

6TL09B7D8B
18-01008

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 18-1008	Investigating Officer/Deputy DEPUTY K. SORENSON	
Crash Date 01/28/2018		Crash Time 02:13 PM	Date Arrived 01/28/2018	Time Arrived 02:40 PM	
Date Notified 01/28/2018		Time Notified 02:28 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 1-28-18 AT APPROXIMATELY 2:28PM SAUK COUNTY DISPATCH ADVISED ME OF A MINOR TWO VEHICLE ACCIDENT ON STH 23/33 IN THE TOWNSHIP OF EXCELSIOR. UNIT 1 WAS IDENTIFIED VIA WISCONSIN DRIVER'S LICENSE. UNIT 2 WAS IDENTIFIED VERBALLY. UNIT 1 STATED HE WAS WESTBOUND ON STH 23/33 FOLLOWING UNIT 2. HE STATED UNIT 2 SLOWED DOWN TO MAKE A LEFT TURN BUT HE DID NOT SEE IT UNTIL IT WAS TWO LATE CAUSING HIM TO STRIKE UNIT 2. UNIT 1 STATED "I LOOKED BUT DID NOT SEE" REFERRING TO THE BRAKE LIGHTS AND BLINKER. UNIT 1 STATED HIS ABS KICKED IN BUT HE WAS NOT ABLE TO STOP IN TIME. I ASKED UNIT 1 IF HE WAS FOLLOWING TO CLOSE TO STOP IN TIME AND HE REPLIED, "YES". UNIT 2 STATED HE WAS WESTBOUND ON STH 23/33, PUT HIS BLINKER ON TO MAKE A LEFT TURN, SLOWED DOWN AND WAS STUCK FROM BEHIND BY UNIT 1. I OBSERVED UNIT 2'S BLINKERS AND BRAKE LIGHTS WORKED. CITATION ISSUED AND EXPLAINED.

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Location

ON STH23 WB 0.55 MI E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.533336844	Longitude -89.906094532
	X Coordinate 265182.75	Y Coordinate 4824147
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 02--FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements		
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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 VEHICLE	Vehicle					
		License Plate Number KC3739		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 3GCPKSE31BG355894		Make CHEVROLET	Year 2011	Model SILVERADO			
Color WHI - WHITE		Body Style PK - PICKUP		Bus Use NOT A BUS			
Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage					
Extent Of Damage FUNCTIONAL DAMAGE		10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT					

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions SPEED TOO FAST/COND, FOLLOWING TOO CLOSE, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
01	01	Driver Distractions LOOKED BUT DID NOT SEE		
		Owner Name DYLAN WARN (608) 415-3137	Owner Address 625 DIVISION ST REEDSBURG, WI 53959 , US	
Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
		04	Event	
Policy Holder				
UNIT	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO	Individual DYLAN WARN	
		Driver DYLAN WARN (608) 415-3137	Citations Issued 1	Sex MALE
			Date of Birth	Race WHITE
		Address 625 DIVISION ST REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
		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

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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				
01	001	Violations			
		UTC Number AE1417931	Issue To? 001	Statute Number 346.14(1)	Seq Num 001

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK	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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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				
		Vehicle				
		02	02	License Plate Number MK7689	Plate Type LTK - LIGHT TRUCK	St WI
Vehicle Identification Number 1B7HF16Y8XS253697	Make DODGE			Year 1999	Model NO DATA FO	
Color BLK - BLACK	Body Style PK - PICKUP			Bus Use NOT A BUS		

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UNIT	VEHICLE	Initial Contact Point 5--RIGHT REAR CORNER	Vehicle Damage	
		Extent Of Damage FUNCTIONAL DAMAGE	5--RIGHT REAR CORNER	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing LEFT TURN	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Driver Distractions NOT DISTRACTED		
		Owner Name BARBARA LITTLE WOLF	Owner Address 141 S HOFFMAN ST HIXTON, WI 54635 , US	
02	02	Sequence Of Events		
		01	Event MOTOR VEH IN TRANSPORT	
		02	Event LEFT TURN	
		03	Event	
		04	Event	
UNIT	Policy Holder			
	Insurance Company PEKIN-INS-CO	Individual BARBARA LITTLE WOLF		
UNIT	INDIVIDUAL	Individual		
		Driver RAFAEL RODRIGUEZ	Citations Issued 0	Sex MALE
			Date of Birth	Race HISPANIC
		Address N1939 OVERGAARD RD WONEWOC, WI 53968 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		

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02	UNIT	INDIVIDUAL	002	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
			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		
002	002	Drug Type					
Individual Condition	APPEARED NORMAL						
UNIT	INDIVIDUAL	Individual					
		Passenger ZEBBASTIUN BROWN	Citations Issued 0	Sex MALE			
			Date of Birth	Race WHITE			
		Address E8883 WINNESHIEK DR WISCONSIN DELLS, WI 53965 , US	Driver License Number				
		Equipment	On Duty Crash EMT/FIRST-RESPONDER	Safety Equipment SHOULDER & LAP BELT			
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER							
Helmet Use	Helmet Compliance						
Eye Protection	Tint Compliance						
02	UNIT	003	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 #		

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UNIT INDIVIDUAL	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				