

6TL0DBC3HC  
24-05741

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<br><b>24-05741</b> |   | Investigating Officer/Deputy<br><b>DEPUTY B. TRAGER</b> |  |
| Crash Date<br><b>06/03/2024</b>                |                                      | Crash Time<br><b>07:57 AM</b>                |                                    | Date Arrived<br><b>06/03/2024</b>      |   | Time Arrived<br><b>08:20 AM</b>                         |  |
| Date Notified<br><b>06/03/2024</b>             |                                      | Time Notified<br><b>07:58 AM</b>             |                                    | Total Units<br><b>02</b>               |   | Total Injured<br><b>00</b>                              | Total Killed<br><b>00</b>                |
| <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<br><b>NO</b>        |   | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    |  |   | <input type="checkbox"/> Amended                        | <input type="checkbox"/> Secondary Crash |

Description

|                |                                       |
|----------------|---------------------------------------|
| <p>Diagram</p> | Reconstruction By                     |
|                | Photos By                             |
|                | Additional Information<br><b>NONE</b> |

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

ON JUNE 3, 2024 AT APPROXIMATELY 7:57AM UNIT 1 WAS ATTEMPTING TO PULL OFF OF STATE RD. 60 ONTO US HWY 14. UNIT 1 SAW A SEMI TURNING ONTO STATE RD. 60 IN THE TURNING LANE AND PULLED OUT STRIKING UNIT 2 WHO WAS BEHIND THE SEMI IN THE LANE OF TRAVEL. OPERATOR OF UNIT 1 WAS CITED FOR FAILURE TO YIELD THE RIGHT OF WAY. NACHRIENERS CAME AND TOWED UNIT 2. UNIT 1 WAS REMOVED BY THE OPERATOR. NO INJURIES WERE REPORTED AT THE TIME OF THE CRASH.

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Location

Table with location details: ON USH14 WB 3 FT E OF STH60 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY. Includes Latitude (43.189143808), Longitude (-90.069892678), X Coordinate (250539.28125), Y Coordinate (4786395.5), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (01 - ANGLE), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLOUDY), Animal Type, Crash Classification (PUBLIC PROPERTY), and Intersection Type (T-INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), and various other metrics like Total Occs, Citations, and Speed Limit.

Table with vehicle details: License Plate Number (161XEA), Vehicle Identification Number (3C4PDCBG1FT722698), Color (GRY - GRAY), and Extent Of Damage (FUNCTIONAL DAMAGE). Includes a diagram of a vehicle with damage markers.

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|   |   |  |   |  |
|---|---|--|---|--|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>NOT TOWED</b>                                 |  | Vehicle Removed By<br><b>OWNER</b>                            |  |
|   | What Driver Was Doing<br><b>RIGHT TURN</b>                              |  | Vehicle Factors   |  |
|   | Driver Prior Action Other   |  | <b>NOT APPLICABLE</b>   |  |
|   | Driver Actions<br><b>FAILED TO YIELD RIGHT-OF-WAY</b>                   |  |   |  |
| 01<br>01                                      | Owner Name<br><b>JESSICA SCHMUDLACH<br/>(608) 408-7666</b>              |  | Owner Address<br><b>413 OAK ST<br/>BARABOO, WI 53913 , US</b> |  |
|   | <b>Sequence Of Events</b>   |  |   |  |
| 01<br>01                                      | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b>                         |   |  |
|   | 02  | Event  |   |  |
|   | 03  | Event  |   |  |
|   | 04  | Event  |   |  |
| UNIT  | <b>Policy Holder</b>  |  |   |  |
|   | Insurance Company<br><b>GENERAL-CASUALTY-INS-CO</b>                     |  | Individual<br><b>JESSICA SCHMUDLACH</b>                       |  |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>   |  |   |  |
|   | Driver<br><b>JESSICA SCHMUDLACH<br/>(608) 408-7666</b>                  |  | Citations Issued<br><b>1</b>                                  | Sex<br><b>FEMALE</b>                               |
|   | Address<br><b>413 OAK ST<br/>BARABOO, WI 53913 , US</b>                 |  | Date of Birth   | Race<br><b>WHITE</b>                               |
|   | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |   |  |
| 01<br>001                                     | <b>Safety Equipment</b>   |  | On Duty Crash   |  |
|   | Row<br><b>01 - FRONT ROW</b>  |  | Seat Position<br><b>07 - LEFT</b>                             | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
|   | Helmet Use  |  | Helmet Compliance   |  |
|   | Eye Protection  |  | Tint Compliance   |  |
|   | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b>                  | Airbag<br><b>NON DEPLOYED</b>                      |
|   | Ejected<br><b>NOT EJECTED</b>   |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>            | Trapped/Extricated<br><b>NOT TRAPPED</b>           |
| Medical Transport<br><b>NOT TRANSPORTED</b>   |   | EMS Agency Identifier  | EMS Run #   |  |
| Hospital                                      |   | Date of Death  | Time of Death   |  |
| <b>Distracted By</b>                          |   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |   |  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |   |  |   |  |

