

6TL0D1PTQ2
24-09764

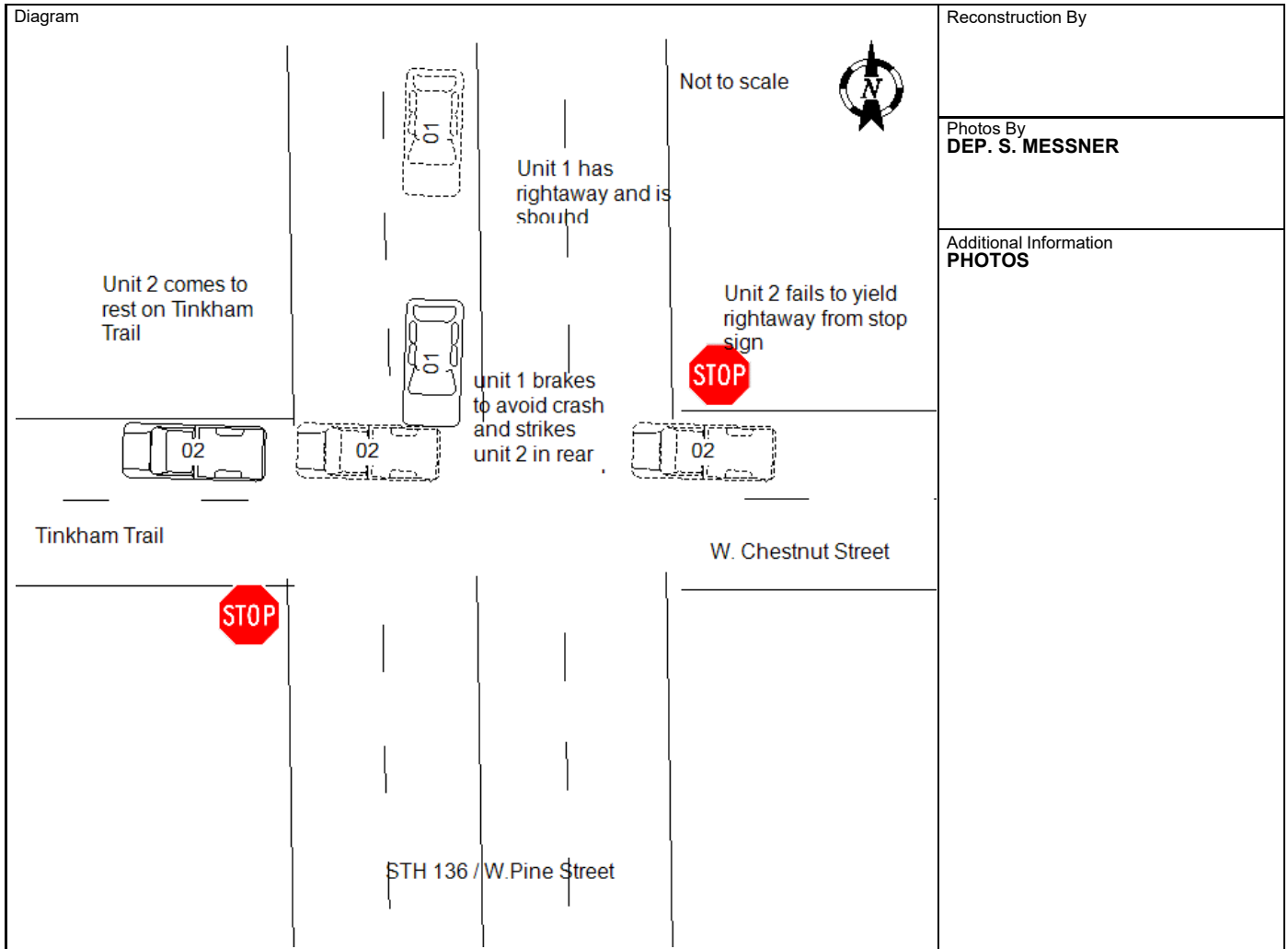
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 24-09764	Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 09/01/2024		Crash Time 03:57 PM	Date Arrived 09/01/2024	Time Arrived 04:01 PM	
Date Notified 09/01/2024		Time Notified 03:57 PM	Total Units 02	Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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



