

6TL09T1TLJ  
18-00880

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		Investigating Officer/Deputy <b>DEPUTY J. BODDEN</b>	
Crash Date <b>01/25/2018</b>		Crash Time <b>04:05 PM</b>		Date Arrived <b>01/25/2018</b>		Time Arrived <b>04:28 PM</b>	
Date Notified <b>01/25/2018</b>		Time Notified <b>04:06 PM</b>		Total Units <b>02</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <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>not to scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TURNING AND ENTERING INTO A GAS STATION LOT. UNIT 2 FAILED TO YIELD AND BEGAN A LEFT TURN AND CRASHED INTO UNIT 1 ON THE ROADWAY. BOTH VEHICLES SUSTAINED MODERATE DAMAGE. DRIVER OF UNIT 1 CALLED AFTER RETURNING HOME AND COMPLAINED OF UPPER BACK, SHOULDER, AND NECK PAIN. SHE STATED SHE WOULD SEEK HELP IF THE PAIN WORSENERD.

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Location

ON USH14 EB 534 FT E OF STH60 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.188462396</b>	Longitude <b>-90.068130347</b>
	X Coordinate <b>250679.71875</b>	Y Coordinate <b>4786314.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</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>CLEAR</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>

Unit Summary

01 UNIT	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>1</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 Crash Tire Mark	Speed Limit <b>45</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>				

01 UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>229XTR</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JA4AP3AU2HZ027852</b>	Make <b>MITSUBISHI</b>	Year <b>2017</b>	Model <b>OUTLANDER</b>
	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>8--LEFT SIDE REAR</b>	Vehicle Damage <b>7--LEFT REAR CORNER, 8--LEFT SIDE REAR</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>PASSENGER</b>		
		What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors  <b>NOT APPLICABLE</b>		
		Driver Prior Action Other			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	01	Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>KELIANN ELLETT (608) 425-8410</b>	Owner Address <b>1185 OAK ST # 2 PLAIN, WI 53577 , US</b>		
<b>Sequence Of Events</b>					
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		02	Event		
		03	Event		
		04	Event		
<b>Policy Holder</b>					
UNIT	INDIVIDUAL	Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>	Individual <b>KELIANN ELLETT</b>		
		Driver <b>KELIANN ELLETT (608) 425-8410</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
UNIT	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>		
		Address <b>1185 OAK ST # 2 PLAIN, WI 53577 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	001	<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	
		Eye Protection		Tint Compliance	
		<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>

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UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		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 NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>DANIEL TRAVIS (608) 604-9917</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>E4752 USH 14 SPRING GREEN, WI 53588 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</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	Time of Death				
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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UNIT	INDIVIDUAL	Action				
		Action Other				
	01	002	<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 NOT GIVEN</b>		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	01	<b>Violations</b>				
		UTC Number <b>AI390924</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(a)</b>	Seq Num <b>001</b>	Description <b>OPERATING AFTER SUSPENSION</b>

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>			
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>					Operating As Endorsements		
		Total Occs <b>1</b>		Train/Bus # Injured		Total # Citations Issued <b>1</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"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>45</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>UPHILL</b>	
		Truck Bus or HazMat <b>NO</b>							

UNIT	VEHICLE	<b>Vehicle</b>				
		License Plate Number <b>701032</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTYR15E58PA73726</b>		Make <b>FORD</b>	Year <b>2008</b>	Model <b>RANGER</b>
		Color <b>RED - RED</b>		Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>		Vehicle Damage <b>11--LEFT FRONT CORNER, 12--FRONT</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>		

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UNIT VEHICLE	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
	Driver Distractions <b>NOT DISTRACTED</b>		
02	02	Owner Name <b>RYAN HEWSON (608) 212-2627</b>	Owner Address <b>282 S WINSTED ST SPRING GREEN, WI 53588 , US</b>
<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
02	02	Event	
03	03	Event	
04	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>RYAN HEWSON</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>RYAN HEWSON (608) 212-2627</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>282 S WINSTED ST SPRING GREEN, WI 53588 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02 003	<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	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</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 #

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UNIT	Hospital		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 NOT GIVEN</b>			Drug Test Type	Drug Test Results	
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	02	<b>Violations</b>				
UTC Number <b>AI390923</b>		Issue To? <b>003</b>	Statute Number <b>346.18(2)</b>	Seq Num <b>001</b>	Description <b>FAIL/YIELD WHILE MAKING LEFT TURN</b>	