

6TL09426RF  
18-08884

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>18-08884</b>		Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>08/13/2018</b>		Crash Time <b>05:11 PM</b>		Date Arrived <b>08/13/2018</b>		Time Arrived <b>05:17 PM</b>	
Date Notified <b>08/13/2018</b>		Time Notified <b>05:11 PM</b>		Total Units <b>02</b>		Total Injured <b>02</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

Diagram		Reconstruction By	
		Photos By <b>J KELLOGG</b>	
		Additional Information <b>NONE, PHOTOS</b>	

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

UNIT 1 WAS WESTBOUND ON HY 33. UNIT 2 WAS SOUTH BOUND ON COON BLUFF RD AND WAS STOPPED FOR A STOP SIGN. UNIT 2 PROCEEDED TO PULL OUT FROM THE STOP SIGN. UNIT 1 WAS UNABLE TO AVOID UNIT 2 AND BOTH UNITS COLLIDED IN A T BONE MANNER. A WITNESS VERIFIED THE STORY. THE OPERATOR OF UNIT 2 ADVISED SHE DID NOT SEE UNIT 1. THE OPERATOR OF UNIT 2 WAS CITED FOR FAILING TO YIELD WHILE MAKING A LEFT TURN.

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Location

<b>INTERSECTION ON COON BLUFF RD AT STH33 EB IN THE TOWN OF EXCELSIOR IN SAUK COUNTY</b>	Latitude <b>43.52811589</b>	Longitude <b>-89.867120671</b>
	X Coordinate <b>268312.03125</b>	Y Coordinate <b>4823458</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>08--FRONT TO SIDE</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>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>08/13/2018</b>	Time Initial Lane/Rd Closed <b>05:11 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>08/13/2018</b>	Time All Lanes Open <b>06:10 PM</b>	Date Scene Cleared <b>08/13/2018</b>	Time Scene Cleared <b>06:10 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>PASSENGER CAR</b>	Operating As Endorsements				
	Total Occs <b>1</b>	Train/Bus # Injured	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>WESTBOUND</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>Vehicle</b>					
		License Plate Number <b>893RJH</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>KNDJT2A26B7711865</b>	Make <b>KIA MOTORS CORPORA</b>	Year <b>2011</b>	Model <b>NO DATA FO</b>		

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UNIT	VEHICLE	Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Driver Distractions <b>NOT DISTRACTED</b>		
		Owner Name <b>COURTNEY R BROWN (608) 477-9496</b>	Owner Address <b>S3705 FAIRFIELD RD BARABOO, WI 53913 , US</b>	
UNIT	01	<b>Sequence Of Events</b>		
		01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>GEICO-GENERAL-INS-CO</b>	Individual <b>COURTNEY BROWN</b>	
		<b>Individual</b>		
		Driver <b>COURTNEY R BROWN (608) 477-9496</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Address <b>S3705 FAIRFIELD RD BARABOO, WI 53913 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	Helmet Compliance	

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UNIT	01	001	Eye Protection	Tint Compliance			
			<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>		
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
			Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6001024</b>		EMS Run #	
	Hospital <b>REEDSBURG AREA MED CTR</b>	Date of Death		Time of Death			
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location		To/From School	
	Action						
	Action Other						
	<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	Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements			
		Total Occs <b>2</b>		Train/Bus # Injured		Total # Citations Issued <b>1</b>		Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>		Direction Of Travel <b>SOUTHBOUND</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>STOP SIGN</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>							

02	02	<b>Vehicle</b>					
		License Plate Number <b>ACG1512</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>1G1ZA5EU3CF155309</b>		Make <b>CHEVROLET</b>		Year <b>2012</b>	Model <b>MALIBU LS</b>		

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UNIT	VEHICLE	Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>9--LEFT SIDE MIDDLE</b>	Vehicle Damage <b>8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</b>		
		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>		
		What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
UNIT	VEHICLE	Driver Prior Action Other			
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
		Driver Distractions			
		Owner Name <b>AQUAREANNE CHRISTINA LANCASTER (608) 617-8796</b>	Owner Address <b>891 COUNTY ROAD K # 5 WISCONSIN DELLS, WI 53965 , US</b>		
		<b>Sequence Of Events</b>			
UNIT	VEHICLE	01 Event <b>MOTOR VEH IN TRANSPORT</b>			
		02 Event			
		03 Event			
		04 Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>AQUAREANNE LANCASTER</b>		
		Driver <b>AQUAREANNE CHRISTINA LANCASTER (608) 617-8796</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
		Address <b>891 COUNTY ROAD K # 5 WISCONSIN DELLS, WI 53965 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>	
			Driver License Number [REDACTED]	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT	INDIVIDUAL	<b>Equipment</b>	On Duty Crash		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use	Helmet Compliance		

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02	002	Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-SIDE</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</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	
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		<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			
02	002	Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>ROSE M WOLD</b> <b>(608) 566-0178</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
Address <b>891 COUNTY ROAD K # 5</b> <b>WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>				
On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>					
<b>Equipment</b>		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>					
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
02	003	<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 APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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UNIT	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #		
	Hospital		Date of Death		Time of Death		
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location		To/From School
	Action						
	Action Other						
	<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		
	Drug Type						
	Individual Condition <b>APPEARED NORMAL</b>						
02	<b>Violations</b>						
	UTC Number <b>AE142369</b>		Issue To? <b>002</b>	Statute Number <b>346.18(2)</b>	Seq Num <b>001</b>	Description <b>FAIL/YIELD WHILE MAKING LEFT TURN</b>	
003	<b>Witness</b>						
	WITN ESS	Individual <b>KRISTI A GILLET</b> (608) 963-3293			Address <b>2302 MYRTLE ST</b> <b>REEDSBURG, WI 53959 , US</b>		Date of Birth <b>[REDACTED]</b>