

6TL09XQZ25
20-13201

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 20-13201		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 11/17/2020		Crash Time 05:20 PM		Date Arrived 11/17/2020		Time Arrived 05:30 PM	
Date Notified 11/17/2020		Time Notified 05:23 PM		Total Units 03		Total Injured 03	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 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>	Reconstruction By
	Photos By DEPUTY GALVAN/HANSON
	Additional Information PHOTOS

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

UNIT 2 WAS TRAVELING EASTBOUND ON STH 33 WAITING TO TURN LEFT ON TO NORTHBOUND STH 23. UNIT 1 WAS TRAVELING EASTBOUND AND WAS USING HIS CELL PHONE. UNIT 1 LOOKED UP AS HE WAS APPROACHING UNIT 2. UNIT 1 SWERVED LEFT TO AVOID COLLISION WITH UNIT 2. UNIT 1 ENTERED ONCOMING TRAFFIC. UNIT 3 STRUCK UNIT 1 AS A SIDE SWIPE COLLISION, UNIT 3 STRUCK UNIT 1 REAR DRIVER SIDE CAUSING DISABLING DAMAGE TO BOTH. UNIT 2 ATTEMPTED TO GET OUT OF THE WAY OF UNIT 1 BUT WAS STILL STRUCK BY UNIT 1 ON THE DRIVER SIDE REAR. ALL OPERATORS HAD MINOR INJURIES BUT NONE WERE TRANSPORTED. UNIT 1 WAS CITED FOR INATTENTIVE DRIVING AND DEVIATE FROM LANE OF TRAFFIC. ALL UNITS WERE REMOVED AND TOWED BY STEVES AUTO.

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Location

ON STH23 EB 24 FT N OF COUNTY LAND FILL LN IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.532292556	Longitude -89.891747776
	X Coordinate 266338	Y Coordinate 4823991
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION		Light Condition DUSK	
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	Intersection Type FOUR-WAY INTERSECTION	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 11/17/2020	Time Initial Lane/Rd Closed 05:33 PM	Date Scene Cleared 11/17/2020	
Date All Lanes Open 11/17/2020	Time All Lanes Open 06:47 PM		

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<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 LEVEL	
	Truck Bus or HazMat NO					

Vehicle

01 01	License Plate Number 980YAW	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1G11D5SR4DF342502	Make CHEVROLET	Year 2013	Model MALIBU	

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UNIT VEHICLE	Color	RED - RED	Body Style	4D - 4DR	Bus Use	
	Initial Contact Point	09 - LEFT SIDE MIDDLE	Vehicle Damage			
	Extent Of Damage	DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 12 - FRONT			
	Towed Due To Damage	TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By			
	What Driver Was Doing	GOING STRAIGHT	STEVES AUTO SERVICE			
Driver Prior Action Other		Vehicle Factors				
		NOT APPLICABLE				
UNIT VEHICLE	Driver Actions					
	OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.					
01 01	Owner Name	BRAYDEN CARTELL BEECHER (608) 495-3045	Owner Address			
			E9855 WHITETAIL LN REEDSBURG, WI 53959 , US			
Sequence Of Events						
01 01	Event	MOTOR VEH IN TRANSPORT				
	Event	MOTOR VEH IN TRANSPORT				
	Event					
	Event					
UNIT	Policy Holder					
	Insurance Company	PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual			
			BRAYDEN BEECHER			
UNIT INDIVIDUAL	Individual					
	Driver	BRAYDEN CARTELL BEECHER (608) 495-3045	Citations Issued	2	Sex	MALE
			Date of Birth		Race	WHITE
	Address	E9855 WHITETAIL LN REEDSBURG, WI 53959 , US	Driver License Number			
			STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	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	SUSPECTED MINOR INJURY		Airbag	DEPLOYED-CURTAIN
	Ejected	NOT EJECTED	Ejection Path	NOT EJECTED/NOT APPLICABLE		Trapped/Extricated
					NOT TRAPPED	
	Medical Transport	NOT TRANSPORTED		EMS Agency Identifier	EMS Run#	

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UNIT 02	VEHICLE 02	License Plate Number 647ZWW	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 5NPD74LF1HH100546	Make HYUNDAI	Year 2017	Model ELN	
		Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	Bus Use		
		Initial Contact Point 07 - LEFT REAR CORNER	Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR			
		Extent Of Damage DISABLING DAMAGE				
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE			
		What Driver Was Doing LEFT TURN	Vehicle Factors NOT APPLICABLE			
UNIT 02	VEHICLE 02	Driver Prior Action Other				
		Driver Actions NO CONTRIBUTING ACTION				
UNIT 02	VEHICLE 02	Owner Name JESSICA MARIE GOOD (608) 963-5027	Owner Address 1428 21ST ST REEDSBURG, WI 53959 , US			
		Sequence Of Events				
UNIT 02	VEHICLE 02	01 Event MOTOR VEH IN TRANSPORT				
		02 Event				
		03 Event				
		04 Event				
UNIT 02	VEHICLE 02	Policy Holder				
		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual JESSICA GOOD			
UNIT 02	INDIVIDUAL 002	Individual				
		Driver JESSICA MARIE GOOD (608) 963-5027	Citations Issued 0	Sex FEMALE		
			Date of Birth [REDACTED]	Race WHITE		
		Address 1428 21ST ST REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT 02	INDIVIDUAL 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		
UNIT 02	INDIVIDUAL 002	Injury		Injury Severity POSSIBLE INJURY		
				Airbag NON DEPLOYED		

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UNIT INDIVIDUAL	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
	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 INDIVIDUAL	Individual		
	Passenger SOPHIA R SCHAEFER (608) 963-5027	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 1428 21ST ST REEDSBURG, WI 53959 , US	Driver License Number	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 02 - SECOND ROW	Seat Position 07 - LEFT		
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED

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UNIT VEHICLE	Color WHI - WHITE	Body Style 4D - 4DR	Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name WILLIAM JOSEPH COTTON (772) 634-6487	Owner Address E11876 CTH U BARABOO, WI 53913 , US	
03 03	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
04	Event		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company USAA-CASUALTY-INS-CO	Individual WILLIAM COTTON	
UNIT INDIVIDUAL	Individual		
	Driver WILLIAM JOSEPH COTTON (772) 634-6487	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address E11876 CTH U BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
03 004	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 SUSPECTED MINOR 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#

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UNIT INDIVIDUAL 03 004	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	
	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						

Witness

WITN ESS 01	Individual THOMAS JAMES PAUL (608) 487-2504		Address W1320 ARBOR LK N LYNDON STATION, WI 53944 , US		Date of Birth [REDACTED]