

6TL0BFKD8B  
18-01220

# 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>18-01220</b>	Investigating Officer/Deputy <b>DEPUTY H. LARKIN</b>	
Crash Date <b>02/02/2018</b>		Crash Time <b>05:45 PM</b>	Date Arrived <b>02/02/2018</b>	Time Arrived <b>06:00 PM</b>	
Date Notified <b>02/02/2018</b>		Time Notified <b>05:51 PM</b>	Total Units <b>02</b>	Total Injured <b>00</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

Diagram <p>NOT TO SCALE</p> <p>Private Drive</p> <p>CTH B</p> <p>UNIT 1</p> <p>UNIT 2</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 AND 2 WERE TRAVELING EB ON CTH B. UNIT 2 WAS STOPPED AND ATTEMPTING TO TURN LEFT INTO A PRIVATE DRIVEWAY. UNIT 1 STRUCK UNIT 2 IN THE REAR.

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Location

ON CTHB EB 902 FT E OF WILSON CREEK RD IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude <b>43.27111857</b>	Longitude <b>-90.016587359</b>
	X Coordinate <b>255199.765625</b>	Y Coordinate <b>4795342</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>02--FRONT TO REAR</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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>1</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>55</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>STRAIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>				

01 UNIT	<b>Vehicle</b>			
	License Plate Number <b>877RAR</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2G1WT57K491123428</b>	Make <b>CHEVROLET</b>	Year <b>2009</b>	Model <b>MALIBU</b>
	Color <b>BLU - BLUE</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</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>LOOKED BUT DID NOT SEE</b>					
		Owner Name <b>ELEANOR HANUSA (608) 544-2332</b>		Owner Address <b>E9078 CASSEL RD SAUK CITY, WI 53583 , 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>AMERICAN-FAMILY-INS-CO</b>		Individual <b>ELEANOR HANUSA</b>			
		Driver <b>ELEANOR HANUSA (608) 544-2332</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
UNIT	INDIVIDUAL	Date of Birth		Race <b>WHITE</b>			
		Address <b>E9078 CASSEL RD SAUK CITY, WI 53583 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<b>Equipment</b>		On Duty Crash			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <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>	

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<b>UNIT</b>	<b>INDIVIDUAL</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
		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 Summary

<b>UNIT</b>	<b>02</b>	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>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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</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>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>MJ4875</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>5TFNX4CN1BX002043</b>	Make <b>TOYOTA</b>	Year <b>2011</b>	Model <b>TACOMA</b>
		Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>5--RIGHT REAR CORNER, 6--REAR</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
02	02	Driver Distractions <b>NOT DISTRACTED</b>		
		Owner Name <b>TY MARKART (608) 588-5172</b>	Owner Address <b>S12985 SHIFFLET RD LOT 40 SPRING GREEN, WI 53588 , 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>GEICO-GENERAL-INS-CO</b>	Individual <b>TY MARKART</b>	
		Driver <b>TY MARKART (608) 588-5172</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>	
		Address <b>S12985 SHIFFLET RD LOT 40 SPRING GREEN, WI 53588 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02	002	<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>		

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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>TYLER NOBLE (608) 712-5145</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>309 VILLAGE EDGE RD ARENA, WI 53503 , 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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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action		
		Action Other		
<b>02</b>	<b>003</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>		