

6TL0B4X4H0  
18-02056

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>18-02056</b>	Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>02/26/2018</b>		Crash Time <b>05:17 PM</b>	Date Arrived <b>02/26/2018</b>	Time Arrived <b>05:17 PM</b>	
Date Notified <b>02/26/2018</b>		Time Notified <b>05:17 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	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 AT THE STOP SIGN FACING SOUTHBOUND ON MIRROR LAKE RD WAITING TO TURN EB ON STH 33. UNIT 2 WAS WB ON STH 33. OPERATOR OF UNIT 1 ADMITTED TO PULLING OUT IN FRONT OF UNIT 2 INDICATING SHE DID NOT SEE UNIT 2. UNIT 2 STRUCK THE LEFT REAR CORNER OF UNIT 1. UNIT 1 CAME TO A REST FACING NORTHBOUND ON MIRROR LAKE RD SOUTH OF THE INTERSECTION. UNIT 2 CAME TO REST IN THE TREES ON THE NORTH WEST SIDE OF THE INTERSECTION. NO INJURIES REPORTED BY EITHER OCCUPANT. UNIT 1 SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED FROM THE SCENE BY THE OPERATOR. UNIT 2 SUSTAINED DISABLING DAMAGE AND WAS TOWED FROM THE SCENE BY INTERSTATE BP TOWING. OPERATOR OF UNIT 1 WAS ISSUED A CITATION FOR FAILURE TO YIELD RIGHT OF WAY.

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## Location

ON STH33 EB 36 FT W OF MIRROR LAKE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.525252096</b>	Longitude <b>-89.837399275</b>
	X Coordinate <b>270703.03125</b>	Y Coordinate <b>4823057.5</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>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>FOUR-WAY INTERSECTION</b>

## Unit Summary

<b>01</b> <b>UNIT</b>	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>1</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>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</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>01</b> <b>UNIT</b>	<b>Vehicle</b>					
	<b>01</b> <b>VEHICLE</b>	License Plate Number <b>145FRH</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1J4GL38K53W522440</b>	Make <b>JEEP</b>	Year <b>2003</b>	Model <b>LIBERTY RE</b>	
	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>		
	Initial Contact Point <b>7--LEFT REAR CORNER</b>	Vehicle Damage				
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>7--LEFT REAR CORNER</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>ENTERING TRAFFIC LANE</b>	Vehicle Factors			
		Driver Prior Action Other	<b>NOT APPLICABLE</b>			
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>				
01	01	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>CRAIG DOBSON (608) 963-5908</b>	Owner Address <b>406 ELIZABETH ST BARABOO, WI 53913 , 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>WISCONSIN-MUTUAL-INS-CO</b>	Individual <b>CRAIG DOBSON</b>			
		Driver <b>HANNAH DOBSON (608) 963-5908</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>		
UNIT	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>			
		Address <b>406 ELIZABETH ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<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>	

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<b>UNIT</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>						
<b>01</b>	<b>Violations</b>						
	UTC Number <b>AD979371</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

<b>UNIT</b>	<b>02</b>	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>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>WESTBOUND</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>							
		<b>Vehicle</b>							
		<b>02</b>	<b>02</b>	License Plate Number <b>868XAE</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>1GNGK26J3XJ304049</b>				Make <b>CHEVROLET</b>		Year <b>1999</b>	Model <b>NO DATA FO</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>12--FRONT</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>INTERSTATE BP</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>TRACEY SHERWOOD (608) 415-1934</b>	Owner Address <b>624 GRANITE AVE REEDSBURG, WI 53959 , 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>GEICO-GENERAL-INS-CO</b>	Individual <b>MICHAEL SHERWOOD</b>	
UNIT	INDIVIDUAL	Driver <b>MICHAEL SHERWOOD (608) 415-1934</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>624 GRANITE AVE REEDSBURG, WI 53959 , 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 Compliance	
	Helmet Use	Tint Compliance		
	Eye Protection			

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<b>02</b>	<b>002</b>	<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
		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	
<b>02</b>	<b>002</b>	Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					