

6TL0BC3B69

22-10568

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0BC3B69

| | | | | | | | |
|---|--------------------------------------|--|------------------------------------|--|--|--|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 22-10568 | | Investigating Officer/Deputy DEPUTY W. VERTEIN | |
| Crash Date 10/23/2022 | | Crash Time 10:52 AM | | Date Arrived 10/23/2022 | | Time Arrived 11:04 AM | |
| Date Notified 10/23/2022 | | Time Notified 10:54 AM | | 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 checked="" type="checkbox"/> Trailer or Towed | | <input type="checkbox"/> Reporting Threshold | |
| <input checked="" 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 <p>Not to scale</p> <p>Kennan Ct</p> <p>CTH H</p> | | Reconstruction By Photos By DEPUTY J. GREENWOOD 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, UNITS 1 AND 2 WERE TRAVELING SOUTHBOUND. AS THE OPERATOR OF UNIT 2 WAS ATTEMPTING TO MAKE A RIGHT TURN, THE OPERATOR OF UNIT 1 STRUCK UNIT 2 IN THE REAR. UNIT 2 STRUCK A STOP AND ROAD SIGN. THE UNIT 1 OPERATOR STATED THE UNIT 2 OPERATOR JUMPED ON HER BRAKES HARD AT THE LAST MINUTE AT THE INTERSECTION. THE WITNESS STATED SHE OBSERVED UNIT 2 WITH ITS RIGHT TURN SIGNAL ON, BUT THE OPERATOR APPEARED TO PAUSE AND HESITATE BEFORE ATTEMPTING TO MAKE A RIGHT TURN.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON CTHH SB 16 FT N OF KEENEN CT IN THE TOWN OF WINFIELD IN SAUK COUNTY | Latitude 43.566576195 | Longitude -89.971201106 |
| | X Coordinate 260053.796875 | Y Coordinate 4828025 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | | |
|---|--|---|---------------|
| 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 | Intersection Type T-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 2 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 1 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel SOUTHBOUND | <input checked="" type="checkbox"/> 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 | | | | | |

| | | | | | |
|-----------------------------|---|--|---|---------------------|---|
| UNIT 01 VEHICLE 01 | Vehicle | | | | |
| | License Plate Number DP4700 | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1GCEK19T73E176585 | | Make CHEVROLET | Year 2003 | Model SLV |
| | Color GRY - GRAY | | 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 FUNCTIONAL DAMAGE | | | | |



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| | | | | | |
|---------------------------|--|---|---|--|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions FOLLOWING TOO CLOSE | | | | |
| 01 | 01 | Owner Name THEODORE COPLIEN JR (608) 495-1651 | | Owner Address 2221 MABEL CT REEDSBURG, WI 53959 , US | |
| Sequence Of Events | | | | | |
| UNIT | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | 02 | Event | | | |
| | 03 | Event | | | |
| | 04 | Event | | | |
| UNIT | Policy Holder | | | | |
| | Insurance Company STATE-FARM-GENERAL-INS-CO | | Individual THEODORE COPLIEN | | |
| UNIT | Trailer/Towed | | | | |
| | Trailer Plate # | Plate Type | Make ALUM | State | Country of Issuance |
| UNIT TRAILER/ | Unit Type UTILITY TRAILER | Individual THEODORE RUSSELL COPLIEN JR (608) 495-1651 | | Address 2221 MABEL CT REEDSBURG, WI 53959 , US | |
| | Vehicle Identification Number | | | | |
| UNIT INDIVIDUAL | Individual | | | | |
| | Driver THEODORE COPLIEN JR (608) 495-1651 | | Citations Issued 0 | Sex MALE | |
| | Date of Birth | | Race WHITE | | |
| | Address 2221 MABEL CT REEDSBURG, WI 53959 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| UNIT 001 | Safety Equipment | | On Duty Crash | | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | | Safety Equipment 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 |

