

6TL09KMLWZ  
18-00661

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 <b>18-00661</b>		Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>01/19/2018</b>		Crash Time <b>10:40 AM</b>		Date Arrived <b>01/19/2018</b>		Time Arrived <b>11:01 AM</b>	
Date Notified <b>01/19/2018</b>		Time Notified <b>10:41 AM</b>		Total Units <b>02</b>		Total Injured <b>02</b>	Total Killed <b>01</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	<p>Reconstruction By <b>SAUK COUNTY SHERIFF</b></p>
	<p>Photos By <b>FINNEGAN/KULAS</b></p>
	<p>Additional Information <b>FATAL CRASH SUPPLEMENT, PHOTOS, RECONSTRUCTION, WITNESS STATEMENTS</b></p>

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

UNIT 2 WAS WEST BOUND ON STH 60 WHEN THEY STATED UNIT 1, WHICH WAS EAST BOUND, CROSSED OVER THE CENTER LINE INTO THEIR LANE AND STRUCK THEM HEAD ON. THEY STATED THEY DID NOT SEE ANY REASON FOR HIM TO DO SO. IT DID NOT APPEAR THERE WERE ANY SKID MARKS FROM UNIT 1.

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Location

ON STH60 EB 0.62 MI E OF ROUND RIVER TRL IN THE TOWN OF TROY IN SAUK COUNTY	Latitude <b>43.199605777</b>	Longitude <b>-89.901670211</b>
	X Coordinate <b>264250.1875</b>	Y Coordinate <b>4787069.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03--FRONT TO FRONT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>01/19/2018</b>	Time Initial Lane/Rd Closed <b>11:08 AM</b>	<b>LAW ENFORCEMENT</b>	
Date All Lanes Open <b>01/19/2018</b>	Time All Lanes Open <b>01:15 PM</b>	Date Scene Cleared <b>01/19/2018</b>	Time Scene Cleared <b>01:16 PM</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	<b>Vehicle</b>						
	License Plate Number <b>NC4521</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
Vehicle Identification Number <b>JTEGD20V440007755</b>		Make <b>TOYOTA</b>	Year <b>2004</b>	Model <b>RAV4</b>			

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UNIT	VEHICLE	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 6--REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT</b>	
		Extent Of Damage <b>DISABLING DAMAGE</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>GEORGES AUTO BODY</b>	
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions <b>UNKNOWN</b>		
		Driver Distractions <b>UNKNOWN IF DISTRACTED</b>		
01	01	Owner Name <b>TIMOTHY ROGERS</b>	Owner Address <b>E7746 STATE ROAD 60 SPRING GREEN, WI 53588 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
04	03	Event		
		Event		
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>GEICO-CASUALTY-CO</b>	Individual <b>TIMOTHY ROGERS</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>TIMOTHY ROGERS</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>E7746 STATE ROAD 60 SPRING GREEN, WI 53588 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>			
	Helmet Use	Helmet Compliance		

UNIT	INDIVIDUAL	01	001	Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity <b>FATAL INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death <b>01/19/2018</b>	Time of Death <b>11:52</b>		
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST GIVEN</b>	Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>		
Drug Test Given <b>TEST GIVEN</b>	Drug Test Type <b>BLOOD</b>	Drug Test Results <b>PENDING</b>				
01	001	Drug Type				
Individual Condition <b>NOT OBSERVED</b>						

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements				
		Total Occs <b>2</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
		Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE LEFT</b>	Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>					
		02	02	<b>Vehicle</b>			
				License Plate Number <b>567TWF</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3FA6P0RUXER340832</b>	Make <b>FORD</b>	Year <b>2014</b>	Model <b>FUSION TIT</b>		

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UNIT	VEHICLE	Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</b>	
		Extent Of Damage <b>DISABLING DAMAGE</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>EVERETTS TOWING</b>	
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Driver Distractions <b>NOT DISTRACTED</b>		
02	02	Owner Name <b>BRUCE MEYER (608) 356-5148</b>	Owner Address <b>423 W OAK ST BARABOO, WI 53913 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
UNIT	04	<b>Policy Holder</b>		
		Insurance Company <b>STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO</b>	Individual <b>BRUCE MEYER</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>BRUCE MEYER (608) 356-5148</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>423 W OAK ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>			
	Helmet Use	Helmet Compliance		

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02	002	Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>		EMS Run # <b>509</b>	
		Hospital <b>SAUK PRAIRIE MEMORIAL HOSPITAL</b>		Date of Death		Time of Death	
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>		Drug Test Results <b>PENDING</b>			
02	002	Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>SHERYL MEYER (608) 356-5148</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
Address <b>423 W OAK ST BARABOO, WI 53913 , US</b>		Date of Birth		Race <b>WHITE</b>			
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>							
<b>Equipment</b>		On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>							
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
02	003	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

