

6TL0DJJ8VR
22-09993

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 22-09993		Investigating Officer/Deputy DEPUTY J. TROTH	
Crash Date 10/07/2022		Crash Time 07:20 PM		Date Arrived 10/07/2022		Time Arrived 07:38 PM	
Date Notified 10/07/2022		Time Notified 07:22 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 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 TROTH
	Additional Information PHOTOS

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

UNIT 1 DRIVEN BY LOLA HISH WAS EASTBOUND HWY 12. UNIT 2 DRIVEN BY MARK RILEY WAS ALSO EASTBOUND HWY 12. UNIT 2 SLOWED DOWN TO STOP AT THE RED LIGHT AT THE INTERSECTION OF HWY 12 AND CTH PF. UNIT 1 STRUCK THE REAR OF UNIT 2 CAUSING MINOR DAMAGE. UPON CONTACT WITH THE DRIVER OF UNIT 1, LOLA HISH, SHE ADVISED SHE DID NOT HAVE A DRIVER'S LICENSE AND DID NOT HAVE INSURANCE ON THE VEHICLE. LOLA STATED SHE WAS LOOKING DOWN FOR A CELL PHONE CHARGING CABLE AND LOOKED UP TO SEE UNIT2 STOPPING. LOLA TRIED TO STOP IN TIME BUR STRUCK THE REAR OF THE VEHICLE. DRIVING RECORD SHOWED LOLA WAS SUSPENDED WITH THREE PRIOR OPERATING WHILE SUSPENDED. LOLA DID NOT DENY.

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Location

ON USH12 EB 64 FT N OF USH12 EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude	Longitude
	43.293234605	-89.759148116
	X Coordinate	Y Coordinate
	276173.5	4797076
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 DARK/LIGHTED	
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 FULL 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 AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number ANW9360	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C3LC46K87N587764	Make CHRYSLER	Year 2007	Model SEBRING
	Color TAN - TAN	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions			
01 01	Owner Name KRISTINE MARIE JOHNSON (608) 292-0525		Owner Address S7559 US HIGHWAY 12 # H-1 NORTH FREEDOM, WI 53951 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT INDIVIDUAL	Driver LOLA MARIE HISH (608) 292-0525		Citations Issued 3	Sex FEMALE
	Address S7559 US HIGHWAY 12 # H-1 NORTH FREEDOM, WI 53951 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
	Individual			
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED		
Hospital		EMS Agency Identifier		
Date of Death		EMS Run #		
Time of Death		Distracted By Source OTHER ELECTRONIC DEVICE		
Distracted By		Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)		
Non Motorist		Striking Unit #		
Location				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	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		
UNIT	INDIVIDUAL	Passenger AMBER ROSE HISH	Citations Issued 0	Sex FEMALE
			Date of Birth [REDACTED]	Race WHITE
		Address S7559 US HIGHWAY 12 # 1-6 NORTH FREEDOM, WI 53951 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		
01	002	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				
Non Motorist		Striking Unit #	Location	
Prior Action				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action				
		Action Other	To/From School			
01	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			
		Individual				
		UNIT	INDIVIDUAL	Passenger ZOYE C HELLENBRAND	Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]			Race WHITE		
UNIT	INDIVIDUAL	Address 1015 MONROE ST SAUK CITY, WI 53583 , US	Driver License Number			
		Safety Equipment				
01	003	On Duty Crash	Safety Equipment			
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	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				
Non Motorist		Striking Unit #	Location			
Prior Action						

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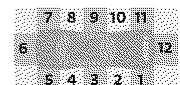
UNIT INDIVIDUAL	Action					
	Action Other			To/From School		
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
	Drug Type					
	Individual Condition APPEARED NORMAL					
	Violations					
	01	003	UTC Number B1587911	Issue To? 001	Statute Number 343.44(1)(a)	Description OPERATING WHILE SUSPENDED
	02	01	UTC Number B1587912	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE
03	02	UTC Number B1587913	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING	

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		Total HazMat Types 0			
	Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark	
	Speed Limit 55		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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO					

Vehicle

UNIT 02	License Plate Number JJS928		Plate Type AUT - AUTOMOBILE	St IA	Country of Issuance UNITED STATES
	Vehicle Identification Number 3PCAJ5M37KF118845		Make INFINITI	Year 2019	Model QX50
	Color BLK - BLACK		Body Style 4H - HATCHBACK 4 DOOR		Bus Use
	Initial Contact Point 06 - REAR				



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	06 - REAR
	Towed Due To Damage NOT TOWED	Vehicle Removed By
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name MARK RILEY (515) 577-4341	Owner Address 1467 POMPANO DR CLIVE, IA 50325 , US
Sequence Of Events		
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
UNIT VEHICLE	Policy Holder	
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual MARK RILEY
UNIT INDIVIDUAL	Individual	
	Driver MARK RILEY (515) 577-4341	Citations Issued 0
		Sex MALE
		Date of Birth [REDACTED]
UNIT INDIVIDUAL	Address 1467 POMPANO DR CLIVE, IA 50325 , US	Driver License Number [REDACTED] STATE: IOWA COUNTRY: UNITED STATES
	Safety Equipment	
UNIT INDIVIDUAL	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
UNIT INDIVIDUAL	Injury Severity Injury 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
UNIT INDIVIDUAL	Hospital	Date of Death
		Time of Death

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UNIT INDIVIDUAL	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	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	
Individual		
Passenger CHARLOTTE MARIE RILEY	Citations Issued 0	
	Sex FEMALE	
	Date of Birth [REDACTED]	
	Race WHITE	
Address 1467 POMPANO DR CLIVE, IA 50325 , US	Driver License Number [REDACTED]	
	STATE: IOWA COUNTRY: UNITED STATES	
Safety Equipment	On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
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	

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UNIT INDIVIDUAL 02 005	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
	Drug Type		
	Individual Condition APPEARED NORMAL		