

6TL0BFKD8F  
18-02019

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>18-02019</b>	Investigating Officer/Deputy <b>DEPUTY H. LARKIN</b>	
Crash Date <b>02/25/2018</b>		Crash Time <b>04:50 PM</b>	Date Arrived <b>02/25/2018</b>	Time Arrived <b>05:01 PM</b>	
Date Notified <b>02/25/2018</b>		Time Notified <b>04:53 PM</b>	Total Units <b>02</b>	Total Injured <b>05</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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> <p>Horse and Buggy</p> <p>Unit 1</p> <p>STH 58</p>	Reconstruction By
	Photos By <b>DEPUTY H LARKIN #9137</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 1 AND UNIT 2 (HORSE AND BUGGY) WERE TRAVELING SB ON STH 58. UNIT 1 STRUCK UNIT 2 FROM THE REAR. UNIT 1 DID NOT STOP AND CONTINUED DRIVING SB ON STH 58.

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Location

ON STH58 SB 476 FT E OF QUAKER VALLEY DR IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude <b>43.534453003</b>	Longitude <b>-90.190917949</b>
	X Coordinate <b>242172.109375</b>	Y Coordinate <b>4825115.5</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>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>GLARE</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	Unit Status <b>HIT AND RUN</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>1</b>	Train/Bus # Injured	Total # Citations Issued <b>4</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>OTHER NON-MOTORIST</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>712XRX</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GKEK13R3XR500972</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>1999</b>	Model <b>YUKON</b>
	Color <b>BLU - BLUE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>SHIELDS TOWING</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>				
01	01	Driver Distractions <b>CARELESS/INATTENTION</b>				
		Owner Name <b>BRIAN DANIELS (608) 415-9943</b>		Owner Address <b>11996 MASSEY HILL DRIVE CAZENOVIA, WI 53924 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event <b>OTHER NON-MOTORIST</b>			
		03	Event			
		04	Event			
01	006	<b>Individual</b>				
		Driver <b>BRIAN DANIELS (608) 415-9943</b>		Citations Issued <b>4</b>	Sex <b>MALE</b>	
				Date of Birth	Race <b>WHITE</b>	
		Address <b>11996 MASSEY HILL DRIVE CAZENOVIA, WI 53924 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Equipment</b>		On Duty Crash	Safety Equipment	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>RESTRAINT USE UNKNOWN</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
		Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT APPLICABLE</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		Suspected Drug Use	
	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>NOT OBSERVED</b>					
	<b>Violations</b>					
01 006	01	UTC Number <b>BB339910</b>	Issue To? <b>006</b>	Statute Number <b>346.70(1)</b>	Seq Num <b>004</b>	Description <b>FAILURE OF OCCUPANT TO NOTIFY POLICE OF ACCIDENT</b>
	02	UTC Number <b>BB339911</b>	Issue To? <b>006</b>	Statute Number <b>344.62(1)</b>	Seq Num <b>001</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
	03	UTC Number <b>BB339912</b>	Issue To? <b>006</b>	Statute Number <b>346.89(1)</b>	Seq Num <b>001</b>	Description <b>INATTENTIVE DRIVING</b>
	04	UTC Number <b>BB339913</b>	Issue To? <b>006</b>	Statute Number <b>346.21</b>	Seq Num <b>001</b>	Description <b>FAIL/YIELD TO LIVESTOCK</b>

**Unit Summary**

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>EQUIPMENT</b>	
	Vehicle Type <b>HORSE AND BUGGY</b>				Operating As Endorsements	
	Total Occs <b>5</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NOT APPLICABLE</b>	Direction Of Travel <b>SOUTHBOUND</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>					

