

6TL0B7D6V9
21-08492

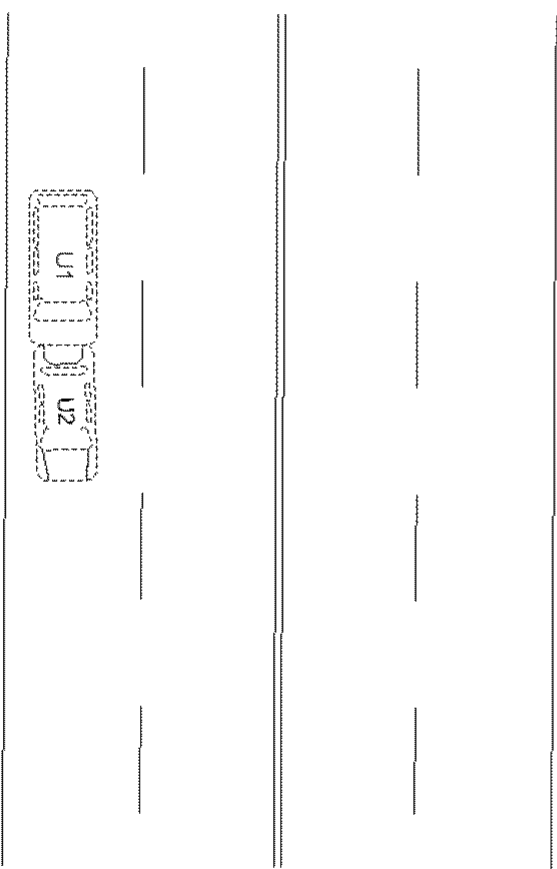
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 21-08492	Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 09/06/2021		Crash Time 04:11 PM	Date Arrived 09/06/2021	Time Arrived 04:26 PM	
Date Notified 09/06/2021		Time Notified 04:13 PM	Total Units 02	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
	Additional Information NONE

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

UNIT 1 AND UNIT 2 WERE TRAVELING SOUTHBOUND ON USH 12. UNIT 2 HAD A VEHICLE IN FRONT OF IT SLOWING DOWN. UNIT 2 SLOWED DOWN UNIT 1 STRUCK THE BACK END OF UNIT 2. BOTH UNITS WERE ABLE TO PULL OFF THE ROADWAY ON THEIR OWN.

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Location

ON USH 12/ USH EB 923 FT N OF USH12 EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.320598227	Longitude -89.759127829
	X Coordinate 276275.625	Y Coordinate 4800115
	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 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

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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

01 UNIT VEHICLE	License Plate Number ABT8493	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number NM0GE9G78F1223653	Make FORD	Year 2015	Model TRANSIT
	Color SIL - SILVER (ALUMINUM)	Body Style VN - VAN		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01 01	Owner Name JENNIFFER L KETTNER (608) 432-3312		Owner Address W2749 HWY 12 16 LYNDON STATION, WI 53944 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Driver ANTHONY ADAM TRYNZOLYN (608) 432-3312		Citations Issued 2	Sex MALE
	Address W2749 HWY 12 16 LYNDON STATION, WI 53944 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
	Individual			
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	
	Injury 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		
Date of Death		EMS Run #		
Time of Death		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED		Distracted By Action		
Non Motorist		Striking Unit #		
Location		Location		

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	001	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 MAXWELL NATHANIEL WHITE-RAY (608) 415-2212	Citations Issued 0
			Sex MALE
			Date of Birth [REDACTED]
			Race WHITE
		Address E7278 STH 33 #14 REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
01	002	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT
		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	
Distracted By Action			
Non Motorist		Striking Unit #	
Location			
Prior Action			

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UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
01	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
		Individual	
		Passenger BARBARA JEAN CARPENTER (920) 413-0934	Citations Issued 0
	Sex FEMALE		
	Date of Birth [REDACTED]		
	Race WHITE		
Address E7278 STH 33 #14 REEDSBURG, WI 53959 , US	Driver License Number [REDACTED]		
	STATE: WISCONSIN COUNTRY: UNITED STATES		
01	003	Safety Equipment	
		On Duty Crash	Safety Equipment
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT
		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			
Distracted By Action			
Non Motorist			
Striking Unit #	Location		
Prior Action			

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UNIT INDIVIDUAL	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			
	Violations			
	01	003	01	01
	02	01	02	01

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	02	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	02	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4
	02	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	02	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	02	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL		
	02	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE	02	02	License Plate Number 113NHS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	02	02	Vehicle Identification Number 1FAHP35N48W287815	Make FORD	Year 2008	Model FOCUS SE/S
	02	02	Color RED - RED	Body Style 4D - 4DR		Bus Use
	02	02	Initial Contact Point 06 - REAR	Vehicle Damage		
	02	02	Extent Of Damage DISABLING DAMAGE	06 - REAR		
	02	02				

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UNIT VEHICLE 02 02
Towed Due To Damage: TOWED DUE TO DISABLING DAMAGE
Vehicle Removed By: EVERETTS TOWING
What Driver Was Doing: GOING STRAIGHT
Vehicle Factors: NOT APPLICABLE
Driver Prior Action Other: NOT APPLICABLE
Driver Actions: NO CONTRIBUTING ACTION
Owner Name: JO ANNE JAEHN (262) 594-2628
Owner Address: W376S10530 BETTS RD EAGLE, WI 53119 , US
Sequence Of Events: Event 01 MOTOR VEH IN TRANSPORT
Event 02
Event 03
Event 04
Policy Holder: Insurance Company STATE-FARM-COUNTY-MUTUAL-INS-CO-OF-TEX
Individual: Driver JO ANNE JAEHN (262) 594-2628
Citations Issued 0
Sex FEMALE
Date of Birth
Race WHITE
Address W376S10530 BETTS RD EAGLE, WI 53119 , US
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
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: Injury Severity SUSPECTED MINOR INJURY
Airbag NON DEPLOYED
Ejected NOT EJECTED
Ejection Path NOT EJECTED/NOT APPLICABLE
Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND
EMS Agency Identifier 6000555
EMS Run #
Hospital SAUK PRAIRIE HOSP
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 INDIVIDUAL	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					