

6TL0FB001D  
24-07983

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 <b>24-07983</b>	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>07/21/2024</b>		Crash Time <b>01:40 PM</b>	Date Arrived <b>07/21/2024</b>	Time Arrived <b>01:51 PM</b>	
Date Notified <b>07/21/2024</b>		Time Notified <b>01:43 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

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

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

UNITS 1 AND 2 WERE TRAVELING S/B ON USH 12 NEAR THE INTERSECTION OF CTY Z. THIS PORTION OF USH 12 MERGES FROM 2 LANES IN 1 DIRECTION TO 1 LANE OF TRAVEL. UNIT 2 WAS IN LANE 1, WHICH IS THE MERGING LANE. UNIT 2 BEGAN TO MERGE INTO LANE 2. UNIT 1 WAS IN LANE 2 AND BEHIND UNIT 2. UNIT 1 DRIVER ADMITTED TO ACCELERATING AT A HIGH RATE TO PASS UNIT 2 WHILE IT WAS ATTEMPTING TO MERGE INTO LANE 2. UNIT 1 DRIVER ADMITTED THEY KNEW THE 2 LANES MERGED INTO 1 IN THE AREA THEY WERE TRAVELING. UNITS 1 AND 2 CRASHED IN A SIDE SWIPE MOTION. UNIT 1 DRIVER SIDE REAR TIRE TO UNIT 2 PASSENGER SIDE FRONT TIRE. CITATION ISSUED TO UNIT 1 DRIVER.

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Location

ON USH12 EB 0.49 MI S OF USH12 EB IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude <b>43.333083133</b>	Longitude <b>-89.759032069</b>
	X Coordinate <b>276329.25</b>	Y Coordinate <b>4801501.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</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>CLEAR</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 01	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>2</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>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</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>NO CONTROL</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>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>ANY6807</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2C4RDGBG6CR397612</b>	Make <b>DODGE</b>	Year <b>2012</b>	Model <b>GRAND CARA</b>
	Color <b>BLK - BLACK</b>	Body Style <b>VN - VAN</b>	Bus Use	
	Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage <b>08 - LEFT SIDE REAR</b>		
Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>ACCELERATING IN ROAD</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>OTHER CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>KRISTEN DUKES</b>		Owner Address <b>425 WINNEBAGO AVE PORTAGE, WI 53901 , 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>NATIONAL-GENERAL-INS-CO</b>		Individual <b>KAYLA FAUST</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KAYLA FAUST (608) 512-7501</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>4536 GOLF DR # 3 WINDSOR, WI 53598 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</b>	<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>MARIANNA FAUST</b> <b>(608) 512-7501</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>4536 GOLF DR # 3</b> <b>WINDSOR, WI 53598 , US</b>			Date of Birth	Race <b>BLACK/AFRICAN AMERICAN</b>	
		Driver License Number			Safety Equipment		
		<b>Safety Equipment</b>		On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>		
Row <b>02 - SECOND ROW</b>		Seat Position <b>08 - MIDDLE</b>	Helmet Compliance				
Helmet Use		Tint Compliance					
Eye Protection		Airbag <b>NON DEPLOYED</b>					
<b>01</b>	<b>002</b>	<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>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		

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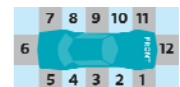
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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	01	001	<b>Violations</b>			
			UTC Number <b>BK742110</b>	Issue To? <b>001</b>	Statute Number <b>346.07(3)</b>	Description <b>FAILURE TO YIELD TO PASSING VEHICLE</b>

Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
		Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
		Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</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>NO CONTROL</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>					

UNIT	02	<b>Vehicle</b>			
		License Plate Number <b>HL3181</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTFX1ET5BKD61987</b>	Make <b>FORD</b>	Year <b>2011</b>	Model <b>F-150</b>
		Color <b>BLU - BLUE</b>	Body Style <b>PK - PICKUP</b>		Bus Use
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage <b>02 - RIGHT SIDE FRONT</b>		
Extent Of Damage <b>MINOR DAMAGE</b>					



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>VINCENT BOWN (608) 931-8770</b>		Owner Address <b>1154 11TH ST BELOIT, WI 53511 , 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>ACUITY,-A-MUTUAL-INSURANCE-CO</b>		Individual <b>VINCENT BOWN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>VINCENT BOWN (608) 931-8770</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>1154 11TH ST BELOIT, WI 53511 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
02 003	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
02	003	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>VINCENT BOWN</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Date of Birth		Race <b>WHITE</b>			
Address <b>1159 DIVISION ST BELOIT, WI 53511 , US</b>		Driver License Number					
UNIT	INDIVIDUAL	<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		Airbag <b>NON DEPLOYED</b>			
		<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			
02	004	<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		
		<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>				
		UNIT	INDIVIDUAL	Passenger <b>FRANKLIN BOWN</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth			Race <b>WHITE</b>		
Address <b>1159 DIVISION ST BELOIT, WI 53511 , US</b>				Driver License Number		
<b>Safety Equipment</b>	On Duty Crash			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>					
Helmet Use				Helmet Compliance		
Eye Protection				Tint Compliance		
UNIT	INDIVIDUAL			<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
		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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<b>UNIT</b>	<b>INDIVIDUAL</b>			
	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>02</b>	<b>005</b>		