WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash D	Oocument #	Agency 24-097	Crash Number 64	Investigating Officer/Deputy DEPUTY S. MESSNER			
Z	Crash Date 09/01/2024	Crash Time 03:57 PM		Date Arr 09/01/2		Time Arrived 04:01 PM	t		
7	Date Notified 09/01/2024	Time Notified 03:57 PM			Total Units 02		Total Injured Total Killed 00		
DICUDIR	T	and Run					or Tower	Reporting Threshold	
	Government Property	Active Sc	hool Zone	School E	School Bus Related NO			•	
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amended Secondary Crash			
	Description								
	Diagram			1 has taway ar	Not to scale			MESSNER	
	Unit 2 comes to rest on Tinkham Trail	02	unit 1 br.	akes crash es	Unit 2 fails rightaway faign STOP		Additional PHOTOS	Information	
	Tinkham Trail				W. Chestnu	t Street			
	STOP								
		ST	H 136 / W.Pine	Street					
	J, a sworn law enforceme	nt officer, agre	ee that I have no	t added	any CJIS data in this	report.			
	ON 9/1/2024, AT APPROXIMATELY THE INTERSECTION WITH TINKHA SUBURBAN, W# UH3796 WAS WE FAILED TO YIELD TO UNIT 1. UNIT TOWING. NO PASSENGERS WERE	M TRAIL/ W. CHE STBOUND ON W. 2 PROCEEDED T	STNUT STREET. UI CHESTNUT. W. CH HROUGH THE INTI	NIT 1 BRA IESTNUT I	KED TO AVOID CRASH, B HAD A STOP SIGN AT THE	UT STRUCK U	NIT 2. UNIT ON WITH ST	2, A 1999 BLU GMC H 136/W.PINE STREET. UNIT 2	

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

Crash Date 09/01/2024

Crash Time 03:57 PM

	ation ——										
_	STH136 EB					Latitude			Longitud		
7 F1	N STH136 EB					43.4729343 -89.768913215			913215		
_	HE VILLAGE OF WES	ST BARABOO				X Coordin			Y Coord		
	AUK COUNTY					276044.3125 4817060			60		
						Structure Type NO STRUCTURE					
						NO STR	UCTURE				
Cra	sh Scene										
First	Harmful Event					First Harn	nful Event I	Location			
MO	TOR VEH IN TRANSP	ORT				ON ROADWAY					
Man	ner of Collision					Light Con	dition				
01 -	ANGLE					DAYLIGHT					
Road	d Surface Condition(s)					Roadway	Factor(s)				
DRY	•										
Envi	ronment Factor(s)										
NON	NE		NONE								
Wea	ther Condition(s)										
CLE	AR										
Anim	nal Type				Relation T	o Trafficw	ay				
								N ROAD			
1	h Classification - Location							- Jurisdiction			
	SLIC PROPERTY					NO SPECIAL JURISDICTION Access Control Special Study					
Triba	al Land		_	ontrol L CONTR	OL		Special Study				
With	in Interchange Area	Junction Location			Intersectio	n Type					
YES		INTERSECTION			FOUR-W	AY INTER	RSECTIO	N			
	ure Type		1	Reasc	ons for Closu	ıre					
	IE CLOSURE										
	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed 04:01 PM	'	LAW	ENFORCE	CEMENT, TOW TRUCK, FIRE/EMS					
	All Lanes Open	Time All Lanes Open		Date S	Scene Clear	eared Time Scene Cleared					
09/0	1/2024	04:42 PM	(09/01	/2024		0-	4:42 PM			
Unit	t Summary \blacksquare										
	Status				erating As Cl	assification	l	Unit Type			
IN T	RANSIT		D CL	ASS			AUTOMOBILE				
Vehi	cle Type		•					Operating A	s Endorser	ments	
PAS	SENGER CAR										
	l Occs	Train/Bus # Recorded		# Citat	tions Issued		Total Tra	ilers		Mat Types	
4		5 667	0				0		0		
	rance?	Direction Of Travel			CrashTire		Speed Li	mit	Total Lan	es	
YES	Harmful Event: Collision '	SOUTHBOUND	Specia		Mark		30	Emergency	4	ido Heo	
	TOR VEH IN TRANSP				IAL FUNC	TION		NOT APPL		ide Ose	
	ic Way		Traffic	Cont	rol			Traffic Contr	ol Inoperat	tive/Missing	
	DED HWY MEDIAN W	I/BARRIER	NO C					NO	•	Ü	
Surfa	асе Туре	Road	Curva	ture			Road Grade				
BLACKTOP (BITUMINOUS) STE					Т			LEVEL			
	Truck Bus or HazMat										
NO	Vahiala										
	Vehicle License Plate Number		Diete	Time			C+	Country of lea	NAME OF		
	AJZ7196			Туре	TOMOBIL	_	St Country of Issuance UNITED STATES				
	Vehicle Identification Nur	mher	Make		TOWOODL	· C	Year		AILS		
01	JM1BM1M74E12115		MAZ				2014	3	Model		
	•	• •						1 -			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

