18-01871

## WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

	Document Number Override	t Number Override Primary Crash Document # Agency Crash Number Investigating Officer/Deputy DETECTIVE D. BULIN								
SX	Crash Date <b>02/21/2018</b>	Crash Time 11:47 AM Time Notified 11:47 AM		Date Arrived 02/21/2018  Total Units 02  Lane Closure Work Zone  School Bus Related NO		Time Arrived 11:47 AM				
MQK	Date Notified <b>02/21/2018</b>					Total Injured <b>00</b>	, ,			
OBN	On Emergency Hit and Run		Lane Closu			Trailer or Towed		Reporting Threshold		
eTL(	Government Active So		hool Zone			Tags				
w	Crash Type DT4000 (STANDARE			)		Amended		Secondary Crash		

**Description** Diagram Reconstruction By **USH 12** Photos By **D. BULIN** Not to scale Additional Information **PHOTOS** STC Sauk Prairie RD

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

DEPUTY WAS STOPPED FOR THE STOP SIGN AT THE INTERSECTION OF USH 12 AND SAUK PRAIRIE ROAD. STOP SIGNS CONTROL EAST AND WESTBOUND TRAFFIC ON SAUK PRAIRIE ROAD. TRAFFIC ON USH 12 IS UNCONTROLLED AT THIS INTERSECTION. DEPUTY OBSERVED A SILVER SEDAN (UNIT #1) EASTBOUND ON USH 12 AS IT WAS STUCK BY A RED SEDAN (UNIT #2) WHICH HAD BEEN WESTBOUND ON USH 12.

OPERATOR OF UNIT #2 ADVISED THAT HE HAD BEEN TRAVELING WESTBOUND ON USH 12 WHEN HE OBSERVED ANOTHER VEHICLE, WHICH WAS EASTBOUND ON USH 12, BEGIN TO TURN INTO HIS LANE OF TRAVEL. OPERATOR OF UNIT #2 ADVISED THAT HE VEERED TO THE LEFT IN ATTEMPT TO AVOID A CRASH. THE RIGHT FRONT CORNER OF UNIT #2 STRUCK THE PASSENGER SIDE OF UNIT #2.

OPERATOR OF UNIT #1 ADVISED THAT HE HAD BEEN TRAVELING EASTBOUND ON USH 12 AND WAS STARTING A LEFT TURN TO GO EAST ON SAUK PRAIRIE ROAD. OPERATOR OF UNIT #1 WAS CONFUSED AND REPEATEDLY ASKED WHO HIT HIM. OPERATOR OF UNIT #1 REPORTED THAT HE DID NOT SEE UNIT #2 IN THE OPPOSING LANE AS HE WAS MAKING THE LEFT TURN.

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OPERATORS OF BOTH VEHICLES WERE EVALUATED BY EMS AND DECLINED FURTHER TREATMENT, REPORTING NO INJURIES. OPERATOR OF UNIT #1 WILL BE MAILED A CITATION FOR FAILURE TO YIELD.

Location										
INTERSECTION					Latitude			Longitud	de	
ON USH12 WB					43.28174	18067		-89.759	060874	
AT SAUK PRAIRIE RD IN THE TOWN OF PRAIRI	E DU CAC				X Coordinate Y Coordinate			linate		
IN THE TOWN OF PRAIRI	E DU SAC				276138.4	1375		479580	00	
IN OAGR GOORT					Structure :	Туре				
Crash Scene										
First Harmful Event					First Harm	ful Event	Location			
MOTOR VEH IN TRANSPO	ORT				ON ROA	DWAY				
Manner of Collision					Light Cond	dition				
08FRONT TO SIDE					DAYLIG	HT				
Road Surface Condition(s)					Roadway	Factor(s)				
DRY						( )				
Environment Factor(s)										
NONE					NONE					
Weather Condition(s)										
CLEAR										
Animal Type					Relation To Trafficway					
					TRAFFICWAY - ON ROAD					
Crash Classification - Location					Crash Classification - Jurisdiction					
PUBLIC PROPERTY					NO SPE	CIAL JU	IRISDICTION			
Tribal Land					Access Control Special Study					
Mishin lateral and Anna	l di l di				PARTIAL CONTROL					
Within Interchange Area	Junction Location INTERSECTION-RE	LATED		Intersection FOUR-W	on Type NAY INTERSECTION					
Closure Type			Reas	ons for Clos						
CLOSURE-ONE DIRECTION	ON		Neast	JIIS 101 C103	CEMENT, TOW TRUCK					
Date Initial Lane/Rd Closed	Time Initial Lane/F	2d Closed	IAW	FNFORC						
02/21/2018	11:47 AM	a Olosca								
Date All Lanes Open	Time All Lanes Op	en	Date !	Date Scene Cleared Time Scene Cleared						
02/21/2018	12:26 PM	.011		1/2018	eu		12:26 PM	iieu		
	12.20 1		02/2	72010			. 2.20			
Unit Summary  Unit Status		LVoh	iclo On	orating Ac C	laccification		Unit Tyma			
IN TRANSIT				cle Operating As Classification			Unit Type AUTOMOBILE			
Vehicle Type			DCLASS					Operating As Endorsements		
PASSENGER CAR							Operating A	3 LIIUUI36I	nents	
Total Occs	Train/Bus # Injured	Tots	al # Cita	tions Issued		Total Tr	ailers	Total Haz	Mat Types	
101010000		1	tal # Citations Issued		0			0		
Insurance?	Direction Of Travel	<del>-   •</del>	Dec	CrockTi			_imit	Total Lan	es	
YES	EASTBOUND		rre	CrashTire Mark	e Speed Limit		***	10tal Lanes		
Most Harmful Event: Collision		Spe	cial Fur			1	Emergency	Emergency Motor Vehicle Use		
MOTOR VEH IN TRANSPO				IAL FUNC	TION		NOT APP			
Traffic Way			Traffic Cont	rol Inoperat	tive/Missing					
Traffic Way TWO-WAY, NOT DIVIDED Traffic Control NO CONTROL							NO		· 3	
Surface Type Road Curvature							Road Grade	)		
BLACKTOP (BITUMINOUS)  STRAIGHT							DOWNHIL			
Truck Bus or HazMat	•									
NO										
Vehicle										
Vernois										

