

6TL0BC3B4T
20-13636

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

| | | |
|--|--------------------------------|----------------------------|
| ON CTHW EB 441 FT E OF INDUSTRIAL CT IN THE TOWN OF BARABOO IN SAUK COUNTY | Latitude 43.460032183 | Longitude -89.761093231 |
| | X Coordinate 276629.3125 | Y Coordinate 4815606 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 01 - ANGLE | 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 NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | |
|------------|---|---|--|----------------------------|--------------------------------|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | |
| | Vehicle Type PASSENGER VAN | Operating As Endorsements | | | |
| | Total Occs 1 | 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 35 | 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 | | | | |

| | | | | |
|---|---|--|---------------------|---|
| UNIT VEHICLE 01 | Vehicle | | | |
| | License Plate Number RK2902 | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1GCWGBFG5L1179396 | Make CHEVROLET | Year 2020 | Model EXPRESS |
| | Color WHI - WHITE | Body Style VN - VAN | Bus Use | |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | Vehicle Damage 01 - RIGHT FRONT CORNER | | |
| Extent Of Damage MINOR DAMAGE | | | | |

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|---|--|---|--|----------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing OVERTAKE RIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions IMPROPER OVERTAKING / PASSING RIGHT | | | |
| 01 01 | Owner Name ENTERPRISE FM TRUST (417) 262-0378 | | Owner Address 600 CORPORATE PARK DR SAINT LOUIS, MT 63105 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company MOTORISTS-MUTUAL-INS-CO | | Organization/Company ENTERPRISE FM TRUST | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver SHANE G MUELLER (608) 739-1538 | | Citations Issued 0 | Sex MALE |
| | Address 303 CLYDE ST AVOCA, WI 53506 , US | | Date of Birth [REDACTED] | Race WHITE |
| | | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Helmet Use | | Safety Equipment SHOULDER & LAP BELT | |
| | Eye Protection | | Helmet Compliance | |
| | | | Tint Compliance | |
| Injury | | Injury Severity NO APPARENT INJURY | | |
| | | Airbag NON DEPLOYED | | |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | |
| Medical Transport NOT TRANSPORTED | | Trapped/Extricated NOT TRAPPED | | |
| Hospital | | EMS Agency Identifier | | |
| | | EMS Run # | | |
| | | Date of Death | | |
| | | Time of Death | | |
| Distracted By | | Distracted By Source | | |
| Distracted By Action UNKNOWN | | | | |

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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 AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | | | | Operating As Endorsements | |
| | Total Occs 2 | 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 35 | 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 | | | | | |

| | | | | | |
|-----------------------|---|--|---------------------------------------|---------------------|---|
| UNIT VEHICLE 02 | Vehicle | | | | |
| | License Plate Number 593ZGE | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number KNAGM4AD7E5065379 | | Make KIA MOTORS CORPORAT | Year 2014 | Model OPTIMA |
| | Color WHI - WHITE | | Body Style 4D - 4DR | | Bus Use |
| | Initial Contact Point 08 - LEFT SIDE REAR | | Vehicle Damage | | |
| | Extent Of Damage MINOR DAMAGE | | 08 - LEFT SIDE REAR | | |
| | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | |

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|--------------------|---|---------------|---|----------------------|
| UNIT VEHICLE | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions FAILED TO KEEP IN DESIGNATED LANE | | | |
| | Owner Name GUSTAVO MIGUEL CARMEN (608) 434-0193 | | Owner Address 610 COMMERCIAL AVE # 601 WISCONSIN DELLS, WI 53965 , US | |
| UNIT VEHICLE | Sequence Of Events | | | |
| | 01 Event | | | |
| | 02 Event | | | |
| | 03 Event | | | |
| | 04 Event | | | |
| UNIT INDIVIDUAL | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO | | Individual GUSTAVO MIGUEL CARMEN | |
| | Individual | | | |
| UNIT INDIVIDUAL | Driver GUSTAVO MIGUEL CARMEN (608) 434-0193 | | Citations Issued 0 | Sex MALE |
| | Address 610 COMMERCIAL AVE # 601 WISCONSIN DELLS, WI 53965 , US | | Date of Birth [REDACTED] | Race ASIAN |
| | | | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| | | | | |
| UNIT INDIVIDUAL | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | | | SHOULDER & LAP BELT | |
| | Helmet Use | | Safety Equipment | |
| | Eye Protection | | Helmet Compliance | |
| | | | 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 | |
| | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | |
| Hospital | | EMS Run # | | |
| | | Date of Death | | |
| | | Time of Death | | |
| UNIT INDIVIDUAL | Distracted By | | Distracted By Source | |
| | Distracted By Action UNKNOWN | | | |
| | Non Motorist | | Striking Unit # | |
| | | Location | | |

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|--|------------|--|------------------------------------|
| UNIT | INDIVIDUAL | Prior Action | |
| | | Action | |
| | | Action Other | To/From School |
| 02 | 002 | 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 MELISSA MARIE MIGUEL (608) 393-9959 | Citations Issued 0 |
| | | | Sex FEMALE |
| | | Date of Birth [REDACTED] | Race WHITE |
| Address 1401 SPRUCE DR BARABOO, WI 53913 , US | | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 02 | 003 | Safety Equipment On Duty Crash | |
| | | Safety Equipment SHOULDER & LAP BELT | |
| | | Row 01 - FRONT ROW | Seat Position 09 - RIGHT |
| | | Helmet Use | |
| | | Tint Compliance | |
| Eye Protection | | | |
| 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 | | | |
| Distracted By Action | | | |
| Non Motorist Striking Unit # | | Location | |
| Prior Action | | | |

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|---|--|-----------------------------|--------------------------|
| UNIT INDIVIDUAL 02 003 | 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 | | |
| | | | |
| | | | |
| | | | |