							. ,					
		Color		Body Style		Bus Use						
		BLU - BLUE		HB - HATCHBACI	<							
	ш	Initial Contact Point		Vehicle Damage			I					
_		12 - FRONT		· ·	IT 000NED 00 DI	0.1.T 0.D.E	7 8 9 10 11					
LIND	VEHICL				IT CORNER, 02 - RIC		6 8 12					
5	프	Extent Of Damage			SIDE FRONT, 11 -	LEFIFRONI	5 4 3 2 1					
	5	DISABLING DAMAGE		CORNER, 12 - FR	KONT							
		Towed Due To Damage		Vehicle Removed By								
		TOWED DUE TO DISABI	LING DAMAGE	CRAIGS TOWING	CRAIGS TOWING							
		What Driver Was Doing		Vehicle Factors	Vehicle Factors							
		GOING STRAIGHT										
		Driver Prior Action Other		NOT APPLICABL	NOT APPLICABLE							
		Driver Prior Action Other		11017412107122	NOT AFFEIGABLE							
		Driver Actions	T OF WAY									
	щ	FAILED TO YIELD RIGH	I-OF-WAY									
╘	ᄗ											
UNIT	VEHICL											
_	Æ											
		Owner Name		Owner Address								
		EMMETT HICKEY		3077 N 72ND	ST # 1							
6	7	(414) 366-1515			WI 53210 , US							
J		(,		,	, , , ,							
	;	Sequence Of Events	•									
	_	Event										
	5	MOTOR VEH IN TRANSF	PORT									
	٥.	Event										
	02											
		Event										
	03	Lvent										
	9	Event										
	J											
_		Policy Holder										
UNIT		Insurance Company Individual										
5		AMERICAN-FAMILY-INS	-CO	EMMETT HICK	ΕY							
				1								
		Individual										
		Driver		Citations Issued	Sex	Sex						
		EMMETT HICKEY		0	MALE	Race						
	JAL	(414) 366-1515		Date of Birth								
_	<u>م</u>				WHITE							
L	INDIVI	Address		Driver License Nur	mber							
\supset		3077 N 72ND ST # 1										
	Z	MILWAUKEE, WI 53210	, US	STATE: WISCO	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Dut	ty Crash	0.64.5								
	Sat	fety Equipment	ly Crash	Safety Equipment								
	-											
		Row	Seat Position	SHOULDER & I	_AP BELT							
		01 - FRONT ROW	07 - LEFT									
		Helmet Use		Helmet Compliance	Helmet Compliance							
		Eye Protection		Tint Compliance								
				,								
_	_		Severity	Airbag								
5	90	I.a.:	PPARENT INJURY	DEPLOYED-CO	MBINATION							
		Ejected	Ejection Path			Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT	APPLICARI F								
		Medical Transport			tifior	NOT TRAPPED						
		•		EMS Agency Ident	unei	EMS Run #						
		NOT TRANSPORTED				ı						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital				Date of Death		Time of Death			
			Distracted	Di Cauraa							
		Distracted By	Distracted B	LICABLI	E (NOT DISTRAC	CTED)					
Distracted By Action NOT DISTRACTED											
		Non Motorist	Striking Uni	it#	Location						
		Prior Action									
		Action									
LINI	NDIVIDUAL										
	IND										
		Action Other							To/From School		
	L	Drug & Alcohol 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 Result	S			
7	001	Drug Type									
		Individual Condition									
		APPEARED NORM	ЛAL								
	ı	ndividual									
		Passenger MICHELLE JIMEN	F7-VIFRA			Citations Issued 0	Sex FEMALE				
	AL	(414) 517-4444				Date of Birth	Race				
_	DIVIDUAL					Buto of Birth	HISPANIC				
LNO	Σ	Address				Driver License Numbe	er .				
_		5607 W LEROY AV MILWAUKEE, WI 5		3		STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty Cr	ash		Safety Equipment					
	Sat	ety Equipment	EMT/FIRS	ST-RESP	ONDER	Carety Equipment					
		Row 01 - FRONT ROW		Seat Pos 09 - RIG	sition	SHOULDER & LAP BELT					
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
2	003	Injury	Injury Seve	rity RENT IN	IJURY	Airbag DEPLOYED-COME	BINATION		_		
		Ejected NOT EJECTED	Ej	ection Pat	h CTED/NOT APPL		-	Trapped/Extricated NOT TRAPPED			
		Medical Transport	114	J. LVL	. LEATO : ALL	EMS Agency Identifier	-	EMS Run #			
		NOT TRANSPORT	ED								
		Hospital				Date of Death		Time of Death			

