

6TL0CTJN5C  
24-10571

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>24-10571</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>09/20/2024</b>		Crash Time <b>04:50 PM</b>	Date Arrived <b>09/20/2024</b>	Time Arrived <b>04:57 PM</b>	
Date Notified <b>09/20/2024</b>		Time Notified <b>04:50 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 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 <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> <p>Diagram description: A schematic diagram of a road intersection. A vertical road labeled 'STH 136' intersects with a horizontal road labeled 'S GASSER RD'. Two vehicles are depicted: one labeled '01' is positioned in the intersection, and another labeled '02' is positioned further south on STH 136. A north arrow is located in the bottom left corner, and the text 'NOT TO SCALE' is written below it.</p>	Reconstruction By
	Photos By
	Additional Information <b>DASH CAMERA VIDEO, BODY CAMERA VIDEO</b>

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

UNIT 1 AND 2 WERE NORTH BOUND ON STH 136 APPROACHING THE INTERSECTION OF S GASSER RD. THE VEHICLE IN FRONT OF UNIT 1 BROKE HEAVILY TO TURN ONTO S GASSER RD. UNIT 1 SWERVED TO THE RIGHT (EAST) AVOID STRIKING THE VEHICLE IN FRONT OF IT. UNIT 2 ALSO SWERVED TO THE RIGHT AND STRUCK THE REAR END OF UNIT 1.

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## Location

ON STH136 WB 97 FT S OF S GASSER RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.445210653</b>	Longitude <b>-89.768715045</b>
	X Coordinate <b>275957.9375</b>	Y Coordinate <b>4813980.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</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>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>09/20/2024</b>	Time Initial Lane/Rd Closed <b>05:00 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>09/20/2024</b>	Time All Lanes Open <b>05:53 PM</b>	Date Scene Cleared <b>09/20/2024</b>	Time Scene Cleared <b>05:53 PM</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>2</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>NORTHBOUND</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>TWO-WAY, NOT DIVIDED</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>					
	<b>01</b>	<b>Vehicle</b>				
		License Plate Number <b>DQ13782</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
<b>01</b>	Vehicle Identification Number <b>5FNYP6H30NB100742</b>		Make <b>HONDA</b>	Year <b>2022</b>	Model <b>PILOT</b>	

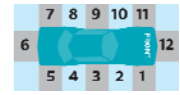
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UNIT VEHICLE	Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use
	Initial Contact Point <b>05 - RIGHT REAR CORNER</b>		Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>05 - RIGHT REAR CORNER</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>JILL CARLSON (309) 945-8716</b>		Owner Address <b>127 S VAIL ST GENESEO, IL 61254 , US</b>	
	<b>Sequence Of Events</b>			
	01	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
02	02	Event		
03	03	Event		
04	04	Event		
UNIT INDIVIDUAL	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>JILL CARLSON</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>JILL CARLSON (309) 945-8716</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth		Race <b>WHITE</b>	
	Address <b>127 S VAIL ST GENESEO, IL 61254 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
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>07 - LEFT</b>	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>NON DEPLOYED</b>	
UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Trapped/Extricated <b>NOT TRAPPED</b>		EMS Agency Identifier	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Run #		



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL	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>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	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	
01 001 UNIT INDIVIDUAL	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>MICHAEL GOETHALS</b> <b>(309) 721-3972</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>127 S VAIL ST</b> <b>GENESE0, IL 61254 , US</b>			Date of Birth	Race <b>WHITE</b>	
	Driver License Number			<b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		
	<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		
01 002 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		EMS Run #
	Hospital		Date of Death		Time of Death	

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UNIT INDIVIDUAL 01 002
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
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 Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR Operating As Endorsements
Total Occs 1 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel NORTHBOUND Pre Crash Tire Mark Speed Limit 55 Total Lanes 2
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way TWO-WAY, NOT DIVIDED 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

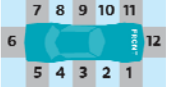
UNIT 02 02
License Plate Number ARP8904 Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1FAHP3M23CL131959 Make FORD Year 2012 Model FOCUS
Color WHI - WHITE Body Style HB - HATCHBACK Bus Use
Initial Contact Point 11 - LEFT FRONT CORNER

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		
	Vehicle Removed By <b>BILLS TOWING</b>		
UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors <b>NOT APPLICABLE</b>
	Driver Prior Action Other		
	Driver Actions <b>FOLLOWING TOO CLOSE</b>		
02 02	Owner Name <b>EMILY KISER (414) 313-2919</b>		Owner Address <b>E11844 COUNTY ROAD DL MERRIMAC, WI 53561 , US</b>
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	<b>Policy Holder</b>		
	Insurance Company <b>WADENA-INSURANCE-CO</b>		Individual <b>EMILY KISER</b>
02 003	<b>Individual</b>		
	Driver <b>EMILY KISER (414) 313-2919</b>		Citations Issued <b>0</b>
	Date of Birth		Sex <b>FEMALE</b>
	Race <b>WHITE</b>		Address <b>E11844 COUNTY ROAD DL MERRIMAC, WI 53561 , US</b>
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		Safety Equipment	
<b>Safety Equipment</b>		On Duty Crash	
Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</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

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<b>UNIT</b>	<b>Distracted By</b>	Distracted By Source		
		Distracted By Action <b>UNKNOWN</b>		
	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action		
	<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
	<b>02</b>	<b>003</b>	Drug Type	
Individual Condition <b>APPEARED NORMAL</b>				

### Witness

<b>WITN 01</b>	Individual	Address	Date of Birth
	<b>JOELLE POLL</b> (608) 853-1538	<b>200 STONEFIELD CIR # 214</b> <b>MAUSTON, WI 53948 , US</b>	