

6TL0CTJN20
21-05402

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0CTJN20

| | | | | | | | |
|------------------------------------------------|--------------------------------------|---------------------------------------------|------------------------------------|----------------------------------|-------------------------------------------|-------------------------------------------------|--------------------|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number 21-05402 | | Investigating Officer/Deputy DEPUTY A. KULAS | |
| Crash Date 06/15/2021 | | Crash Time 06:35 PM | | Date Arrived 06/15/2021 | | Time Arrived 06:42 PM | |
| Date Notified 06/15/2021 | | Time Notified 06:35 PM | | Total Units 03 | | Total Injured 01 | 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 not to scale | | Reconstruction By Photos By M TATE Additional Information NONE, PHOTOS |
|-----------------------------|--|--------------------------------------------------------------------------------------------|

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

UNIT 3 WAS EAST BOUND ON CRAWFORD ST AND WAS STOPPED FOR A STOP SIGN. UNIT 1 WAS SOUTH BOUND ON CTH AND WAS APPROACHING THE INTERSECTION OF CRAWFORD ST. UNIT 2 WAS NORTH BOUND ON CTH AND MADE A LEFT TURN IN FRONT OF UNIT 1. UNIT 1 AND 2 COLLIDED. UNIT 2 SPUN AROUND AND STRUCK THE LEFT SIDE OF UNIT 3. THE OPERATOR OF UNIT 2 ADVISED HE WASN'T PAYING ATTENTION DUE TO A VEHICLE TAIL GATING HIM.

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Location

| | | |
|------------------------------------------------------------------------------------|--------------|---------------|
| ON CRAWFORD ST 4 FT W OF CTHA EB IN THE TOWN OF BARABOO IN SAUK COUNTY | Latitude | Longitude |
| | 43.500157655 | -89.738753817 |
| | X Coordinate | Y Coordinate |
| | 278583.3125 | 4820003 |
| Structure Type | | NO STRUCTURE |

Crash Scene

| | | |
|---------------------------------|-------------------------------------|-------------------|
| First Harmful Event | First Harmful Event Location | |
| MOTOR VEH IN TRANSPORT | ON ROADWAY | |
| Manner of Collision | Light Condition | |
| 01 - ANGLE | DAYLIGHT | |
| Road Surface Condition(s) | Roadway Factor(s) | |
| DRY | NONE | |
| Environment Factor(s) | NONE | |
| Weather Condition(s) | NONE | |
| CLEAR | NONE | |
| Animal Type | Relation To Trafficway | |
| | TRAFFICWAY - ON ROAD | |
| Crash Classification - Location | Crash Classification - Jurisdiction | |
| PUBLIC PROPERTY | NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control | Special Study |
| | PARTIAL CONTROL | |
| Within Interchange Area | Junction Location | Intersection Type |
| NO | INTERSECTION-RELATED | T-INTERSECTION |

Unit Summary

| | | | | | |
|-----------------------|------------------------------------|-------------------------------------|-------------------------------------|----------------|--------------------|
| 01 UNIT | Unit Status | Vehicle Operating As Classification | Unit Type | | |
| | IN TRANSIT | D CLASS | AUTOMOBILE | | |
| | Vehicle Type | Operating As Endorsements | | | |
| | PASSENGER CAR | | | | |
| | Total Occs | Train/Bus # Recorded | Total # Citations Issued | Total Trailers | Total HazMat Types |
| | 1 | | 0 | 0 | 0 |
| | Insurance? | Direction Of Travel | Pre Crash Tire Mark | Speed Limit | Total Lanes |
| | YES | SOUTHBOUND | <input checked="" type="checkbox"/> | 55 | 2 |
| | Most Harmful Event: Collision With | Special Function | Emergency Motor Vehicle Use | | |
| | MOTOR VEH IN TRANSPORT | NO SPECIAL FUNCTION | NOT APPLICABLE | | |
| Traffic Way | Traffic Control | Traffic Control Inoperative/Missing | | | |
| TWO-WAY, NOT DIVIDED | NO CONTROL | NO | | | |
| Surface Type | Road Curvature | Road Grade | | | |
| BLACKTOP (BITUMINOUS) | STRAIGHT | LEVEL | | | |
| Truck Bus or HazMat | NO | | | | |

Vehicle

| | | | | |
|-------------------------|-------------------------------------------------------------|------------------|---------|---------------------|
| 01 UNIT VEHICLE | License Plate Number | Plate Type | St | Country of Issuance |
| | 527KPL | AUT - AUTOMOBILE | WI | UNITED STATES |
| | Vehicle Identification Number | Make | Year | Model |
| | 1FAFP4042WF111418 | FORD | 1998 | MUS |
| | Color | Body Style | Bus Use | |
| RED - RED | CP - COUPE | | | |
| Initial Contact Point | Vehicle Damage | | | |
| 01 - RIGHT FRONT CORNER | 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT | | | |
| Extent Of Damage | DISABLING DAMAGE | | | |

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| | | | | |
|---------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By BILLS TOWING | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | Owner Name DENNIS D FITCH (608) 717-9286 | | Owner Address 200 CAMPUS VIEW DR # 307 BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual DENNIS FITCH | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver DENNIS D FITCH (608) 717-9286 | | Citations Issued 0 | Sex MALE |
| | Address 200 CAMPUS VIEW DR # 307 BARABOO, WI 53913 , US | | Date of Birth [REDACTED] | Race WHITE |
| | | | Driver License Number [REDACTED] | STATE: WISCONSIN COUNTRY: UNITED STATES |
| 01 | 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 # | |
| Hospital | | 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 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <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 | | | | | |

| | | | | | |
|-----------------------------|-------------------------------------------------------------|--|-------------------------------------------------------------------|---------------------|---------------------------------------------|
| UNIT VEHICLE 02 02 | Vehicle | | | | |
| | License Plate Number AGE2340 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number WBANF33597CS41204 | | Make BMW | Year 2007 | Model 525XI |
| | Color BLU - BLUE | | Body Style 4D - 4DR | | Bus Use |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | | Vehicle Damage | | |
| | Extent Of Damage DISABLING DAMAGE | | 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By BILLS TOWING | | |

