

000220-2300

KRL04PZ82H

**WI STATE PATROL SWR/DEF
911 W NORTH ST
DE FOREST, WI 53532 1971
(608) 846-8500**

Document Number Override		Primary Crash Document #		Agency Crash Number 000220-2300		Investigating Officer/Deputy TROOPER J. SCHICK	
Crash Date 07/10/2022		Crash Time 12:01 PM		Date Arrived 07/10/2022		Time Arrived 12:01 PM	
Date Notified 07/10/2022		Time Notified 12:01 PM		Total Units 03		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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

Diagram	Reconstruction By
	Photos By
	Additional Information
<p>The diagram shows a three-lane road with a center turn lane. Vehicle 3 is in the left lane, moving right. Vehicle 2 is in the middle lane, moving right. Vehicle 1 is in the right lane, moving right. Vehicle 2 has struck Vehicle 1, causing it to roll over. Arrows indicate the path of each vehicle.</p>	NONE

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

THE CRASH OCCURRED ON I39/90 SOUTHBOUND. TRAFFIC WAS SLOWING AND STOPPING DUE TO TRAFFIC CONGESTION. DRIVER 1, FOLEY, HAD BEEN TRAVELING IN THE LEFT LANE AND WAS SLOWING DOWN FOR TRAFFIC STOPPED AHEAD. DRIVER 2, TLEHUACTLE, WAS TRAVELING IN THE LEFT LANE BEHIND FOLEY. TLEHUACTLE SLOWED DOWN AS TRAFFIC SLOWED AHEAD. DRIVER 3, BIESBOER, WAS TRAVELING IN THE LEFT LANE BEHIND TLEHUACTLE. SHE SLOWED HER VEHICLE FOR TRAFFIC SLOWING AHEAD, BUT DID NOT STOP IN TIME. THE FRONT OF BIESBOER'S HYUNDAI COLLIDED WITH THE REAR OF TLEHUACTLE'S GMC TERRAINE. THE TERRAINE WAS THEN PUSHED INTO THE REAR AND LEFT SIDE OF FOLEY'S GMC YUKON. TLEHUACTLE LEFT THE SCENE WITHOUT NOTIFYING POLICE OR CHECKING FOR INJURIES. HE WAS CITED FOR LEAVING THE SCENE. FOLEY STOPPED ON THE LEFT SHOULDER. BIESBOER WAS INJURED AND WAS TRANSPORTED FROM THE SCENE BY AMBULANCE.

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Location

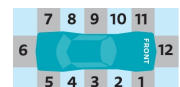
INTERSECTION ON IH39 SB AT RAMP IH39 NB IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.096047686	Longitude -89.285891684
	X Coordinate 313967.84375	Y Coordinate 4774017
	Structure Type	

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) DRY		BACKUP DUE TO PRIOR NON-RECURRING INCIDENT	
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 FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements		
	Total Occs 2	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 70	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 CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE 01	Vehicle					
		License Plate Number AFZ6486		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1GKS2CKJ9LR188077		Make GENERAL MOTORS COR	Year 2020	Model YUKON			
Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use			
Initial Contact Point 08 - LEFT SIDE REAR		08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE					
Extent Of Damage FUNCTIONAL DAMAGE							



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01	Owner Name STEVEN HENRY FOLEY (608) 751-0481		Owner Address 2756 S VOYAGE DR BELOIT, WI 53511 , US		
	Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company WEST-BEND-MUTUAL-INS-CO		Individual STEVEN FOLEY		
UNIT INDIVIDUAL	Individual				
	Driver STEVEN HENRY FOLEY (608) 751-0481		Citations Issued 0	Sex MALE	
			Date of Birth 06/18/1964	Race WHITE	
	Address 2756 S VOYAGE DR BELOIT, WI 53511 , US		Driver License Number F4007886421807 STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	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		
	001	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		
001	Distracted By				
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
001	Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
01	001	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 JOELLE MARIE BUMGARNER (608) 247-6200			Citations Issued 0	Sex FEMALE	
		Address 2756 S VOYAGE DR BELOIT, WI 53511 , US			Date of Birth 02/26/1966		
					Race WHITE		
		Driver License Number					
01	002	Safety Equipment		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
		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			
		Distracted By Action					
01	002	Non Motorist		Striking Unit #	Location		

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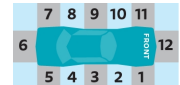
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UNIT 01	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
	Drug Type				
	Individual Condition APPEARED NORMAL				

Unit Summary

UNIT 02	Unit Status HIT AND RUN		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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 70	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/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 02	VEHICLE	Vehicle				
		License Plate Number DD73064		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
		Vehicle Identification Number 2GKFLTEK6D6284815		Make GENERAL MOTORS COR	Year 2013	Model TERRAINE
		Color BLK - BLACK		Body Style LL - CARRYALL		Bus Use
		Initial Contact Point 99 - UNKNOWN		Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE		02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 06 - REAR 		
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing SLOW/STOPPING				

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE		
	Driver Actions UNKNOWN				
	Owner Name GERARDO TLEHUACTLE MAYAHUA (815) 821-8149		Owner Address 502 SOUTH LASALLE STREET AURORA, IL 60505 , US		
	Sequence Of Events				
UNIT 02	01	Event MOTOR VEH IN TRANSPORT			
	02	Event MOTOR VEH IN TRANSPORT			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company AMERICAN ALLIANCE		Individual GERARDO TLEHUACTLE MAYAHUA		
UNIT INDIVIDUAL	Individual				
	Driver GERARDO TLEHUACTLE MAYAHUA		Citations Issued 0	Sex MALE	
			Date of Birth 02/11/2001	Race HISPANIC	
	Address 502 S LASALLE STREET AURORA, IL 60550 , US		Driver License Number 474621203 STATE: VERACRUZ-LLAVE COUNTRY: MEXICO		
UNIT 02	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury	Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE	
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source		
Distracted By Action					
Non Motorist		Striking Unit #	Location		

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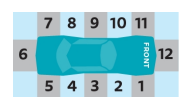
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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	02	003	Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use
			Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
			Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition NOT OBSERVED			
	01	Violations				
		UTC Number BG777242	Issue To? V02	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT	

Unit Summary

UNIT	03	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 SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 70	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/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							
		VEHICLE	03	Vehicle					
				License Plate Number DF13315		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES	
Vehicle Identification Number KM8JFCAE2NU087135				Make HYUNDAI	Year 2022	Model TUCSON			
Color WHI - WHITE				Body Style LL - CARRYALL		Bus Use			
Initial Contact Point 12 - FRONT				01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 					
Extent Of Damage DISABLING DAMAGE									

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By UNIVERSITY TOWING	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
03	Owner Name ANNA M BIESBOER		Owner Address 2718 ORCHARD ST BLUE ISLAND, IL 60406 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
03	Policy Holder			
	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO		Individual ANNA BIESBOER	
04	Individual			
	Driver ANNA M BIESBOER		Citations Issued 0	Sex FEMALE
	Date of Birth 08/03/1951		Race	
	Address 2718 ORCHARD ST BLUE ISLAND, IL 60406 , US		Driver License Number B21605351820 STATE: ILLINOIS COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag DEPLOYED-FRONT	
	Injury		Injury Severity SUSPECTED SERIOUS INJUR	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		Medical Transport EMS GROUND	
03	EMS Agency Identifier 6001028		EMS Run #	
	Hospital ST MARYS EMERGENCY CTR-SUN PRAIRIE		Date of Death	
	Time of Death		Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN			

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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	
03	004	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 NOT OBSERVED				