

6TL0F3SSHB
24-12267

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		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 11/04/2024		Crash Time 10:14 AM		Date Arrived 11/04/2024		Time Arrived 10:59 AM	
Date Notified 11/04/2024		Time Notified 10:59 AM		Total Units 02		Total Injured 02	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.

U2 WAS STATIONARY ON HY33 WAITING TO TURN ONTO UNION ST WHEN U1 WAS NORTHBOUND AND STRUCK U2. OPERATOR OF U2 STATED SHE WAS WAITING TO TURN WHEN SHE WAS STRUCK BY U1. OPERATOR OF U2 CLAIMED TO HAVE A MINOR KNEE INJURY BUT DENIED MEDICAL ATTENTION. OPERATOR OF U2 WAS ABLE TO REMOVE THE VEHICLE FROM THE SCENE. OPERATOR OF U1 CLAIMED TO HAVE SEEN U2 BUT NOTICED THEY WERE NOT MOVING. OPERATOR OF U1 STATED THEY TRIED STOPPING BUT WERE UNABLE TO STOP PRIOR TO COLLIDING WITH U2. OPERATOR OF U1 ADVISED HE WAS GOING THE SPEED LIMIT. OPERATOR OF U1 DENIED BEING DISTRACTED BY ANYTHING AS THEY WERE ON THEIR WAY HOME. OPERATOR OF U1 WAS ADVISED DUE TO THE RAINY WEATHER CONDITIONS WITH THE WET ROADWAY, EXTRA STOPPING DISTANCE COULD BE REQUIRED AND SUCH WOULD BE CITED FOR TOO FAST FOR CONDITIONS AS A RESULT OF THE CRASH. OPERATOR OF U1 WAS UNABLE TO PROVIDE VALID PROOF OF INSURANCE AT TIME OF INCIDENT BUT WAS ABLE TO PROVIDE PROOF OF INSURANCE LATER THE SAME DAY. PASSENGER OF U1 STATED SHE HAD KNEE PAIN AS A RESULT OF THE CRASH BUT DENIED AN AMBULANCE AS THEY WOULD GO TO THE HOSPITAL AFTER THIS INCIDENT. OPERATOR OF U1 WAS ISSUED THE CITATION AND OPERATOR OF U1 REMOVED THE VEHICLE FROM THE SCENE.

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Location

INTERSECTION ON MAIN ST/ STH NB AT UNION ST IN THE VILLAGE OF LA VALLE IN SAUK COUNTY	Latitude 43.584250925	Longitude -90.129408045
	X Coordinate 247350.78125	Y Coordinate 4830457.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) RAIN			
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-RELATED	Intersection Type T-INTERSECTION	

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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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					

UNIT	Vehicle						
	VEHICLE	License Plate Number BBM4604		Plate Type AUT - AUTOMOBILE	St TN	Country of Issuance UNITED STATES	
		Vehicle Identification Number JA4MS41X67U012472		Make MITSUBISHI	Year 2007	Model OUT	
		Color BLU - BLUE		Body Style 4H - HATCHBACK 4 DOOR		Bus Use	
		Initial Contact Point 12 - FRONT		Vehicle Damage			
		Extent Of Damage MINOR DAMAGE		12 - FRONT			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01 01	Owner Name KIERDAN KOSTER (423) 598-6740		Owner Address 1003 MITSCHER AVE HILLSBORO, WI 54634 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company GEICO-CASUALTY-CO		Individual KIERDAN KOSTER	
UNIT INDIVIDUAL	Individual			
	Driver KIERDAN KOSTER (423) 598-6740		Citations Issued 1	Sex MALE
	Address 1003 MITSCHER AVE HILLSBORO, WI 54634 , US		Date of Birth	Race WHITE
			Driver License Number STATE: TENNESSEE COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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					
		Individual					
		Passenger SHI-ANN KAST (608) 739-2929			Citations Issued 0	Sex FEMALE	
		Address 104 S 4TH ST AVOCA, WI 53506 , US			Date of Birth	Race WHITE	
Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES				
01	002	Safety Equipment		On Duty Crash			
		Safety Equipment		SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	Helmet Use			
		Helmet Compliance			Eye Protection		
		Tint Compliance			Airbag		
		Injury		Injury Severity POSSIBLE INJURY	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				
01	002	Distracted By				Distracted By Source	
		Distracted By Action					
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		

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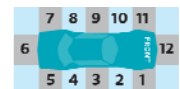
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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol Test Results
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			
	01	01	Violations			
			UTC Number BK261547	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS

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		<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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						

UNIT	02	Vehicle					
		License Plate Number AEX4958		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 4T1B31HKXKU513078		Make TOYOTA	Year 2019	Model CAMRY	
		Color GRY - GRAY		Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 06 - REAR		Vehicle Damage 06 - REAR			
VEHICLE	02	Extent Of Damage MINOR DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name REBECCA COX (920) 728-0361		Owner Address 145 DEER CREEK CT # 2 JEFFERSON, WI 53549 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company NATIONAL-SPECIALTY-INSURANCE-COMPANY		Organization/Company DOOR TO DOOR TTANSPORTATION LLC	
UNIT INDIVIDUAL	Individual			
	Driver REBECCA COX (920) 728-0361		Citations Issued 0	Sex FEMALE
	Address 145 DEER CREEK CT # 2 JEFFERSON, WI 53549 , US		Date of Birth	Race WHITE
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02 003	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 POSSIBLE INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
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Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	02	003	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			