A4GP54L67R185418 | Make CHRYSLER | Year 2007 | Model TOWN AND C | |
| | | Color GRN - GREEN | Body Style VN - VAN | | Bus Use | |
| | | Initial Contact Point 06 - REAR | Vehicle Damage | | | |
| | | Extent Of Damage FUNCTIONAL DAMAGE | 05 - RIGHT REAR CORNER, 06 - REAR | | | |

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| | | | |
|---|--|---|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing BACKING | Vehicle Factors | |
| | Driver Prior Action Other | NOT APPLICABLE | |
| | Driver Actions UNSAFE BACKING | | |
| 01 01 | Owner Name JOHN DAVID KINSMAN (608) 963-2271 | Owner Address S1116 WILKE RD LA VALLE, WI 53941 , US | |
| | Sequence Of Events | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | |
| | Event | | |
| | Event | | |
| | Event | | |
| UNIT | Policy Holder | | |
| | Insurance Company STATE-FARM-GENERAL-INS-CO | Individual JOHN KINSMAN | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver JOHN DAVID KINSMAN (608) 963-2271 | Citations Issued 0 | Sex MALE |
| | | Date of Birth [REDACTED] | Race WHITE |
| | Address S1116 WILKE RD LA VALLE, WI 53941 , US | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | On Duty Crash |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | Safety Equipment 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 | | | |

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| | | | | | | |
|---|--|--|-----------------------------|--------------------------|----------------------|--|
| UNIT INDIVIDUAL 01 001 | Non Motorist | | Striking Unit # | Location | | |
| | 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 TRUCK | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | Operating As Endorsements | |
| | Total Occs 01 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel EASTBOUND | <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 02 02 | Vehicle | | | | |
| | License Plate Number EC61675 | | Plate Type HTK - HEAVY TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1FDXF47F2YEA72343 | | Make FORD | Year 2000 | Model F450 |
| | Color WHI - WHITE | | Body Style PK - PICKUP | | Bus Use |
| | Initial Contact Point 12 - FRONT | | Vehicle Damage | | |
| | Extent Of Damage MINOR DAMAGE | | 12 - FRONT | | |
| | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | |

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|--|------------|--|---|---|---------------|
| UNIT | VEHICLE | What Driver Was Doing STOP IN TRAFFIC | Vehicle Factors | | |
| | | Driver Prior Action Other | NOT APPLICABLE | | |
| 02 | 02 | Driver Actions NO CONTRIBUTING ACTION | | | |
| | | Owner Name MICHAEL J RANDALS (715) 299-9831 | Owner Address E15001 MOON RIDGE RD HILLSBORO, WI 54634 3244, US | | |
| Sequence Of Events | | | | | |
| UNIT | VEHICLE | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | | 02 | Event | | |
| | | 03 | Event | | |
| | | 04 | Event | | |
| Policy Holder | | | | | |
| UNIT | VEHICLE | Insurance Company PROGRESSIVE-CASUALTY-INS-CO | Individual MICHAEL RANDALS | | |
| | | Individual | | | |
| UNIT | INDIVIDUAL | Driver CHRISTOPHER J ROSS (262) 498-5288 | Citations Issued 0 | Sex MALE | |
| | | Date of Birth [REDACTED] | | Race WHITE | |
| | | Address 21908 DERBY AVE TOMAH, WI 54660 , US | | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 02 | 002 | 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 | |
| 02 | 002 | 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 | | |

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|---|--|------------------------------------|---------------------------------|
| UNIT INDIVIDUAL 02 002 | 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 | | |