

6TL0BC3B4D

20-01976

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 20-01976		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 02/21/2020		Crash Time 01:07 PM		Date Arrived 02/21/2020		Time Arrived 01:21 PM	
Date Notified 02/21/2020		Time Notified 01:08 PM		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

<p>Diagram</p>	Reconstruction By
	Photos By H. VOLZ #9137
	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 WAS TRAVELING SOUTHBOUND AND UNIT 2 WAS STOPPED AT A STOP SIGN. WHILE UNIT 1 WAS TRAVELING SOUTHBOUND, THE OPERATOR OF UNIT 2 PULLED OUT IN FRONT OF UNIT 1. UNIT 1 STRUCK UNIT 2 ON THE PASSENGER SIDE CAUSING BOTH UNITS TO LOSE CONTROL. UNITS 1 AND 2 CAME TO REST FACING IN A NORTH AND NORTH WEST DIRECTION NEAR THE SOUTHBOUND LANES. BOTH OPERATORS WERE TRANSPORTED TO THE LOCAL HOSPITAL.

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Location

ON STH23 EB 23 FT S OF CTHW SB IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.395531168	Longitude -90.036484273
	X Coordinate 254088.015625	Y Coordinate 4809218.5
	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 FOUR-WAY INTERSECTION	

Unit Summary

UNIT 01	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 SOUTHBOUND	<input type="checkbox"/> Pre CrashTire 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 STRAIGHT		Road Grade UPHILL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE	Vehicle					
		License Plate Number MW2884		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 2GCEK19K0S1102173		Make CHEVROLET	Year 1995	Model GMT-400			
Color TEA - TEAL		Body Style PK - PICKUP		Bus Use			
Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 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 REEDSBURG SALVAGE		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01	Owner Name JAMES M MC VEIGH (608) 588-4207		Owner Address 1140 CHERRY ST PLAIN, WI 53577 , US		
	Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual JAMES MC VEIGH		
UNIT INDIVIDUAL	Individual				
	Driver JAMES M MC VEIGH (608) 588-4207		Citations Issued 0	Sex MALE	
	Address 1140 CHERRY ST PLAIN, WI 53577 , US		Date of Birth	Race WHITE	
	Driver License Number STATE: WISCONSIN 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		
	001	Injury		Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport EMS GROUND		EMS Agency Identifier 6001024	EMS Run #
Hospital REEDSBURG AREA MED CTR		Date of Death	Time of Death		
001	Distracted By		Distracted By Source		
	Distracted By Action UNKNOWN				

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UNIT 01 001	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 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 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire 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 STOP SIGN		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade UPHILL		
	Truck Bus or HazMat NO						
	UNIT 02 VEHICLE	Vehicle					
		License Plate Number AFG2391		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number YV1SZ58D011040006		Make VOLVO	Year 2001	Model V70			
Color BLU - BLUE		Body Style SW - STATIONWAGON		Bus Use			
Initial Contact Point 03 - RIGHT SIDE MIDDLE		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER					
Extent Of Damage DISABLING DAMAGE							
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By REEDSBURG SALVAGE					

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE		
	Owner Name SUSAN E JONES (630) 290-9315	Owner Address S6553 SPRING VALLEY RD LOGANVILLE, WI 53943 , US	
UNIT INDIVIDUAL	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
	Policy Holder		
	Insurance Company WESTFIELD-INS-CO	Individual SUSAN JONES	
	Individual		
	Driver SUSAN E JONES (630) 290-9315	Citations Issued 1	Sex FEMALE
		Date of Birth	Race WHITE
Address S6553 SPRING VALLEY RD LOGANVILLE, WI 53943 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	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	
	Injury	Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-SIDE
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED
	Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run #
	Hospital REEDSBURG AREA MED CTR	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action UNKNOWN		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	02	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	Violations				
		UTC Number AE138425	Issue To? 002	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN	