

6TL0F3SSH2
24-10522

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0F3SSH2

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|--|---|---|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 24-10522 | | Investigating Officer/Deputy DEPUTY A. KING | |
| Crash Date 09/19/2024 | | Crash Time 02:16 PM | | Date Arrived 09/19/2024 | | Time Arrived 02:23 PM | |
| Date Notified 09/19/2024 | | Time Notified 02:17 PM | | Total Units 02 | | Total Injured 01 | Total Killed 00 |
| <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 NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description

| | | |
|---------|--|---------------------------------------|
| Diagram | | Reconstruction By |
| | | Photos By |
| | | Additional Information NONE |

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

WITNESS STATED U2 WAS INFRONT OF HIM WHEN U1 WAS IN THE LEFT LANE PASSING WITNESS AND U1. WITNESS STATED U1 CHANGED LANES TO THE RIGHT LANE TOO EARLY AND STRUCK U2 AND SPUN OUT. U1 OPERATOR STATED HE WAS PASSING ON THE LEFT AS THE WITNESS AND U2 WERE GOING TOO SLOW. OPERATOR OF U1 STATED HE BEGAN MERGING RIGHT WHEN HE STRUCK U2. U1 ALSO SAID HE WAS DRIVING WHEN U1 BEGAN CHANGING LANES TOO EARLY AND STRUCK HIS VEHICLE. OPERATOR OF U2 STATED HE HAD MINOR LOWER BACK PAIN WHERE AN AMBULANCE WAS CALLED AND STEVE'S TOWING RESPONDED TO RECOVER U2. OPERATOR OF U1 WAS CITED FOR UNSAFE LANE CHANGE AND REMOVED THE VEHICLE FROM THE SCENE.

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Location

| | | |
|---|------------------------------------|-----------------------------------|
| ON USH12 EB 1135 FT S OF STH33 EB IN THE TOWN OF BARABOO IN SAUK COUNTY | Latitude 43.506549307 | Longitude -89.781608346 |
| | X Coordinate 275142.3125 | Y Coordinate 4820828 |
| | Structure Type | |

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 NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION | |

Unit Summary

| | | | | | | |
|-------------|---|---|---|----------------------------|--|--|
| UNIT | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 65 | 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 W/O TRAFFIC BARRIER | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | | |
|----------------|---|--|-----------------------------|---|---------------------|---|
| UNIT | Vehicle | | | | | |
| | 01 | License Plate Number AHA2447 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1FMSK8DHXMG00407 | | Make FORD | Year 2021 | Model EXPLORER |
| | | Color RED - RED | | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | | Initial Contact Point 04 - RIGHT SIDE REAR | | Vehicle Damage | | |
| VEHICLE | Extent Of Damage MINOR DAMAGE | | 04 - RIGHT SIDE REAR | | | |



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| | | | | |
|---|--|--|--|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing OVERTAKE LEFT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions IMPROPER OVERTAKING / PASSING LEFT | | | |
| 01 01 | Owner Name KUMUD NAYAK (608) 573-2524 | | Owner Address 1270 NACHREINER AVE PLAIN, WI 53577 , US | |
| | Sequence Of Events | | | |
| 01 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event DITCH | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company WISCONSIN-MUTUAL-INS-CO | | Individual KUMUD NAYAK | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver KUMUD NAYAK (608) 573-2524 | | Citations Issued 1 | Sex MALE |
| | Address 1270 NACHREINER AVE PLAIN, WI 53577 , US | | Date of Birth | Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN |
| | Driver License Number | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Safety Equipment | | SHOULDER & LAP BELT | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | Helmet Compliance | |
| | Helmet Use | | Tint Compliance | |
| | Eye Protection | | Airbag NON DEPLOYED | |
| | Injury | | Injury Severity NO APPARENT 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 NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

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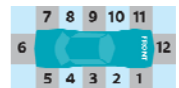
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| | | | | | | |
|-------------------------------|--|---------------------|------------------------------------|------------------------------------|---|----------------|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior 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 | 001 | Violations | | | |
| UTC Number BK261528 | | | Issue To? 001 | Statute Number 346.13(1) | Description UNSAFE LANE DEVIATION | |

Unit Summary

| | | | | | | | | | | | | | |
|------|----|---|--|---|--|---|--|----------------------------|--|--|--|--|--|
| UNIT | 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | | | | | | |
| | | Vehicle Type (SPORT) UTILITY VEHICLE | | | | 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 EASTBOUND | | <input type="checkbox"/> Pre Crash Tire Mark | | Speed Limit 65 | | 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 W/O TRAFFIC BARRIER | | | | Traffic Control NO CONTROL | | | | Traffic Control Inoperative/Missing NO | | | |
| | | Surface Type CONCRETE | | | | Road Curvature STRAIGHT | | | | Road Grade LEVEL | | | |
| | | Truck Bus or HazMat NO | | | | | | | | | | | |

| | | | | | | | | | |
|----|----|---|--|---|--|---------------------|---|--|--|
| 02 | 02 | Vehicle | | | | | | | |
| | | License Plate Number AEJ4812 | | Plate Type AUT - AUTOMOBILE | | St WI | Country of Issuance UNITED STATES | | |
| | | Vehicle Identification Number 1GKET16S756140826 | | Make GENERAL MOTORS COR | | Year 2005 | Model ENVOY | | |
| | | Color SIL - SILVER (ALUMINUM) | | Body Style UT - SPORT UTILITY VEHICLE | | | Bus Use | | |
| | | Initial Contact Point 10 - LEFT SIDE FRONT | | | | | | | |



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|---|---|---|--|
| UNIT VEHICLE | Vehicle Damage | | |
| | Extent Of Damage DISABLING DAMAGE | 10 - LEFT SIDE FRONT | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By STEVES AUTO SERVICE | |
| | What Driver Was Doing GOING STRAIGHT | Vehicle Factors | |
| UNIT VEHICLE | Driver Prior Action Other | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | |
| | Owner Name DENIS DECOSTE | Owner Address 533 ALEXANDER AVE # 25 REEDSBURG, WI 53959 , US | |
| | Sequence Of Events | | |
| UNIT VEHICLE | Event MOTOR VEH IN TRANSPORT | | |
| | Event DITCH | | |
| | Event | | |
| | Event | | |
| UNIT INDIVIDUAL | Policy Holder | | |
| | Insurance Company DAIRYLAND-INS-CO | Individual DENIS DECOSTE | |
| | Individual | | |
| | Driver DENIS DECOSTE | Citations Issued 0 | Sex MALE |
| | Date of Birth | Race | |
| Address 533 ALEXANDER AVE # 25 REEDSBURG, WI 53959 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| UNIT INDIVIDUAL | 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 SUSPECTED MINOR INJURY | Airbag NON DEPLOYED |
| | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| | Medical Transport EMS GROUND | EMS Agency Identifier 6000368 | EMS Run # |
| Hospital ST CLARE HOSP | Date of Death | Time of Death | |

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| | | | | | |
|-------------|---|------------------------|--|---------------------------------|----------------------|
| UNIT | 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 | |
| | Drug Type | | | | |
| 02 | 002 | Individual Condition | | | |
| | | APPEARED NORMAL | | | |

Witness

| | | | |
|----------------|--|---|---------------|
| WITN 01 | Individual | Address | Date of Birth |
| | GREGORY HICKS (920) 246-0010 | W2076 AMHERST DR LYNDON STATION, WI 53944 , US | |