

6TL0BC3B90
24-11597

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0BC3B90

Document Number Override		Primary Crash Document #		Agency Crash Number 24-11597		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 10/18/2024		Crash Time 04:21 PM		Date Arrived 10/18/2024		Time Arrived 04:25 PM	
Date Notified 10/18/2024		Time Notified 04:22 PM		Total Units 02		Total Injured 01	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

Diagram		Reconstruction By	
<p>Not to scale</p>		Photos By SGT. T. CLAUER #10	
		Additional Information PHOTOS	

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 STOPPED AT THE STOP SIGN. THE OPERATOR OF UNIT 1 LOOKED LEFT, RIGHT, LEFT AND THEN LOOKED IN THE BACK SEAT TO CHECK ON THE PASSENGERS. THE OPERATOR THEN ATTEMPTED TO MAKE A LEFT TURN AND WAS STRUCK ON THE DRIVER'S SIDE BY UNIT 2 TRAVELING WESTBOUND. THE REAR PASSENGER SITTING BEHIND THE DRIVER COMPLAINED OF EAR PAIN, BUT WAS NOT TRANSPORTED TO THE LOCAL HOSPITAL.

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Location

INTERSECTION ON LOVERS LN AT CTHW EB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.459543649	Longitude -89.788329908
	X Coordinate 274423.96875	Y Coordinate 4815625.5
	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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 10/18/2024	Time Initial Lane/Rd Closed 04:25 PM	LAW ENFORCEMENT	
Date All Lanes Open 10/18/2024	Time All Lanes Open 04:44 PM	Date Scene Cleared 10/18/2024	Time Scene Cleared 05:02 PM

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 3	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 45	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade UPHILL	
	Truck Bus or HazMat NO					
	01	Vehicle				
		License Plate Number AGU2570	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FMCU9JDXHUB14353		Make FORD	Year 2017	Model ESCAPE		

Wisconsin Motor Vehicle Crash
Form DT4000

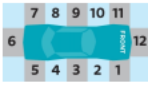
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Crash Date **10/18/2024**
Crash Time **04:21 PM**

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UNIT VEHICLE	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER	
	Extent Of Damage DISABLING DAMAGE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By
	What Driver Was Doing LEFT TURN	Driver Prior Action Other	Vehicle Factors NOT APPLICABLE
UNIT VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
	Owner Name BARBARA SCHANKE (608) 434-0384	Owner Address E10663 HATCHERY RD BARABOO, WI 53913 , US	
UNIT 01	Sequence Of Events		
	Event LEFT TURN		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT 01	Policy Holder		
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual BARBARA SCHANKE	
	Individual		
UNIT INDIVIDUAL	Driver SAMANTHA DEYO (608) 477-8800	Citations Issued 1	Sex FEMALE
	Address E10663 HATCHERY RD BARABOO, WI 53913 , US	Date of Birth	Race WHITE
UNIT 01	On Duty Crash		Driver License Number
	Safety Equipment		Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
UNIT 001	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier

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UNIT	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source PASSENGER/OTHER NON-MOTORIST			
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)					
	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					
	Passenger KAIA DEYO		Citations Issued 0		Sex FEMALE	
	Date of Birth		Race WHITE			
	Address E10663 HATCHERY RD BARABOO, WI 53913 , US		Driver License Number			
	Safety Equipment		On Duty Crash		Safety Equipment	
	Row 02 - SECOND ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	Injury		Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-CURTAIN	
	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		

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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 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	
	Passenger LEAH DEYO	Citations Issued 0 Sex FEMALE
		Date of Birth Race WHITE
	Address E10663 HATCHERY RD BARABOO, WI 53913 , US	Driver License Number
	Safety Equipment	On Duty Crash Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY Airbag DEPLOYED-CURTAIN
	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	

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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				
01	003	Violations				
		UTC Number BE612248	Issue To? 001	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN	

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 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> 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 CURVE LEFT		Road Grade DOWNHILL		
		Truck Bus or HazMat NO						

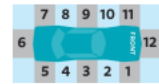
Vehicle

02	02	License Plate Number UR7758	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FTEW1EP8JKD42933	Make FORD	Year 2018	Model F150
		Color WHI - WHITE	Body Style PK - PICKUP		Bus Use

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UNIT VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Extent Of Damage FUNCTIONAL DAMAGE			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors NOT APPLICABLE	
UNIT VEHICLE	Driver Prior Action Other			
	Driver Actions NO CONTRIBUTING ACTION			
02 02	Owner Name TYLER MAIHOFFER (608) 432-4932		Owner Address 309 3RD ST BARABOO, WI 53913 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT POLICY HOLDER	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		Individual TYLER MAIHOFFER	
	Individual			
UNIT INDIVIDUAL	Driver TYLER MAIHOFFER (608) 432-4932		Citations Issued 0	Sex MALE
	Address 309 3RD ST BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
02 004	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	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

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UNIT	INDIVIDUAL	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		
		02	004	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							
Witness									
WITN ESS	01	Individual ABBY SPENCER (608) 434-0284			Address S5077 LOVERS LN BARABOO, WI 53913 , US				
					Date of Birth				