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

								` ,		
		Distracted By	d By Source							
		Distracted By Action								
		Non Motorist	Jnit# L	ocation						
		Prior Action								
 		Action								
UNIT	INDIVIDUAL									
		Action Other						To/From School		
		Cuanasta	d Alaahal I laa		Cuanastad Drug Has					
	L	Drug & Alcohol NO	ed Alcohol Use	•	Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN	1	Drug Test Type		Drug Test Results				
6	003	Drug Type	•			1				
		Individual Condition								
		APPEARED NORMAL								
		ndividual								
		Passenger			Citations Issued	Sex				
	7	GABRIELLA JIMEZ			0	FEMALE				
_	INDIVIDUAL				Date of Birth	Race HISPANIC				
L	Σ	Address			Driver License Number					
	N N	5607 W LEROY AVE MILWAUKEE, WI 53220 , I	US							
		On Duty	Crach							
	Sat	fety Equipment	Ciasii		Safety Equipment					
		Row 02 - SECOND ROW	Seat Posit		SHOULDER & LAF					
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
2	004	Injury Se NO APF	verity PARENT INJ	URY	Airbag NON DEPLOYED					
			Ejection Path				Trapped/Extricated			
	NOT EJECTED NOT EJECTED/NOT AF Medical Transport			ED/NOT APPL		-	NOT TRAPPED			
		NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Distracte	d By Source							
		Distracted By	,							

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action											
		Non Motorist	Jnit#	Location									
		Prior Action											
 		Action											
	IAL												
LNO	IDL												
5	INDIVIDUAL												
	Z												
		Action Other		To/From School									
	L	Drug & Alcohol NO	ed Alcohol U	lse	Suspected Drug Use NO								
		Alcohol Test Given Alco		Alcohol Test Type	!		Alcohol Test Results						
		TEST NOT GIVEN											
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	5						
10	004	Drug Type		l		1							
0	0												
		Individual Condition											
		APPEARED NORMAL											
		to althought on a l											
		Individual Passenger			Citations Issued	Sex							
	7	CHRISTIAN JIMENEZ-VIERA			0 MALE								
	INDIVIDUAL					Race HISPANIC							
Ĭ N N	MD	Address			Driver License Number								
⊃	N	5607 W LEROY AVE MILWAUKEE, WI 53220 , I	ıe		STATE: WASHINGTON COUNTRY: UNITED STATES								
	_	WILLWAUREE, WI 33220 ,	03		GIALE. WASHINGTON GOORTKI. UNITED STATES								
	0-4	On Duty	Crash		Safety Equipment								
	Sai	fety Equipment											
		Row 02 - SECOND ROW	Seat Po		SHOULDER & LAP BELT								
		Helmet Use			Helmet Compliance								
		Eye Protection			Tint Compliance								
		Lyc i lottottoli			Till Compliance								
10	900	Injury Se	•	nv.	Airbag								
	0		BLE INJUR		NON DEPLOYED		Trapped/Extricated						
			=	CTED/NOT APPL	ICABLE		NOT TRAPPED						
		Medical Transport			EMS Agency Identifier		EMS Run #						
		NOT TRANSPORTED Hospital			Date of Death		Time of Death						
		Distracted By Distracte	d By Source										
		Distracted By Action											