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SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

		License Plate Number	r		е Туре	St	Country of Issuance						
		155JVY			T - AUTOMOBILE	WI	UNITED STATES						
5	5	Vehicle Identification I 1G1PE5SC9C7233		Mal CH	e EVROLET	Year <b>2012</b>	Model CRUZE LT						
		Color SIL - SILVER (ALU	JMINUM)		ly Style - 4DR		Bus Use NOT A BUS						
	Щ	Initial Contact Point		Ver	icle Damage		<u> </u>						
╘	占	4RIGHT SIDE REAR											
LIND	VEHICL	Extent Of Damage DISABLING DAMAGE		4RIGHT SIDE REAR, 5RIGHT REAR CORNER, 6REAR									
		Towed Due To Dama	ge DISABLING DAMAGE		icle Removed By ERETTS TOWING								
		What Driver Was Doir	ng	Veh	icle Factors								
		LEFT TURN											
		Driver Prior Action Otl	her	NO	T APPLICABLE								
LIND	VEHICLE	Driver Actions FAILED TO YIELD	RIGHT-OF-WAY										
		Driver Distractions	NOT SEE										
		LOOKED BUT DID NOT SEE											
2	5												
0	0												
		Owner Name			Owner Address								
		JAMES R ROBER (608) 963-5583	TSON		407 CEDAR STREET SAUK CITY, WI 53583 0	000. US							
		(000) 000 0000				,							
	;	Sequence Of Ev	vents										
	5	Event LEFT TURN											
	05	Event MOTOR VEH IN TI	RANSPORT										
	03	Event											
	04	Event											
_	1	Policy Holder											
LIND		Insurance Company			Individual								
		AARP - WISCONS	SIN		IAMES ROBERTSON								
	١	Individual		1.0	National Indiana		To.						
		Driver JAMES R ROBER	TSON	1	Citations Issued		Sex MALE						
	Ι	(608) 963-5583			Date of Birth		Race						
╘	ੋਂ						WHITE						
	INDIVIDUA	Address 407 CEDAR STRE	ET		Oriver License Number								
-	Z	SAUK CITY, WI 53		3	STATE: WISCONSIN COU	NTRY: UN	NITED STATES						
		Equipment	On Duty Crash										

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						Safety Equi	ipment					
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			SHOULDER & LAP BELT							
		Helmet Use				Helmet Cor	mpliance					
		Eye Protection	Tint Compli	ance								
5	00	Injury	Injury Severity		Airbag							
O	0		NO APPARENT INJURY		DEPLOY				I = 1/5			
		Ejected NOT EJECTED				Ejection Pa	. VDDI	ICARI		Trapped/Extricated  NOT TRAPPED		
		Medical Transport				EMS Agend		ALLE	ICABL	EMS Run #		
		NOT TRANSPORTED					-,					
		Hospital	Date of Dea	ath			Time of Dea	ath				
		Non Motorist	Strik	ing Unit #	Prior Action		Loc	ation				To/From School
		Action										
		7.00011										
	_											
	INDIVIDUAL											
╘	7											
UNIT	⋝											
_	⊒											
	Z											
		Action Other										
	_	Suspected Alcohol Use			Suspected	Drug Use						
	L	rug & Alcohol	NO									
		Alcohol Test Given					st Type			Alcohol Tes	t Results	
		TEST NOT GIVEN	<u> </u>			Drug Test 1				D T F	) · · It -	
		Drug Test Given TEST NOT GIVEN	Diug rest i			Drug Test R	resuits					
6	00	Drug Type				I.						
J	0											
		Individual Condition										
		USING CANE OR CRUTCHES										
		USING CANE OR	CKU	TONES								
	,	/iolations										
	_	UTC Number	Issu	ie To?	Statute Number	Seq Num	Description	1	=			
	5	BB339905	001		346.18(2)	001	FAIL/YIE	LD WF	IILE MAKI	NG LEFT T	URN	
	Uni	Summary I										
	Unit	Status				Vehicle Operat	ing As Class	ification	ı	Unit Type		
		RANSIT				D CLASS				AUTOMOBILE		
05		cle Type								Operating A	s Endorsem	nents
		Occs		Train/Bus	# Injured	Total # Citation	a laguad		Total Trail	re	Total Hazk	Mat Types
	10la	Occs		Train/Dus	# Injureu	Total # Citation	is issueu		0	Total Trailers Total Ha		wat Types
		ance?	Direction Of Travel		Pre CrashTire			Speed Lim			es	
_	YES			WESTBO			asn i ire ark		55	2		
LNO		Harmful Event: Collis				Special Function					Motor Vehic	cle Use
_		TOR VEH IN TRAN	SPOI	RT		NO SPECIAL	L FUNCTIO	N		NOT APP		
		ic Way				Traffic Control			Traffic Control Inoperative/Missing			
	TWC	D-WAY, NOT DIVIDED			NO CONTRO			NO				