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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 Suspected Drug Use
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
UTC Number Issue To? Statute Number Description
BG113053 001 346.37(1)(c)3 FAILURE TO YIELD RIGHT OF WAY

Unit Summary

UNIT 02
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 0
Insurance? Direction Of Travel Pre Crash Tire Mark Speed Limit Total Lanes
YES WESTBOUND 45 3
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

UNIT 02 02
License Plate Number Plate Type St Country of Issuance
AUP6078 AUT - AUTOMOBILE WI UNITED STATES
Vehicle Identification Number Make Year Model
5NPEB4AC8DH752019 HYUNDAI 2013 SONATA
Color Body Style Bus Use
GRY - GRAY SD - SEDAN
Initial Contact Point
03 - RIGHT SIDE MIDDLE



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|--------------------|--|--|--|--|--|
| UNIT<br>VEHICLE    | Vehicle Damage   |  | 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER |  |  |
|                    | Extent Of Damage<br><b>DISABLING DAMAGE</b>                      |  | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>  |  |  |
|                    | What Driver Was Doing<br><b>GOING STRAIGHT</b>                   |  | Vehicle Factors<br><b>NOT APPLICABLE</b>   |  |  |
|                    | Driver Prior Action Other  |  |  |  |  |
| UNIT<br>VEHICLE    | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                  |  |  |  |  |
|                    | Owner Name<br><b>JASON RYNES<br/>(608) 490-1582</b>              |  | Owner Address<br><b>N2565 OAK RIDGE RD<br/>BRODHEAD, WI 53520 , US</b>   |  |  |
| UNIT<br>VEHICLE    | <b>Sequence Of Events</b>  |  |  |  |  |
|                    | 01   | Event<br><b>MOTOR VEH IN TRANSPORT</b>       |  |  |  |
|                    | 02   | Event  |  |  |  |
|                    | 03   | Event  |  |  |  |
|                    | 04   | Event  |  |  |  |
| UNIT<br>INDIVIDUAL | <b>Policy Holder</b>   |  |  |  |  |
|                    | Insurance Company<br><b>FOUNDERS-INS-CO</b>                      |  | Individual<br><b>JASON RYNES</b>   |  |  |
|                    | <b>Individual</b>  |  |  |  |  |
| UNIT<br>INDIVIDUAL | Driver<br><b>JASON RYNES<br/>(608) 490-1582</b>                  |  | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>                       |  |
|                    | Address<br><b>N2565 OAK RIDGE RD<br/>BRODHEAD, WI 53520 , US</b> |  | Date of Birth  | Race<br><b>WHITE</b>                     |  |
|                    | Driver License Number  |  | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>   |  |  |
|                    | <b>Safety Equipment</b>  |  |  |  |  |
| UNIT<br>INDIVIDUAL | On Duty Crash  |  | Safety Equipment   |  |  |
|                    | Row<br><b>01 - FRONT ROW</b>                                     | Seat Position<br><b>07 - LEFT</b>            | <b>SHOULDER &amp; LAP BELT</b>   |  |  |
|                    | Helmet Use   |  | Helmet Compliance  |  |  |
|                    | Eye Protection   |  | Tint Compliance  |  |  |
|                    | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b> |  | Airbag<br><b>DEPLOYED-SIDE</b>           |  |
|                    |  | Ejected<br><b>NOT EJECTED</b>                | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>   | Trapped/Extricated<br><b>NOT TRAPPED</b> |  |
|                    | Medical Transport<br><b>NOT TRANSPORTED</b>                      |  | EMS Agency Identifier  | EMS Run #                                |  |
| Hospital           |  | Date of Death                                | Time of Death  |  |  |

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CRASH REPORT

|             |   |                        |  |                                 |                      |
|-------------|---|------------------------|--|---------------------------------|----------------------|
| <b>UNIT</b> | <b>Distracted By</b>                          |                        | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |                                 |                      |
|             | Distracted By Action<br><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<br><b>NO</b>                             | Suspected Drug Use<br><b>NO</b> |                      |
|             | Alcohol Test Given<br><b>TEST NOT GIVEN</b>   |                        | Alcohol Test Type  |                                 | Alcohol Test Results |
|             | Drug Test Given<br><b>TEST NOT GIVEN</b>      |                        | Drug Test Type   | Drug Test Results               |                      |
|             | Drug Type                                     |                        |  |                                 |                      |
| <b>02</b>   | <b>002</b>                                    | Individual Condition   |  |                                 |                      |
|             |   | <b>APPEARED NORMAL</b> |  |                                 |                      |