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Crash Date 09/01/2024

Crash Time 03:57 PM

		Non Motorist	triking Unit #	Location						
		Prior Action		I						
		Action								
	AL.									
LIND	INDIVIDUAL									
_	NDI									
		Action Other						To/From School		
	ı	Drug & Alcohol N	uspected Alcohol U O	Jse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN			;		Alcohol Test Resu	ults		
		Drug Test Given TEST NOT GIVEN	Drug Test Type			Drug Test Res	ults			
5	900	Drug Type								
		Individual Condition								
		APPEARED NORMA	L							
		t Summary 💻								
		Status RANSIT			ehicle Operating As Classi CLASS	fication	Unit Type TRUCK			
02	Vehi	cle Type	TRUCK					Operating As Endorsements		
	Tota	LITY TRUCK/PICKUP TRUCK I Occs Train/Bus # Recoi		-	otal # Citations Issued	Total T		l HazMat Types		
	1 Insu	rance?	Direction Of Tra	avel 4			Limit Total	l Lanes		
ţ	YES		WESTBOUN	_	Mark 25		2			
LNO	MO.	Harmful Event: Collision		N	pecial Function IO SPECIAL FUNCTIO	N	NOT APPLICAL	Emergency Motor Vehicle Use NOT APPLICABLE		
		ic Way D-WAY, NOT DIVIDED)		raffic Control TOP SIGN		NO	Traffic Control Inoperative/Missing NO		
		ace Type	(6)		oad Curvature		Road Grade			
		CKTOP (BITUMINOU k Bus or HazMat	3)	3	TRAIGHT		LEVEL			
	NO									
	,	Vehicle		I.e.	7	104	Country of logues			
		License Plate Number UH3796			Plate Type L TK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATE			
05	05	Vehicle Identification Nu 1GKFK16R5XJ70618			^{Make} GENERAL MOTORS C	Year 1999	Model SUBURBAN			
		Color BLU - BLUE			Body Style UT - SPORT UTILITY V	/EHICLE	Bus Use			
	щ	Initial Contact Point			Vehicle Damage			7 8 9 10 11		
	VEHICLE	04 - RIGHT SIDE RE Extent Of Damage DISABLING DAMAG			04 - RIGHT SIDE REAI	र		6		
	>	Towed Due To Damage			Vehicle Removed By					
		TOWED DUE TO DIS	PADLING DAMA	GE (CRAIGS TOWING					

WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doir			\	/ehicle Factors				
		GOING STRAIGHT Driver Prior Action Oth			,	NOT APPLICABLE				
		Dilver Filor Action Of	ilei		ľ					
		Driver Actions FAILED TO YIELD	DICUT	OE WAY	<u> </u>					
_	ίĒ	PAILED TO TIELD	KIGHT-	OF-WAT						
LIND	VEHICL									
_	VE									
		Owner Name				Owner Address				
02	02	RICHARD MORTE (608) 477-0533	NSEN			1223 ZAJAK DR # 31 BARABOO, WI 53913 , US				
		Sequence Of Ev	vents							
	01	Event MOTOR VEH IN TE	RANSPO	RT						
	02	Event								
	03	Event								
	04	Event	event							
_	Ì	Policy Holder								
LIND		Insurance Company				Individual	NOEN			
_		sentry-ins-co ndividual				RICHARD MORTE	NSEN			
		Driver				Citations Issued	Sex			
	٦	RICHARD MORTENSEN (608) 477-0533			4	MALE				
_	INDIVIDUAL	(655) 111 6555				Date of Birth	Race			
L	IM	Address 1223 ZAJAK DR #				Driver License Numbe	r			
	Z	BARABOO, WI 539		i		STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	ety Equipment	On Duty	Crash		Safety Equipment				
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LAP	BELT			
		Helmet Use		1*	<u> </u>	Helmet Compliance				
		Eye Protection				Tint Compliance				
				.,.		·				
05	002	Injury	Injury Se	verity SLE INJUF	RY	Airbag NON DEPLOYED				
		Ejected		Ejection Pa	th			Trapped/Extricated		
		NOT EJECTED Medical Transport		NOT EJE	CTED/NOT APPL	ICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #		
		NOT TRANSPORT	ED							
	Hospital					Date of Death		Time of Death		
		Distracted By	Distracte	d By Source)					
		Distracted By Action OTHER ACTION (I			ROM TASK ETC	;)				
		Non Motorist	Strikina l		Location					
		MON WICKINS								

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Crash Date 09/01/2024

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		Prior Action								
LIND	INDIVIDUAL	Action								
	Action Other									
	L									
		Alcohol Test Given TEST GIVEN		Alcohol Test Type	BREATH TEST (PBT)		Alcohol Test Results			
		Drug Test Given		Drug Test Type	DREATH TEST (FBT)	Drug Test Results	= -			
		TEST GIVEN		BLOOD		PENDING				
02	002	Drug Type								
			UENCE OF M	EDICATIONS/DRUGS	S/ ALCOHOL					
	1	Violations	T. – -	I a	I =					
	01	UTC Number BG944265	Issue To? 002	Statute Number 346.63(1)(a)	Description OWI (5th or 6th)					
	02	UTC Number BG944266	Issue To? 002	Statute Number 346.935(3)	Description KEEP OPEN INTOXICANTS IN MV-DRIVER					
	03	UTC Number BG944267	Issue To? 002	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/	WAY FROM STO	P SIGN			
	04	UTC Number BG944268	Issue To? 002	Statute Number 344.62(2)	Description OPERATE MOTOR \	/EHICLE W/O PF	ROOF OF INSURANCE	E		