

6TL0C884GJ  
21-00060

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 21-00060		Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 01/02/2021		Crash Time 01:50 PM		Date Arrived 01/02/2021		Time Arrived 01:55 PM	
Date Notified 01/02/2021		Time Notified 01:54 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	
		Additional Information NONE	

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

ON 01-02-21 UNIT 1 WAS TRAVELING WEST ON LINN STREET TURNING LEFT ONTO WEST PINE STREET. UNIT 2 WAS TRAVELING EAST ON LINN STREET GOING STRAIGHT THROUGH THE INTERSECTION. UNIT 2 HAD THE GREEN TRAFFIC SIGNAL UNIT 1 HAD THE YELLOW TRAFFIC SIGNAL ARROW. UNIT 1 HIT UNIT 2 IN THE INTERSECTION. UNIT 1 CAME TO REST IN THE MIDDLE OF THE INTERSECTION. UNIT 2 PULLED INTO THE MOBIL GAS STATION PARKING LOT AND STOPPED. NO INJURIES REPORTED.

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## Location

ON STH33 WB 29 FT E OF CTHBD NB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.47479521	Longitude -89.768722037
	X Coordinate 276066.65625	Y Coordinate 4817266.5
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02 - FRONT TO FRONT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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>FULL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

## Unit Summary

<b>UNIT</b>  <b>01</b>	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	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</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>					

<b>UNIT</b>  <b>01</b>	<b>VEHICLE</b>  <b>01</b>	<b>Vehicle</b>			
		License Plate Number <b>ADY1125</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3FAFP37Z14R108957</b>	Make <b>FORD</b>	Year <b>2004</b>	Model <b>FOCUS</b>
		Color <b>RED - RED</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12 - FRONT</b>		

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>MIKES TOWING</b>	
	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL</b>		
01 01	Owner Name <b>DENNIS E TIKKANEN (608) 963-9299</b>	Owner Address <b>1113 SUMMIT ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>GEICO-CASUALTY-CO</b>	Individual <b>DENNIS TIKKANEN</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>VINCENT PAUL TIKKANEN (608) 963-9299</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>1113 SUMMIT ST BARABOO, WI 53913 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			

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UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		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					
	<b>Violations</b>					
01	001	UTC Number BD759452	Issue To? 001	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN	

Unit Summary

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 6	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 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

02 02	License Plate Number E946029		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 4M2ZU86PXYUJ32342		Make MERCURY	Year 2000	Model MOUNTAINER
	Color RED - RED		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT				

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	10 - LEFT SIDE FRONT
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>MIKES TOWING</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
02 02	Owner Name <b>BRIAN S WHITE (815) 217-6007</b>	Owner Address <b>2814 CTH Z ADAMS, WI 53910 , US</b>
	<b>Sequence Of Events</b>	
02 01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	<b>Policy Holder</b>	
	Insurance Company <b>ROOT INSURANCE COMPANY IL</b>	Individual <b>BRIAN WHITE</b>
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>BRIAN S WHITE (815) 217-6007</b>	Citations Issued <b>0</b>
		Sex <b>MALE</b>
		Race <b>WHITE</b>
	Address <b>2814 CTH Z ADAMS, WI 53910 , US</b>	Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>
02 002	<b>Safety Equipment</b>	
	On Duty Crash	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	
02 002	<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 APPLICABLE</b>
	<b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
Hospital	Date of Death	
		EMS Run#
		Time of Death

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UNIT INDIVIDUAL	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>
	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
Alcohol Test Results		
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	
Drug Test Results		
Drug Type		
Individual Condition <b>APPEARED NORMAL</b>		
<b>Individual</b>		
Passenger <b>MELISSA A HEART</b> (815) 217-6007	Citations Issued <b>0</b>	
	Sex <b>FEMALE</b>	
	Date of Birth [REDACTED]	
	Race <b>WHITE</b>	
Address <b>2814 CTH Z</b> <b>ADAMS, WI 53910 , US</b>	Driver License Number [REDACTED]	
	<b>STATE: FLORIDA COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>	On Duty Crash	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	
Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance	
<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 APPLICABLE</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>Distracted By</b>	Distracted By Source	

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UNIT INDIVIDUAL	Distracted By Action		
	<b>Non Motorist</b>		
	Striking Unit #	Location	
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	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	<b>Individual</b>		
	Passenger MILENA R HEART (815) 217-6007		Citations Issued 0
	Date of Birth [REDACTED]		Sex FEMALE
	Race WHITE		
	Address 2814 CTH Z ADAMS, WI 53910 , US		Driver License Number
	<b>Safety Equipment</b>		
	On Duty Crash		Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
UNIT INDIVIDUAL	<b>Injury</b>		
	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
	<b>Distracted By</b>		
	Distracted By Source		
	Distracted By Action		

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
02	004	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results			
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results			
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
UNIT	INDIVIDUAL	Passenger <b>FAITH R GRIMESEY</b> (815) 217-6007			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
					Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Address <b>2814 CTH Z</b> <b>ADAMS, WI 53910 , US</b>			Driver License Number		
02	005	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use			Helmet Compliance		
		Eye Protection			Tint Compliance		
		<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 APPLICABLE</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>Distracted By</b>		Distracted By Source					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				

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UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
02 005	<b>Drug &amp; Alcohol</b>	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		
	<b>Individual</b>		
UNIT INDIVIDUAL	Passenger AALIYAH CA GRIMESEY (815) 217-6007	Citations Issued 0	Sex FEMALE
	Address 2814 CTH Z ADAMS, WI 53910 , US	Date of Birth [REDACTED]	Race WHITE
	Driver License Number		
	<b>Safety Equipment</b>		
On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
Row 02 - SECOND ROW	Seat Position 08 - MIDDLE		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
02 006	<b>Injury</b>	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
	<b>Distracted By</b>		
	Distracted By Source		
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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UNIT	INDIVIDUAL	Action		
		Action Other	To/From School	
02	006	<b>Drug &amp; Alcohol</b>		
		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		
		<b>Individual</b>		
		Passenger CHLOE AL GORE (815) 217-6007	Citations Issued 0	Sex FEMALE
			Date of Birth [REDACTED]	Race WHITE
		Address 2814 CTH Z ADAMS, WI 53910 , US	Driver License Number	
02	007	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>		
		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
<b>Distracted By</b>				
Distracted By Source				
Distracted By Action				
<b>Non Motorist</b>				
Striking Unit #	Location			
Prior Action				

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UNIT INDIVIDUAL          02 007	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	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 01 ESS	Individual JOSHUA R CRANK (734) 770-4800	Address S7559 USH 12 #02 NORTH FREEDOM, WI 53951 , US	Date of Birth [REDACTED]