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

ON 9/1/2024, AT APPROXIMATELY 3:57 PM, UNIT 1, A 2014 BLUE MAZDA 3, WI# AJZ7196, WAS SOUTHBOUND ON STH 136/W.PINE STREET WITH RIGHTAWAY AT THE INTERSECTION WITH TINKHAM TRAIL/ W. CHESTNUT STREET. UNIT 1 BRAKED TO AVOID CRASH, BUT STRUCK UNIT 2. UNIT 2, A 1999 BLU GMC SUBURBAN, WI# UH3796 WAS WESTBOUND ON W. CHESTNUT. W. CHESTNUT HAD A STOP SIGN AT THE INTERSECTION WITH STH 136/W.PINE STREET. UNIT 2 FAILED TO YIELD TO UNIT 1. UNIT 2 PROCEEDED THROUGH THE INTERSECTION AND WAS STUCK BY UNIT 1. BOTH UNITS WERE REMOVED BY CRAIG'S TOWING. NO PASSENGERS WERE TRANSPORTED FROM UNIT 1.

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Location

ON STH136 EB 7 FT N OF STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.4729343	Longitude -89.768913215
	X Coordinate 276044.3125	Y Coordinate 4817060
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		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 PARTIAL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 09/01/2024	Time Initial Lane/Rd Closed 04:01 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 09/01/2024	Time All Lanes Open 04:42 PM	Date Scene Cleared 09/01/2024	Time Scene Cleared 04:42 PM

Unit Summary


UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements				
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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 MEDIAN W/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					
	01	Vehicle				
		License Plate Number AJZ7196		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
01	Vehicle Identification Number JM1BM1M74E1211519		Make MAZDA	Year 2014	Model 3	

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UNIT VEHICLE	Color BLU - BLUE	Body Style HB - HATCHBACK	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
	Owner Name EMMETT HICKEY (414) 366-1515	Owner Address 3077 N 72ND ST # 1 MILWAUKEE, WI 53210 , US	
UNIT 01	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT 01	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual EMMETT HICKEY	
UNIT INDIVIDUAL	Individual		
	Driver EMMETT HICKEY (414) 366-1515	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 3077 N 72ND ST # 1 MILWAUKEE, WI 53210 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 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 NO APPARENT INJURY	Airbag DEPLOYED-COMBINATION
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #

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UNIT INDIVIDUAL	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	
	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	
01 001	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger MICHELLE JIMENEZ-VIERA (414) 517-4444			Citations Issued 0	Sex FEMALE	
	Address 5607 W LEROY AVE MILWAUKEE, WI 53220 , US			Date of Birth	Race HISPANIC	
	Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		On Duty Crash EMT/FIRST-RESPONDER		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT		Helmet Use	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 003	Injury		Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-COMBINATION	
	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	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	Distracted By Distracted By Source	
	Distracted By Action	
	Non Motorist	Striking Unit # Location
	Prior Action	
	Action	
	Action Other To/From School	
	Drug & Alcohol	Suspected Alcohol Use Suspected Drug Use NO NO
	Alcohol Test Given	Alcohol Test Type Alcohol Test Results TEST NOT GIVEN
	Drug Test Given	Drug Test Type Drug Test Results TEST NOT GIVEN
	Drug Type	
Individual Condition APPEARED NORMAL		
UNIT	Individual	
	Passenger	Citations Issued Sex GABRIELLA JIMEZ 0 FEMALE
		Date of Birth Race HISPANIC
	Address	Driver License Number 5607 W LEROY AVE MILWAUKEE, WI 53220 , US
	Safety Equipment	On Duty Crash Safety Equipment SHOULDER & LAP BELT
	Row	Seat Position 02 - SECOND ROW 07 - LEFT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity Airbag NO APPARENT INJURY NON DEPLOYED
	Ejected	Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED
Medical Transport	EMS Agency Identifier EMS Run # NOT TRANSPORTED	
Hospital	Date of Death Time of Death	
UNIT	Distracted By Distracted By Source	