**Vehicle**

License Plate Number	Plate Type	St	Country of Issuance
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02	02	Vehicle Identification Number	Make	Year	Model
		Color	Body Style	Bus Use <b>NOT A BUS</b>	
UNIT	VEHICLE	Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>ALL AREAS</b>		
UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>SHIELDS TOWING</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
02	02	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>FREDDIE SCHROCK (608) 985-8949</b>	Owner Address <b>E3708 CEMETERY RD LAVALLE, WI 53941 , US</b>		
<b>Sequence Of Events</b>					
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		02	Event <b>OTHER NON-MOTORIST</b>		
		03	Event		
		04	Event		
02	02	Driver <b>FREDDIE SCHROCK (608) 985-8949</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>E3708 CEMETERY RD LAVALLE, WI 53941 , US</b>	Driver License Number		
		<b>Equipment</b>	On Duty Crash	Safety Equipment	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>NOT APPLICABLE</b>		
		Helmet Use	Helmet Compliance		

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02	UNIT	INDIVIDUAL	001		Eye Protection	Tint Compliance		
			<b>Injury</b>		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>NOT APPLICABLE</b>		
			Ejected <b>TOTALLY EJECTED</b>		Ejection Path <b>OTHER PATH (E.G., BACK OF PI</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
			Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000515</b>	EMS Run #		
			Hospital <b>REEDSBURG AREA MED CTR</b>		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	001		Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>					
			<b>Individual</b>					
			Occupant Of Non-Motor Vehicle Transportation Device <b>ESTHER SCHROCK</b> <b>(608) 985-8949</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>
			Address <b>E3708 CEMETERY RD</b> <b>LAVALLE, WI 53941 , US</b>			Date of Birth		Race <b>WHITE</b>
						Driver License Number		
			<b>Equipment</b>		On Duty Crash		Safety Equipment	
			Seat Position <b>OTHER</b>		<b>NOT APPLICABLE</b>			
			Helmet Use		Helmet Compliance			
			Eye Protection		Tint Compliance			
02	UNIT	INDIVIDUAL	002		<b>Injury</b>			
			Injury Severity <b>SUSPECTED SERIOUS INJUR</b>		Airbag <b>NOT APPLICABLE</b>			
			Ejected <b>TOTALLY EJECTED</b>		Ejection Path <b>OTHER PATH (E.G., BACK OF PI</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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UNIT	INDIVIDUAL	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000515</b>	EMS Run #		
		Hospital <b>REEDSBURG AREA MED CTR</b>		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>					
		Occupant Of Non-Motor Vehicle Transportation Device <b>LINDA SCHROCK (608) 985-8949</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>E3708 CEMETERY RD LAVALLE, WI 53941 , US</b>		Driver License Number			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>OTHER</b>		<b>NOT APPLICABLE</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NOT APPLICABLE</b>		
		Ejected <b>TOTALLY EJECTED</b>		Ejection Path <b>OTHER PATH (E.G., BACK OF PI</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000515</b>	EMS Run #				
Hospital <b>REEDSBURG AREA MED CTR</b>		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		
02	003	Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Individual</b>				
		Occupant Of Non-Motor Vehicle Transportation Device <b>ENOS SCHROCK (608) 985-8949</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Date of Birth	Race <b>WHITE</b>			
UNIT	INDIVIDUAL	Address <b>E3708 CEMETERY RD LAVALLE, WI 53941 , US</b>	Driver License Number			
		<b>Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>OTHER</b>	<b>NOT APPLICABLE</b>			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
02	004	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NOT APPLICABLE</b>		
		Ejected <b>TOTALLY EJECTED</b>	Ejection Path <b>OTHER PATH (E.G., BACK OF PI</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000515</b>	EMS Run #		
		Hospital <b>REEDSBURG AREA MED CTR</b>	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>					
		UNIT	INDIVIDUAL	<b>Individual</b>			
				Occupant Of Non-Motor Vehicle Transportation Device <b>ALICE SCHROCK (608) 985-8949</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
				Address <b>E3708 CEMETERY RD LAVALLE, WI 53941 , US</b>		Date of Birth	Race <b>WHITE</b>
Driver License Number							
<b>Equipment</b>	On Duty Crash			Safety Equipment			
	Seat Position <b>OTHER</b>			<b>NOT APPLICABLE</b>			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
					Ejected <b>TOTALLY EJECTED</b>	Ejection Path <b>OTHER PATH (E.G., BACK OF PI)</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000515</b>	EMS Run #		
		Hospital <b>REEDSBURG AREA MED CTR</b>		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>		