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		ace Type		d Curvature	Road Grade							
	BL	LACKTOP (BITUMINOUS)		RAIGHT		UPHILL						
İ	Truc	k Bus or HazMat	ı			1						
	NO											
		Vahiala										
		Vehicle										
		License Plate Number		te Type	St	Country of Issuance						
05		210KUX	ΑL	IT - AUTOMOBILE	WI	UNITED STATES						
		Vehicle Identification Number	Ма	ke	Year	Model						
	02	2G1WT57K291147470	CH	IEVROLET	2009	UNKNOWN						
		Color		dy Style		Bus Use						
		RED - RED				NOT A BUS						
				- SEDAN		110111200						
.	VEHICLE	Initial Contact Point	Vehicle Damage									
L	ರ	1RIGHT FRONT CORNER										
5	王	Extent Of Damage	1	RIGHT FRONT CORNE	R, 2RIGH	SIDE FRONT, 12FRONT						
_	Æ	DISABLING DAMAGE										
		Towed Due To Damage	Ve	nicle Removed By								
		TOWED DUE TO DISABLING DAMAGE		ERETTS TOWING								
		What Driver Was Doing	Ve	nicle Factors								
		GOING STRAIGHT										
		Driver Prior Action Other	NC	T APPLICABLE								
		Driver Actions										
	ш	NO CONTRIBUTING ACTION										
<u>  </u>		THE CONTRIBUTING ACTION										
늘▮	VEHICL											
L N D	프											
	5											
		Driver Distractions										
		UNKNOWN IF DISTRACTED										
05	02											
_	J											
		Owner Name		Owner Address								
		BRETT M PEICH		262 E CHAPEL ROYAL DR								
		(608) 845-3946		VERONA, WI 53593 0000, US								
		,		,								
						<u> </u>						
		Sequence Of Events										
		Event										
	9	MOTOR VEH IN TRANSPORT										
		Event										
	02	LVOIR										
	03	Event										
	0											
		Event										
	04		E-VOIR									
		D. P U. I. I										
LIND		Policy Holder										
Z		Insurance Company		ndividual								
<b>-</b>		AMERICAN-FAMILY-INS-CO		BRETT PEICH								
		Individual		27. (* 1								
		Driver		Citations Issued		Sex						
	_	BRETT M PEICH	1	0		MALE						
	IDUAI	(608) 845-3946	Ī	Date of Birth		Race						
╘	7		l			WHITE						
<u>-                                    </u>												

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Crash Date 02/21/2018

Crash Time 11:47 AM

NO	INDIV	Address 262 E CHAPEL RO VERONA, WI 5359	93 0000, US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment	Uipment On Duty Crash								
		Seat Position 1FRONT SEAT-I	LEFT SIDE (DRIVE	R/MOTORCY	SHOULDER & L	AP BELT					
		Helmet Use			Helmet Compliance	9					
		Eye Protection			Tint Compliance						
02	005	Injury	Injury Severity NO APPARENT I	NJURY	Airbag NON DEPLOYE	D					
		Ejected NOT EJECTED			Ejection Path	NOT APPLICABL	Trapped/Extricated NOT TRAPPED				
		Medical Transport			EMS Agency Identi		EMS Run #				
		NOT TRANSPOR	TED								
		Hospital			Date of Death		Time of Death				
		Non Motorist	Ion Motorist Striking Unit # Prior Action			Location	To/From School				
UNIT	INDIVIDUAL	Action									
		Action Other									
	E	Drug & Alcohol	Suspected Alcohol I	Jse	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN	ļ		Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results				
05	005	Drug Type									
		Individual Condition  APPEARED NOR	MAL								