

6TL09N3P4V  
18-01502

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>18-01502</b>	Investigating Officer/Deputy <b>DEPUTY C. FRANK</b>	
Crash Date <b>02/10/2018</b>		Crash Time <b>12:34 PM</b>	Date Arrived <b>02/10/2018</b>	Time Arrived <b>12:44 PM</b>	
Date Notified <b>02/10/2018</b>		Time Notified <b>12:38 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <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

<p>Diagram</p>	Reconstruction By
	Photos By <b>9198</b>
	Additional Information <b>PHOTOS</b>

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

ON THE ABOVE DATE AND TIME UNIT 1 AND UNIT 2 WERE EASTBOUND ON LINN ST. UNIT 1 SIGNALLED A LEFT TURN AND STOPPED FOR TRAFFIC FOR A LEFT TURN INTO CULVER'S. UNIT 2 STUCK UNIT 1 IN THE REAR. UNIT 1 STOPPED IN CULVER'S AND UNIT 2 CONTINUED TO HER HOME AS SHE IS AN UNEXPERIENCED DRIVER AND UNSURE WHAT TO DO. SHE RETURNED TO THE SCENE WITH HER PARENTS. COUNSELED ON WHAT IS TO BE DONE IN THE EVENT OF A CRASH. WRITTEN WARNING ISSUED FOR FAILURE TO MAINTAIN CONTROL.

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Location

ON 420 LINN ST/ STH33 EB 204 FT E OF MULBERRY ST IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.474798527</b>	Longitude <b>-89.766274535</b>
	X Coordinate <b>276264.65625</b>	Y Coordinate <b>4817260</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</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>CLOUDY</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

01 UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>951XGL</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5J6RE48509L026278</b>	Make <b>HONDA</b>	Year <b>2009</b>	Model <b>NO DATA FO</b>
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>6--REAR</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By		
		What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		Driver Distractions <b>NOT DISTRACTED</b>				
01	01	Owner Name <b>LYNETTE F HARRISON (414) 539-0239</b>		Owner Address <b>1350 8TH ST REEDSBURG, WI 53959 , US</b>		
		<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>				
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>LYNETTE HARRISON</b>		
UNIT	INDIVIDUAL	Driver <b>LYNETTE F HARRISON (414) 539-0239</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>1350 8TH ST REEDSBURG, WI 53959 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>	
UNIT	INDIVIDUAL	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		<b>Equipment</b>		Helmet Compliance		
01	001	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Tint Compliance		
		Helmet Use		Airbag <b>NON DEPLOYED</b>		
		Eye Protection		Trapped/Extricated <b>NOT TRAPPED</b>		
		<b>Injury</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		
		Injury Severity <b>NO APPARENT INJURY</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
		Ejected <b>NOT EJECTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>		

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UNIT           01           001	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>				

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>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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>					

UNIT           02	<b>Vehicle</b>			
	License Plate Number <b>11903ER</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JTDKB20U653049291</b>	Make <b>TOYOTA</b>	Year <b>2005</b>	Model <b>PRIUS</b>
	Color <b>WHI - WHITE</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>12--FRONT</b>		

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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE, FAILURE TO CONTROL</b>			
02	Driver Distractions <b>NOT DISTRACTED</b>			
	Owner Name <b>BRUCE F STEWART (608) 477-2209</b>		Owner Address <b>1618 ALGONQUIN DR BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>				
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
<b>Policy Holder</b>				
UNIT	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>BRUCE STEWART</b>	
	<b>Individual</b>			
UNIT	Driver <b>MOLLY META STEWART (608) 844-4992</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>1618 ALGONQUIN DR BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
UNIT	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
	On Duty Crash		Safety Equipment	
02	<b>Equipment</b>		<b>SHOULDER &amp; LAP BELT</b>	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag	
002	<b>Injury</b>		<b>NON DEPLOYED</b>	
	Injury Severity <b>NO APPARENT INJURY</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	
Ejected <b>NOT EJECTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>		

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<b>UNIT</b> <b>INDIVIDUAL</b>       <b>02</b> <b>002</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		
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					