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|--|--|-----------------------|--|----------------------|--|--|
| UNIT INDIVIDUAL | 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 | | | | | | |
| UNIT INDIVIDUAL | Individual | | | | | |
| | Passenger CARTER COPLIEN (608) 495-9047 | | Citations Issued 0 | | Sex MALE | |
| | | | Date of Birth | | Race WHITE | |
| | Address 2221 MABEL CT REEDSBURG, WI 53959 , US | | Driver License Number | | | |
| | Safety Equipment | | 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 # | | |

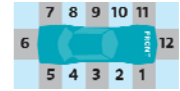
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|------|------------|--|--|--|--|---------------|--|
| UNIT | VEHICLE | Initial Contact Point 07 - LEFT REAR CORNER | | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR | | | |
| | | Extent Of Damage FUNCTIONAL DAMAGE | | | | | |
| | | Towed Due To Damage NOT TOWED | | Vehicle Removed By | | | |
| | | What Driver Was Doing RIGHT TURN | | Vehicle Factors | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | |
| UNIT | VEHICLE | Driver Actions | | | | | |
| | | | | | | | |
| | | Owner Name MARCIE SAYE (608) 617-3003 | | Owner Address 493 W PRAIRIE ST ENDEAVOR, WI 53930 , US | | | |
| | | Sequence Of Events | | | | | |
| | | Event RIGHT TURN | | | | | |
| UNIT | VEHICLE | Event MOTOR VEH IN TRANSPORT | | | | | |
| | | Event | | | | | |
| | | Event | | | | | |
| | | Event | | | | | |
| | | Policy Holder | | | | | |
| UNIT | INDIVIDUAL | Insurance Company WISCONSIN-MUTUAL-INS-CO | | Individual MARCIE SAYE | | | |
| | | Individual | | | | | |
| | | Driver MARCIE SAYE (608) 617-3003 | | Citations Issued 0 | Sex FEMALE | | |
| | | Date of Birth | | Race WHITE | | | |
| | | Address 493 W PRAIRIE ST ENDEAVOR, WI 53930 , 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 | | | |
| UNIT | INDIVIDUAL | 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 | |



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| | | | | |
|--|--|--|--|---|
| UNIT INDIVIDUAL | 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 | | | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Passenger HUDSON WITTE | | Citations Issued 0 | Sex MALE |
| | | | Date of Birth | Race WHITE |
| | Address S2239B TOWN HALL RD REEDSBURG, WI 53959 , US | | Driver License Number | |
| | Safety Equipment | | On Duty Crash | |
| | | | Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING | |
| | Row 02 - SECOND ROW | Seat Position 08 - MIDDLE | | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | UNIT INDIVIDUAL | Injury | | Injury Severity POSSIBLE INJURY |
| 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 | |
| Distracted By | | Distracted By Source | | |

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| | | | | | |
|------------|-------------------|---------------------------|--|-------------------|---------------------------------|
| UNIT 02 | INDIVIDUAL 004 | 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 | | |

Property Owner

| | | |
|---------------------|---|--|
| PROP OWNER 01 | Government TOWNSHIP OF WINFIELD (608) 524-6654 | Address E6274 BASS RD REEDSBURG, WI 53959 , US |
| | | |

Fixed Objects Struck

| | | | | |
|----|----------------------------|---|------------------|--------------------------------|
| 01 | Striking Unit 02 | Struck Object TRAFFIC SIGN POST | Structure Number | Damage Tag Number NA |
| | | | | |

Property Owner

| | | |
|---------------------|---|--|
| PROP OWNER 02 | Government SAUK COUNTY HWY DEPT (608) 356-3855 | Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US |
| | | |

Fixed Objects Struck

| | | | | |
|----|----------------------------|---|------------------|--------------------------------|
| 02 | Striking Unit 02 | Struck Object TRAFFIC SIGN POST | Structure Number | Damage Tag Number NA |
| | | | | |

Witness

| | | | |
|-------------------|---|---|---------------|
| WITN ESS 01 | Individual DIANE HALL (608) 495-9962 | Address 251 MILL ST LA VALLE, WI 53941 , US | Date of Birth |
| | | | |