

6TL0C9H5KB
21-00524

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 21-00524		Investigating Officer/Deputy DEPUTY M. TATE	
Crash Date 01/17/2021		Crash Time 06:50 PM		Date Arrived 01/17/2021		Time Arrived 06:56 PM	
Date Notified 01/17/2021		Time Notified 06:54 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 DEPUTY TATE
	Additional Information PHOTOS

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

UNIT 1 WAS NORTHBOUND ON W PINE ST. UNIT 2 WAS FOLLOWING BEHIND UNIT 1 ON W PINE ST. UNIT 1 DRIVER STATED THE VEHICLE IN FRONT OF HER SLAMMED ON ITS BRAKES TO MAKE A RIGHT TURN. UNIT 1 DRIVER STATED SHE SLAMMED ON HER BRAKES TO AVOID STRIKING THE VEHICLE IN FRONT OF HER. UNIT 2 DRIVER STATED THAT UNIT 1 DRIVER SLAMMED ON ITS BRAKES. UNIT 2 DRIVER STATED HE SLAMMED ON HIS BRAKES BUT STRUCK THE REAR END OF UNIT 1. UNIT 2 DRIVER STATED HE WAS NOT FOLLOWING TO CLOSE. UNIT 1 DRIVER STATED SHE ALSO WAS NOT FOLLOWING THE VEHICLE IN FRONT OF HER TO CLOSE. UNIT 2 WAS TOWED BY CRAIG'S TOWING DUE TO DISABLING DAMAGE.

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Location

ON STH136 WB 24 FT S OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.471888901	Longitude -89.768782999
	X Coordinate 276051	Y Coordinate 4816944
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DARK/LIGHTED	
Road Surface Condition(s) WET	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 CAR				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 NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 40	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE 01	License Plate Number 475VJA		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2G4WD582X71248381		Make BUICK	Year 2007	Model LACROSSE	
	Color GRY - GRAY		Body Style 4D - 4DR		Bus Use	
	Initial Contact Point 06 - REAR		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		06 - REAR			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01 01	Owner Name K D DUNSE (608) 415-1313		Owner Address 914 JUSTIN CIR REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		Individual K DUNSE	
UNIT INDIVIDUAL	Individual			
	Driver TABITHA CLAIRE DUNSE (608) 415-1313		Citations Issued 0	Sex FEMALE
	Address 914 JUSTIN CIR REEDSBURG, WI 53959 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED]	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 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				

WISCONSIN MOTOR VEHICLE
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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 (SPORT) UTILITY VEHICLE				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 NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 40	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 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 02	Vehicle				
	License Plate Number ACH2739		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4M2CU811X7KJ15852		Make MERCURY	Year 2007	Model MARINER
	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE				
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING		

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UNIT	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
VEHICLE	Driver Actions UNKNOWN		
	Owner Name KERI-JO D MCCARRON (608) 393-9490	Owner Address 332 RUSSELL ST BARABOO, WI 53913 , US	
02	Sequence Of Events		
01	Event	MOTOR VEH IN TRANSPORT	
	Event		
	Event		
	Event		
02	Policy Holder		
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual KERI-JO MCCARRON	
03	Individual		
	Driver JOSHUA ALLEN BEALE (608) 393-9490	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 332 RUSSELL ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
04	Safety Equipment		Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
002	Injury		Airbag
	Injury Severity NO APPARENT INJURY	DEPLOYED-FRONT	
	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
02	Distracted By		
	Distracted By Source UNKNOWN	Distracted By Action UNKNOWN	
	Non Motorist		Striking Unit # Location

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UNIT	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			
	02	002		