

6TL0BDBC3H  
18-01001

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>18-01001</b>	Investigating Officer/Deputy <b>LIEUTENANT T. SPENCER</b>	
Crash Date <b>01/28/2018</b>		Crash Time <b>10:30 AM</b>	Date Arrived <b>01/28/2018</b>	Time Arrived <b>11:30 AM</b>	
Date Notified <b>01/28/2018</b>		Time Notified <b>10:55 AM</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>Reconstruction By <b>SAUK COUNTY SHERIFF</b></p>
	<p>Photos By <b>NONE</b></p>
	<p>Additional Information <b>RECONSTRUCTION, PHOTOS</b></p>

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

OPERATOR OF V1 WAS DRIVING INTO DEVIL'S HEAD LODGE ON A PRIVATE ROAD/DRIVE WHEN THE OPERATOR OF V2 WAS ATTEMPTING TO LEAVE DEVIL'S HEAD AND WAS NEGOTIATING A RIGHT HAND CURVE WHEN LOSING CONTROL OF HIS VEHICLE IN THE CURVE AND ENTERING THE PATH OF TRAVEL OF V1 STRIKING V1 HEAD ON. V1 RECEIVED EXTENSIVE FRONT END DAMAGE AND NEEDED TO BE TOWED. V2 RECEIVED MODERATE DAMAGE BUT WAS OPERATIONAL AND DRIVEN BY THE OPERATOR AWAY FROM THE SCENE. RFS PASSENGER OF V1 STATED THAT HE HAD SOME MINOR SORENESS IN HIS LOWER BACK BUT WAS NOT GOING TO SEEK MEDICAL ATTENTION AT THIS TIME. ROADS WERE SNOW COVERED AND ICY.

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Location

<b>ON S6330 BLUFF RD 0.32 MI N OF DEVIL'S DOORWAY RD (FIRE S6330)</b>  <b>IN THE TOWN OF MERRIMAC IN SAUK COUNTY</b>	Latitude <b>43.415026532</b>	Longitude <b>-89.630672798</b>
	X Coordinate <b>287022.75</b>	Y Coordinate <b>4810266</b>
	Structure Type <b>FIRE</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>WET, SNOW, ICE</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</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

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements			
	Total Occs <b>3</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 Crash Tire Mark	Speed Limit <b>15</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>				

<b>UNIT 01</b>	<b>Vehicle</b>			
	License Plate Number <b>6639794</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5TDYK3DC4BS025955</b>	Make <b>TOYOTA</b>	Year <b>2011</b>	Model <b>SEINNA</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>VC - VAN CAMPER</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage  <b>12--FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>MICHAEL KING (815) 861-0561</b>	Owner Address <b>1434 WOODSCREEK CIRCLE CRYSTAL LAKE, IL 60014 , 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>ALLSTATE-INS-CO</b>	Individual <b>MICHAEL KING</b>		
UNIT	001	<b>Individual</b>			
		Driver <b>MICHAEL KING (815) 861-0561</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>1434 WOODSCREEK CIRCLE CRYSTAL LAKE, IL 60014 , US</b>		Date of Birth	
		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		Race <b>WHITE</b>	
01	001	<b>Equipment</b>		Safety Equipment	
		On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance		
		Helmet Use	Tint Compliance		
		Eye Protection	Airbag <b>NON DEPLOYED</b>		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	
Ejected <b>NOT EJECTED</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>ADAM PATH (224) 325-5282</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>2840 HILLSBORO LANE LAKE OF THE HILL, IL 60156 , US</b>		Driver License Number			
		<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>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>		
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 01	INDIVIDUAL	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>				
		<b>Individual</b>				
		Passenger <b>MOLLIE PATH (224) 325-5282</b>	Citations Issued <b>0</b>	Sex		
		Address <b>2840 HILLSBORO LANE LAKE OF THE HILL, IL 60156 , US</b>	Date of Birth	Race <b>WHITE</b>		
Driver License Number						
UNIT 01	INDIVIDUAL	<b>Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</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	003	<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 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>(SPORT) UTILITY VEHICLE</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 type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>15</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>				

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>9094090</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GNKRGED6BJ107111</b>	Make <b>CHEVROLET</b>	Year <b>2011</b>	Model <b>TRAVERSE</b>
		Color <b>WHI - WHITE</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		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>12--FRONT</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		

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UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Driver Distractions <b>NOT DISTRACTED</b>				
	Owner Name <b>DEBRA FISCHER (815) 592-6583</b>		Owner Address <b>1202 DOE COURT MONTENO, IL 60950 3762, US</b>		
02 02	<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
04	Event				
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>TRAVELERS-PERSONAL-INSURANCE-CO</b>		Individual <b>DEBRA FISCHER</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>RUDY BAUER (815) 592-6583</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>1202 DOE COURT MONTENO, IL 60950 3762, US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number		<b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		
	<b>Equipment</b>	On Duty Crash	Safety Equipment		
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	02 004	<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				
		<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>DEBRA FISCHER</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
					Date of Birth	Race <b>WHITE</b>
Address <b>1202 DOE COURT MONTENO, IL 60950 3762, US</b>				Driver License Number		
<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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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action		
	Action Other			
<b>02</b>	<b>005</b>	<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>		