

6TL0BC3B4G

20-05258

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 20-05258	Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 06/04/2020		Crash Time 01:42 PM	Date Arrived 06/04/2020	Time Arrived 01:45 PM	
Date Notified 06/04/2020		Time Notified 01:43 PM	Total Units 02	Total Injured 00	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 checked="" 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.

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNITS 1 AND 2 WERE TRAVELING WESTBOUND. AS THE OPERATOR OF UNIT 2 WAS SLOWING DOWN AND BEGINNING TO MAKE A LEFT TURN, THE OPERATOR OF UNIT 1 ATTEMPTED TO PASS UNIT 2. THE UTILITY TRAILER THAT UNIT 1 WAS TOWING STRUCK UNIT 1 IN THE FRONT DRIVER'S SIDE TIRE AREA. NO REPORTED INJURIES.

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Location

Table with 3 columns: Address (ON LINN ST/ STH136 WB, 299 FT E, OF RAVEN ACRES DR, IN THE TOWN OF BARABOO, IN SAUK COUNTY), Latitude (43.482168391), Longitude (-89.80132339), X Coordinate (273457.34375), Y Coordinate (4818173.5), Structure Type.

Crash Scene

Table with 4 columns: 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), 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-RELATED), Intersection Type (T-INTERSECTION).

Unit Summary

Table with 5 columns: 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 (1), Total Trailers (1), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (WESTBOUND), Pre Crash Tire 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 (LEVEL), Truck Bus or HazMat (NO).

Table with 4 columns: License Plate Number (PG5593), Plate Type (LTK - LIGHT TRUCK), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (2GCEK19T5Y1299181), Make (CHEVROLET), Year (2000), Model (SILVERADO), Color (BLK - BLACK), Body Style (PK - PICKUP), Bus Use, Initial Contact Point (04 - RIGHT SIDE REAR), Vehicle Damage (04 - RIGHT SIDE REAR), 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 OVERTAKE LEFT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions IMPROPER OVERTAKING / PASSING LEFT				
01	01	Owner Name MICHEAL J GILSON (608) 566-4726		Owner Address 304 DOTY ST MONTELLO, WI 53949 , US	
Sequence Of Events					
	01	Event CROSS CENTERLINE			
	02	Event MOTOR VEH IN TRANSPORT			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual MICHEAL GILSON		
UNIT TRAILER/	Trailer/Towed				
	Trailer Plate #	Plate Type	Make UNK	State	Country of Issuance
	Unit Type UTILITY TRAILER	Individual MICHEAL J GILSON (608) 566-4726		Address 304 DOTY ST MONTELLO, WI 53949 , US	
	Vehicle Identification Number				
UNIT INDIVIDUAL	Individual				
	Driver MICHEAL J GILSON (608) 566-4726		Citations Issued 1	Sex MALE	
	Address 304 DOTY ST MONTELLO, WI 53949 , US		Date of Birth Race WHITE		
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 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	

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UNIT	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By Distracted By Source			
	Distracted By Action UNKNOWN			
	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			
	Violations			
01	UTC Number AE138449	Issue To? 001	Statute Number 346.09(4)	Description PASSING VEHICLE INDICATING LEFT TURN

Unit Summary

UNIT	02	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
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Total HazMat Types 0
	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			

Vehicle

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02	UNIT	VEHICLE	License Plate Number AFA7710	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
			Vehicle Identification Number 1FMSK8DH5LGA70506	Make FORD	Year 2020	Model EXPLORER	
			Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use		
			Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage			
			Extent Of Damage DISABLING DAMAGE	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER			
			Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By			
			What Driver Was Doing LEFT TURN	Vehicle Factors			
02	UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE			
			Driver Actions NO CONTRIBUTING ACTION				
02	UNIT	VEHICLE	Owner Name TRAVIS JOHN STEINKE (608) 279-5641	Owner Address E12515 SPEAR DR MERRIMAC, WI 53561 , US			
			Sequence Of Events				
02	UNIT	VEHICLE	01 Event LEFT TURN				
			02 Event MOTOR VEH IN TRANSPORT				
			03 Event				
			04 Event				
02	UNIT	VEHICLE	Policy Holder				
			Insurance Company USAA-CASUALTY-INS-CO	Individual TRAVIS STEINKE			
02	UNIT	INDIVIDUAL	Individual				
			Driver TRAVIS JOHN STEINKE (608) 279-5641	Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
			Address E12515 SPEAR DR MERRIMAC, WI 53561 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
02	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		
02	002	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			

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Form with multiple sections: Ejected/Trapped status, Medical Transport, Hospital, Distracted By Source/Action, Non Motorist, Prior Action, Action, Action Other, Drug & Alcohol, Alcohol/Drug Test Results, Drug Type, Individual Condition, Individual (Passenger info), Safety Equipment, Injury, Ejected/Trapped status.

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	Hospital		Date of Death	Time of Death	
	Distracted By Distracted By Source				
	Distracted By Action				
	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		
02	003	Drug Type			
		Individual Condition APPEARED NORMAL			