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UNIT	INDIVIDUAL	Distracted By Action		
		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	INDIVIDUAL	Individual		
		Passenger CHRISTIAN JIMENEZ-VIERA	Citations Issued 0	Sex MALE
		Date of Birth	Race HISPANIC	
		Address 5607 W LEROY AVE MILWAUKEE, WI 53220 , US	Driver License Number STATE: WASHINGTON COUNTRY: UNITED STATES	
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	Helmet Compliance
		Helmet Use	Tint Compliance	
		Eye Protection	Airbag NON DEPLOYED	
		Injury	Injury Severity POSSIBLE 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		
UNIT	INDIVIDUAL	Distracted By	Distracted By Source	
		Distracted By Action		

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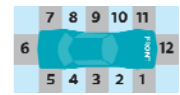
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	01	005				

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK			
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK					Operating As Endorsements		
		Total Occs 1		Train/Bus # Recorded		Total # Citations Issued 4		Total Trailers 0	
		Insurance? YES		Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 25	
		Total HazMat Types 0		Total Lanes 2		Emergency Motor Vehicle Use NOT APPLICABLE			
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION				
		Traffic Way TWO-WAY, NOT DIVIDED			Traffic Control STOP SIGN			Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT			Road Grade LEVEL	
		Truck Bus or HazMat NO							

UNIT	02	Vehicle					
		License Plate Number UH3796		Plate Type LTK - LIGHT TRUCK		St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GKFK16R5XJ706180		Make GENERAL MOTORS COR		Year 1999	Model SUBURBAN
		Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE			Bus Use
		Initial Contact Point 04 - RIGHT SIDE REAR		Vehicle Damage 04 - RIGHT SIDE REAR			
		Extent Of Damage DISABLING DAMAGE					
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING					



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
	Owner Name RICHARD MORTENSEN (608) 477-0533	Owner Address 1223 ZAJAK DR # 31 BARABOO, WI 53913 , US	
02	Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company SENTRY-INS-CO	Individual RICHARD MORTENSEN	
INDIVIDUAL	Individual		
	Driver RICHARD MORTENSEN (608) 477-0533	Citations Issued 4	Sex MALE
		Date of Birth	Race
	Address 1223 ZAJAK DR # 31 BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02	Safety Equipment	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 07 - LEFT
		SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity POSSIBLE 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 UNKNOWN	
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)		
	Non Motorist	Striking Unit #	Location

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UNIT	INDIVIDUAL			
	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use YES	Suspected Drug Use NO
	Alcohol Test Given TEST GIVEN		Alcohol Test Type PRELIMINARY BREATH TEST (PBT)	Alcohol Test Results 28
	Drug Test Given TEST GIVEN		Drug Test Type BLOOD	Drug Test Results PENDING
	Drug Type			
	Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL			
	Violations			
02	002	01		
		02		
		03		
		04		
UTC Number	Issue To?	Statute Number	Description	
BG944265	002	346.63(1)(a)	OWI (5th or 6th)	
UTC Number	Issue To?	Statute Number	Description	
BG944266	002	346.935(3)	KEEP OPEN INTOXICANTS IN MV-DRIVER	
UTC Number	Issue To?	Statute Number	Description	
BG944267	002	346.18(3)	FAIL/YIELD RIGHT/WAY FROM STOP SIGN	
UTC Number	Issue To?	Statute Number	Description	
BG944268	002	344.62(2)	OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE	