

6TL0B3P3CJ
18-00877

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 18-00877		Investigating Officer/Deputy DEPUTY S. PARKHURST	
Crash Date 01/25/2018		Crash Time 02:53 PM		Date Arrived 01/25/2018		Time Arrived 02:54 PM	
Date Notified 01/25/2018		Time Notified 02:53 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 STOPPED IN A PARKING LOT AT THE EXIT PRIOR TO ENTERING TRAFFIC ON CTH BD. ENTRANCE TO CTH BD FROM THE PARKING LOT IS CONTROLLED BY A STOP SIGN. UNIT 1 WAS APPROACHING THE EXIT. THE OPERATOR STATED HE WAS TALKING TO HIS PASSENGER AND HE BELIEVED THAT UNIT 2 WAS ENTERING TRAFFIC AND NOT STOPPED AT THE SIGN. THE FRONT OF UNIT 1 STRUCK THE REAR OF UNIT 2. THE CRASH CAUSED MINOR DAMAGE TO BOTH VEHICLES.

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Location

ON S3214 CTH BD/ CTHBD WB 1032 FT N OF COOP LN (HOUSE/BUILDING S3214) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.527984293	Longitude -89.777960925
	X Coordinate 275516.71875	Y Coordinate 4823198.5
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 02--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 NON TRAFFICWAY - PARKING LOT	
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 DRIVEWAY ACCESS	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR				Operating As Endorsements		
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 1		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT	Vehicle					
		License Plate Number 292VME		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number JM3ER2A58C0411370		Make MAZDA	Year 2012	Model CX-7			
Color RED - RED		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS			
Initial Contact Point 12--FRONT		Vehicle Damage					
Extent Of Damage MINOR DAMAGE		12--FRONT					

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By				
	What Driver Was Doing ENTERING TRAFFIC LANE		Vehicle Factors				
	Driver Prior Action Other		NOT APPLICABLE				
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER						
01	01	Driver Distractions PASSENGER					
		Owner Name JOHN CARRIGAN (262) 392-2738		Owner Address W332S8088 JAMES DR MUKWONAGO, WI 53149 , US			
Sequence Of Events							
UNIT	01	Event MOTOR VEH IN TRANSPORT					
		Event					
		Event					
		Event					
UNIT	04	Policy Holder					
		Insurance Company STATE-FARM-COUNTY-MUTUAL-INS-CO-OF-TEX		Individual JOHN CARRIGAN			
UNIT	001	Individual					
		Driver JOHN CARRIGAN (262) 392-2738		Citations Issued 0	Sex MALE		
		Address W332S8088 JAMES DR MUKWONAGO, WI 53149 , US		Date of Birth	Race WHITE		
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
01	001	Equipment		On Duty Crash	Safety Equipment		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		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 APPLICABL		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 KATHLEEN CARRIGAN		Citations Issued 0	Sex FEMALE		
				Date of Birth	Race WHITE		
		Address W332S8088 JAMES DR MUKWONAGO, WI 53149 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		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 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			
	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		

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 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	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 PARKING LOT OR PRIVATE PROPERTY		Traffic Control STOP SIGN	Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
		Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 256KNE	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1C4RJFCG6EC218790	Make JEEP	Year 2014	Model GRAND CHER
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 6--REAR	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	6--REAR		
		Towed Due To Damage NOT TOWED	Vehicle Removed By		
		What Driver Was Doing OTHER	Vehicle Factors		
		Driver Prior Action Other ENTERING THE ROADWAY FROM A PARKING	NOT APPLICABLE		

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UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Driver Distractions NOT DISTRACTED			
	Owner Name DAVID THALACKER (608) 393-7394		Owner Address 1177 CANYON RD # 3 LAKE DELTON, WI 53940 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
UNIT 04	04	Event		
UNIT	Policy Holder			
	Insurance Company WEST-BEND-MUTUAL-INS-CO		Individual DAVID THALACKER	
UNIT INDIVIDUAL	Individual			
	Driver JEANNE THALACKER (608) 393-7394		Citations Issued 0	Sex FEMALE
	Address 1177 CANYON RD # 3 LAKE DELTON, WI 53940 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
	Equipment	On Duty Crash	Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	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 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		