

6TL0BFKD87
18-00110

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 18-00110		Investigating Officer/Deputy DEPUTY H. LARKIN	
Crash Date 01/03/2018		Crash Time 05:35 PM		Date Arrived 01/03/2018		Time Arrived 06:04 PM	
Date Notified 01/03/2018		Time Notified 05:41 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
	Additional Information NONE

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

UNIT 2 WAS TRAVELING NB ON CTH G. UNIT 1 TURNED SB ON CTH G FROM CTH GG. UNIT 1 CROSSED THE CENTER LINE AND STRUCK UNIT 2.

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Location

ON CTHG SB 243 FT S OF CTHGG SB IN THE TOWN OF BEAR CREEK IN SAUK COUNTY	Latitude 43.34433823	Longitude -90.106787349
	X Coordinate 248182.234375	Y Coordinate 4803742.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	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 # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input 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				

01 UNIT	Vehicle				
	01	License Plate Number 5466AG	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1ZC5EU8BF295672	Make CHEVROLET	Year 2011	Model MALIBU 1LT
		Color GLD - GOLD	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	11--LEFT FRONT CORNER		

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By GEORGES AUTO BODY		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE		
		Driver Prior Action Other				
		Driver Actions FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
01	01	Driver Distractions DISTRACTION/INATTENTION				
		Owner Name ANN GREENHECK (608) 583-5466		Owner Address 26925 STATE HIGHWAY 130 HILLPOINT, WI 53937 , US		
Sequence Of Events						
UNIT	01	Event MOTOR VEH IN TRANSPORT				
		Event CROSS CENTERLINE				
		Event MOTOR VEH IN TRANSPORT				
		Event				
UNIT	04	Policy Holder				
		Insurance Company TOM MARSHALL INSURANCE RICHLAND CENTE		Individual ANN GREENHECK		
UNIT	INDIVIDUAL	Individual				
		Driver ANN GREENHECK (608) 583-5466		Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE	
		Address 26925 STATE HIGHWAY 130 HILLPOINT, WI 53937 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Use		Helmet Compliance
Eye Protection		Tint Compliance				
01	001	Injury		Airbag		
		Injury Severity NO APPARENT INJURY		NON DEPLOYED		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED		

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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 NO CONTRIBUTING ACTION			
02	02	Driver Distractions NOT DISTRACTED			
		Owner Name MARLENE FULLER (608) 986-3374		Owner Address 30527 HAPPY HOLLOW EAST RD CAZENOVIA, WI 53924 , US	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO		Individual MARLENE FULLER	
UNIT	INDIVIDUAL	Driver MARLENE FULLER (608) 986-3374		Citations Issued 0	Sex FEMALE
		Address 30527 HAPPY HOLLOW EAST RD CAZENOVIA, WI 53924 , US		Date of Birth	
02	002	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		Race WHITE	
		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
Equipment		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection		Airbag NON DEPLOYED	
Injury		Injury Severity NO APPARENT INJURY		Ejection Path NOT EJECTED/NOT APPLICABL	
		Ejected NOT EJECTED		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		
		Non Motorist	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		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 BARBARA HOLLAY (608) 986-2632	Citations Issued 0	Sex FEMALE		
			Date of Birth	Race WHITE		
		Address 16105 CONCORD ROAD CAZENOVIA, WI 53924 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER				
		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 APPLICABL	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #				
Hospital	Date of Death	Time of Death				
Non Motorist	Striking Unit #	Prior Action	Location	To/From School		

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UNIT	INDIVIDUAL	Action		
		Action Other		
02	003	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		