

6TLOB1714H  
18-01467

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>18-01467</b>	Investigating Officer/Deputy <b>DEPUTY I. HANSON</b>	
Crash Date <b>02/09/2018</b>		Crash Time <b>06:17 PM</b>	Date Arrived <b>02/09/2018</b>	Time Arrived <b>06:27 PM</b>	
Date Notified <b>02/09/2018</b>		Time Notified <b>06:18 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

<p>Diagram</p>	Reconstruction By
	Photos By <b>J BODDEN</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 2 WAS ATTEMPTING TO MAKE A LEFT TURN ONTO ABLEMAN ROAD. UNIT 1 WAS TRAVELING WEST BEHIND UNIT 2. UNIT 1 ATTEMPTED TO PASS UNIT 2 IN THE EASTBOUND LANE IN THE MIDDLE OF UNIT 2'S TURN. THE FRONT PASSENGER SIDE OF UNIT 1 STRUCK THE FRONT DRIVERS SIDE OF UNIT 2. 9109

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Location

INTERSECTION ON STH23 WB AT ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.532921206</b>	Longitude <b>-89.917016197</b>
	X Coordinate <b>264298.59375</b>	Y Coordinate <b>4824132</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>05--SIDESWIPE/SAME DIRECTION</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>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

Unit Summary

01 UNIT	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>1</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"/> 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 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>NP5964</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3B7HC13Z6TG174746</b>	Make <b>DODGE</b>	Year <b>1996</b>	Model <b>RAM 1500</b>
	Color <b>WHI - WHITE</b>	Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>1--RIGHT FRONT CORNER</b>	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 12--FRONT</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
		What Driver Was Doing <b>OVERTAKE LEFT</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>IMPROPER OVERTAKING / PASSING LEFT</b>			
01	01	Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>DENIS DECOSTE (561) 914-7124</b>		Owner Address <b>1650 NORTH DEWEY #9 REEDSBURG, WI 53959 , 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>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>DENIS DECOSTE</b>	
UNIT	INDIVIDUAL	Driver <b>DENIS DECOSTE (561) 914-7124</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
		Address <b>1650 NORTH DEWEY #9 REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>BLACK</b>
01	001	Driver License Number <b>STATE: FLORIDA COUNTRY: UNITED STATES</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		<b>Equipment</b> On Duty Crash		Helmet Compliance	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Tint Compliance	
		Helmet Use		Airbag <b>NON DEPLOYED</b>	
		Eye Protection		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	
		<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Ejected <b>NOT EJECTED</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>CHRIST FORTUNE BREVIL (561) 914-7124</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth	Race <b>BLACK</b>		
		Address <b>1650 NORTH DEWEY #9 REEDSBURG, WI 53959 , US</b>		Driver License Number <b>STATE: FLORIDA 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>AI392338</b>	Issue To? <b>001</b>	Statute Number <b>346.09(4)</b>	Seq Num <b>001</b>	Description <b>PASSING VEHICLE INDICATING LEFT TURN</b>

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</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>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>				

UNIT	02	<b>Vehicle</b>			
		License Plate Number <b>529ZBE</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3C4PDCAB9HT614113</b>	Make <b>DODGE</b>	Year <b>2017</b>	Model <b>JOURNEY</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>11--LEFT FRONT CORNER</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>		
Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</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>NO CONTRIBUTING ACTION</b>			
	Driver Distractions <b>NOT DISTRACTED</b>			
02	02	Owner Name <b>TYRONE WALKER (608) 448-8324</b>	Owner Address <b>433 LOCUST ST BARABOO, WI 53913 , 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>VIKING-INS-CO-OF-WISCONSIN</b>	Individual <b>TYRONE WALKER</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>TYRONE WALKER (608) 448-8324</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth	Race <b>INDIAN</b>	
	Address <b>433 LOCUST ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
02 003	<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		
	<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>					
	UNIT	<b>Individual</b>				
Passenger <b>GINGER GOODBEAR (608) 448-8324</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
Address <b>433 LOCUST ST BARABOO, WI 53913 , US</b>			Date of Birth			
			Race <b>INDIAN</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				
UNIT	<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>				
		02	004			