

6TL09QKRC1  
18-01507

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>18-01507</b>	Investigating Officer/Deputy <b>DEPUTY S. STACEY</b>	
Crash Date <b>02/10/2018</b>		Crash Time <b>04:10 PM</b>	Date Arrived <b>02/10/2018</b>	Time Arrived <b>04:14 PM</b>	
Date Notified <b>02/10/2018</b>		Time Notified <b>04:14 PM</b>	Total Units <b>02</b>	Total Injured <b>02</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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
	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 WAS TRAVELING WEST BOUND. UNIT 1 FAILED TO YIELD AT STOP SIGN TO NORTH BOUND TRAFFIC. UNIT 1 TURNED LEFT ONTO HWY 113 AND DID NOT SEE UNIT 2. BOTH UNITS ATTEMPTED TO AVOID A COLLISION AND STRUCK EACH OTHER.

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Location

ON CTHDL WB 63 FT E OF STH113 NB IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude <b>43.40383402</b>	Longitude <b>-89.674950691</b>
	X Coordinate <b>283398</b>	Y Coordinate <b>4809137</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>		
Manner of Collision <b>08--FRONT TO SIDE</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>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>	
Closure Type <b>LANE CLOSURE</b>	Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>		
Date Initial Lane/Rd Closed <b>02/10/2018</b>	Time Initial Lane/Rd Closed <b>04:15 PM</b>		
Date All Lanes Open <b>02/10/2018</b>	Time All Lanes Open <b>04:58 PM</b>	Date Scene Cleared <b>02/10/2018</b>	Time Scene Cleared <b>04:59 PM</b>

Unit Summary

UNIT 01	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>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 CrashTire 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>STOP SIGN</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>Vehicle</b>				
		License Plate Number <b>461WYU</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
01	Vehicle Identification Number <b>5GAKVBKD8FJ169435</b>	Make <b>BUICK</b>	Year <b>2015</b>	Model <b>ENCLAVE</b>	

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UNIT	VEHICLE	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 <b>9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>	
		Extent Of Damage <b>DISABLING DAMAGE</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>MIKES TOWING</b>	
		What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions <b>DISREGARDED STOP SIGN</b>		
		Driver Distractions <b>LOOKED BUT DID NOT SEE</b>		
01	01	Owner Name <b>PATRICK KILGORE (571) 209-8822</b>	Owner Address <b>S10448 STRANG HOLLOW RD LONE ROCK, WI 53556 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	01	Event <b>LEFT TURN</b>		
		Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
UNIT	04	<b>Policy Holder</b>		
		Insurance Company <b>USAA-CASUALTY-INS-CO</b>	Individual <b>PATRICK KILGORE</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>SETH KILGORE (571) 209-8822</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>S10448 STRANG HOLLOW RD LONE ROCK, WI 53556 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<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		

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01	UNIT	INDIVIDUAL	Eye Protection		Tint Compliance			
			<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</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
			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				
01	UNIT	INDIVIDUAL	Drug Type					
			Individual Condition <b>APPEARED NORMAL</b>					
			<b>Individual</b>					
			Passenger <b>HALEY RYNES (608) 739-1221</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
			Address , ,		Date of Birth		Race <b>WHITE</b>	
01	UNIT	INDIVIDUAL	Address		Driver License Number			
			<b>Equipment</b>		On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
			Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>					
			Helmet Use		Helmet Compliance			
			Eye Protection		Tint Compliance			
			<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</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
	01	002	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			
	01	002	Individual Condition <b>APPEARED NORMAL</b>			
<b>Violations</b>						
01	002	UTC Number <b>AE754414</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Seq Num <b>001</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</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>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>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire 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>					
		02	02	<b>Vehicle</b>			
				License Plate Number <b>669LLZ</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>1GNKVGKDXGJ348807</b>	Make <b>CHEVROLET</b>			Year <b>2016</b>	Model <b>TRAVERSE</b>		
Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Bus Use <b>NOT A BUS</b>			

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UNIT	VEHICLE	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 12--FRONT</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>MIKES TOWING</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Driver Distractions <b>NOT DISTRACTED</b>		
		Owner Name <b>VICKIE REUTER (608) 477-0900</b>	Owner Address <b>909 CARPENTER STREET PO BOX/64 BARABOO, WI 53913 , US</b>	
02	02	<b>Sequence Of Events</b>		
		01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>	Individual <b>VICKIE REUTER</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>VICKIE REUTER (608) 477-0900</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>909 CARPENTER STREET PO BOX/64 BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<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		

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02	UNIT	INDIVIDUAL	003	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</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
				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		
02	UNIT	INDIVIDUAL	003	Drug Type				Individual Condition <b>APPEARED NORMAL</b>		
				<b>Individual</b>						
				Passenger <b>LISA RUNNELS (608) 393-6526</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>		
				Address <b>S2901 COUNTY ROAD A BARABOO, WI 53913 , US</b>		Date of Birth		Race <b>WHITE</b>		
				Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>						
				<b>Equipment</b>		On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
				Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>						
				Helmet Use		Helmet Compliance				
				Eye Protection		Tint Compliance				
				02	UNIT	INDIVIDUAL	004	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</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	INDIVIDUAL	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>MELANIE BURKHALTER (608) 963-4043</b>	Citations Issued <b>0</b>			Sex <b>FEMALE</b>			
Date of Birth				Race <b>WHITE</b>			
Address <b>S5595 STATE HWY 113 BARABOO, WI 53913 , US</b>				Driver License Number			
<b>Equipment</b>	On Duty Crash			Safety Equipment			
Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>				<b>SHOULDER &amp; LAP BELT</b>			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</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>		