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| | | | | |
|---------------------------------------------|------------|-------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------|
| UNIT | VEHICLE | What Driver Was Doing LEFT TURN | Vehicle Factors | |
| | | Driver Prior Action Other | NOT APPLICABLE | |
| 02 | 02 | Driver Actions FAILED TO YIELD RIGHT-OF-WAY | | |
| | | Owner Name JEREMY WARREN IRONS (239) 477-2810 | Owner Address 415 9TH AVE BARABOO, WI 53913 , US | |
| Sequence Of Events | | | | |
| UNIT | VEHICLE | 01 | Event MOTOR VEH IN TRANSPORT | |
| | | 02 | Event | |
| | | 03 | Event | |
| | | 04 | Event | |
| Policy Holder | | | | |
| UNIT | VEHICLE | Insurance Company GEICO-GENERAL-INS-CO | Individual JEREMY IRONS | |
| | | Individual | | |
| UNIT | INDIVIDUAL | Driver JEREMY WARREN IRONS (239) 477-2810 | Citations Issued 1 | Sex MALE |
| | | Address 415 9TH AVE BARABOO, WI 53913 , US | Date of Birth [REDACTED] | Race WHITE |
| | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 02 | 002 | 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 |
| 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 | 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 VICTORIA SUE CLARE DALSOREN (239) 477-2810 | Citations Issued 0 | Sex FEMALE |
| | Date of Birth [REDACTED] | Race WHITE | |
| Address 415 9TH AVE BARABOO, WI 53913 , US | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 02 003 | Safety Equipment | On Duty Crash | Safety Equipment |
| | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | SHOULDER & LAP BELT |
| | Helmet Use | | Helmet Compliance |
| | Eye Protection | | Tint Compliance |
| | Injury | Injury Severity NO APPARENT INJURY | Airbag DEPLOYED-SIDE |
| 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 | Action | |
| | | Action Other | To/From School |
| 02 | 003 | 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 | |

| | | | | |
|----|------------------------|------------------|-----------------------------|--------------------------------------------------|
| 01 | Violations | | | |
| | UTC Number BG021362 | Issue To? 002 | Statute Number 346.18(2) | Description FAIL/YIELD WHILE MAKING LEFT TURN |

Unit Summary

| | | | | | | |
|------------------------------------|----|---------------------|-------------------------------------|----------------------------------------------|----------------|--------------------|
| UNIT | 03 | Unit Status | Vehicle Operating As Classification | Unit Type | | |
| | | IN TRANSIT | D CLASS | AUTOMOBILE | | |
| | | Vehicle Type | Operating As Endorsements | | | |
| | | PASSENGER CAR | | | | |
| | | Total Occs | Train/Bus # Recorded | Total # Citations Issued | Total Trailers | Total HazMat Types |
| | | 1 | | 0 | 0 | 0 |
| | | Insurance? | Direction Of Travel | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit | Total Lanes |
| | | YES | EASTBOUND | | 55 | 2 |
| Most Harmful Event: Collision With | | Special Function | Emergency Motor Vehicle Use | | | |
| MOTOR VEH IN TRANSPORT | | NO SPECIAL FUNCTION | NOT APPLICABLE | | | |
| Traffic Way | | Traffic Control | Traffic Control Inoperative/Missing | | | |
| TWO-WAY, NOT DIVIDED | | STOP SIGN | NO | | | |
| Surface Type | | Road Curvature | Road Grade | | | |
| BLACKTOP (BITUMINOUS) | | STRAIGHT | LEVEL | | | |
| Truck Bus or HazMat | | NO | | | | |

| | | | | | |
|-------------------------|------------------------------------------------------------------|-------------------------------|------------------|------|---------------------|
| UNIT | 03 | Vehicle | | | |
| | | License Plate Number | Plate Type | St | Country of Issuance |
| | | 733VSB | AUT - AUTOMOBILE | WI | UNITED STATES |
| | | Vehicle Identification Number | Make | Year | Model |
| | | JTDKN3DU4B5321604 | TOYOTA | 2011 | PRI |
| Color | Body Style | Bus Use | | | |
| SIL - SILVER (ALUMINUM) | 2D - 2DR | | | | |
| Initial Contact Point | Vehicle Damage | | | | |
| 10 - LEFT SIDE FRONT | 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT | | | | |
| 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 SLOW/STOPPING | Vehicle Factors | |
| | Driver Prior Action Other | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | |
| 03 03 | Owner Name TRACY LYNN REYNOLDS (608) 434-2623 | Owner Address 1741 MANASSAS DR BARABOO, WI 53913 , US | |
| | Sequence Of Events | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | |
| | Event | | |
| | Event | | |
| | Event | | |
| UNIT | Policy Holder | | |
| | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | Individual TRACY REYNOLDS | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver TRACY LYNN REYNOLDS (608) 434-2623 | Citations Issued 0 | Sex FEMALE |
| | | Date of Birth [REDACTED] | Race WHITE |
| | Address 1741 MANASSAS DR BARABOO, WI 53913 , US | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 03 004 | 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 |
| | Injury | | Airbag |
| NO APPARENT INJURY | | 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 | 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 | | | | | |