

6TL09B7D89
18-00964

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 18-00964	Investigating Officer/Deputy DEPUTY K. SORENSON	
Crash Date 01/27/2018		Crash Time 03:54 PM	Date Arrived 01/27/2018	Time Arrived 04:18 PM	
Date Notified 01/27/2018		Time Notified 04:18 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.

ON 1-27-18 AT APPROXIMATELY 3:54PM SAUK COUNTY DISPATCH ADVISED BARABOO POLICE DEPARTMENT OF A TWO VEHICLE ACCIDENT WITH NO INJURIES ON SOUTH BOULEVARD IN FRONT OF FARM AND FLEET. AT APPROXIMATELY 4:18PM BARABOO POLICE DEPARTMENT ADVISED THE ACCIDENT WAS ON THE SOUTH SIDE OF THE ROAD AND IN THE TOWNSHIP. I IDENTIFIED UNIT 1 OPERATOR VIA FLORIDA DRIVER'S LICENSE. UNIT 2 WAS IDENTIFIED VIA WISCONSIN DRIVER'S LICENSE. UNIT 2 ADVISED WE WAS EASTBOUND ON SOUTH BLVD STOPPED IN THE LANE OF TRAFFIC. HE STATED HE WAS LOST LOOKING FOR HWY 12 AND REALIZED HE NEEDED TO TURN AROUND. HE STATED HE TURNED HIS RIGHT BLINKER ON TO TURN INTO THE STORAGE UNITS. BOTH OF UNIT 2'S BLINKERS WORKED. WHEN UNIT 2 STARTED TO TURN HE WAS STRUCK BY UNIT 1 WHO WAS GOING AROUND HIM ON HIT RIGHT. UNIT 1 ADVISED HE WAS EASTBOUND ON SOUTH BLVD FOLLOWING UNIT 2. HE STATED UNIT 2 STOPPED IN THE LANE OF TRAFFIC AND HE BELIEVED UNIT 2 HAD ITS LEFT BLINKER ON. UNIT 2 WENT AROUND UNIT 1 ON THE RIGHT. UNIT 2 TURNED RIGHT BOTH UNITS COLLIDED.

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Location

ON CTH W/ CTHW EB 459 FT E OF INDUSTRIAL CT IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.460032253	Longitude -89.761027208
	X Coordinate 276634.65625	Y Coordinate 4815606
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION	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 DRIVEWAY ACCESS	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NON-EMERGENCY, NON-TRANSPORT	
	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	Vehicle			
	License Plate Number 485XPB	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number JT3GN87R1Y0165669	Make TOYOTA	Year 2000	Model 4RUNNER
	Color GRN - GREEN	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 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 OVERTAKE RIGHT		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER OVERTAKING / PASSING RIGHT, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name JOESPH LABRIER		Owner Address 901 MOORE ST #8 BARABOO, WI 53913 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
Policy Holder						
UNIT	INDIVIDUAL	Insurance Company GEICO-GENERAL-INS-CO		Individual JOESPH LABRIER		
		Driver JOESPH LABRIER		Citations Issued 0	Sex MALE	
UNIT	INDIVIDUAL	Date of Birth		Race WHITE		
		Address 901 MOORE ST #8 BARABOO, WI 53913 , US		Driver License Number STATE: FLORIDA COUNTRY: UNITED STATES		
01	001	Equipment		On Duty Crash		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		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 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 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 4	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NON-EMERGENCY, NON-TRANSPORT	
		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	VEHICLE	Vehicle			
		License Plate Number AAA5675	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GNSKJKCXHR266771	Make CHEVROLET	Year 2017	Model SUBURBAN
		Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 12--FRONT		

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING		
		What Driver Was Doing RIGHT TURN		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
02	02	Driver Distractions NOT DISTRACTED				
		Owner Name SCOTT RINGHAND		Owner Address 16137 W BUTTS CORNERS RD EVANSVILLE, WI 53536 , US		
Sequence Of Events						
UNIT	01	Event RIGHT TURN				
		02	Event MOTOR VEH IN TRANSPORT			
			Event			
		04	Event			
Policy Holder						
UNIT	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual SCOTT RINGHAND			
	Individual					
UNIT	INDIVIDUAL	Driver SCOTT RINGHAND		Citations Issued 0	Sex MALE	
		Address 16137 W BUTTS CORNERS RD EVANSVILLE, WI 53536 , 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				
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
	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 AURORA RINGHAND		Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address 16137 W BUTTS CORNERS RD EVANSVILLE, WI 53536 , US		Driver License Number	
	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				
		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				
		Individual				
		Passenger SARIN RINGHAND	Citations Issued 0	Sex FEMALE		
		Date of Birth		Race WHITE		
Address 16137 W BUTTS CORNERS RD EVANSVILLE, WI 53536 , US		Driver License Number				
UNIT	INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	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 02	INDIVIDUAL 004	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				
		Individual				
		Passenger FALLON RINGHAND	Citations Issued 0	Sex FEMALE		
		Address 16137 W BUTTS CORNERS RD EVANSVILLE, WI 53536 , US	Date of Birth Race WHITE			
Driver License Number						
UNIT 02	INDIVIDUAL 005	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 6--SECOND SEAT-RIGHT SIDE	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	005	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		