18-02373

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document # Crash Time 03:49 PM Time Notified		Agency Crash Number 18-02373 Date Arrived 03/06/2018 Total Units		DEPUTY S. SCHRAM Time Arrived 03:49 PM		
L	Crash Date 03/06/2018								
>	Date Notified						03:49 PM Total Injured Total Killed		
5	03/06/2018	03:49 PM		02		03	00		
9	On Emergency	Hit and Run	Lane Clos	ure	Work Zone	Trailer	or Towed	Reporting Threshold	
MCCONTIO	Government Property		hool Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASI	H)		Amend	led	Secondary Crash	
	Description Diagram						Reconstruction		
		Y 12 Un			Not to Sc		Additional Info	ormation	
	I, a sworn law enforce						L LINIT 4 NEE	DED TO ODOGO TIMO	
	UNIT 1 WAS TRAVELING NB LANES OF SB HWY 12 TRAFI RIGHT OF WAY TO UNIT 2. U FRONT AND PASSENGER SI FROM THE VEHICLE AND IT SEVERE DAMAGE TO THE FI OPERATOR HAD SEATBELT TAKEN TO SAUK PRAIRIE HO	FIC IN ORDER TO DO INIT 1 CROSSED INT DE. BOTH FRONT A WAS REMOVED FRONT OF THE VEHIO ON. ONLY OCCUPA	O SO. UNIT 1 OP FO UNIT 2'S LANE IRBAGS WERE D OM THE SCENE E CLE AND FRONT NT IN VEHICLE A	ERATOR I E OF TRAY EPLOYED BY EVERE AIRBAGS	FAILED TO SEE UNIT 2 /EL CAUSING A COLLIS AND BOTH OCCUPAN TITS TOWING. BOTH O WERE DEPLOYED. UN S REMOVED FROM TH	TRAVELING SE SION. UNIT 1 SU TS INJURED. U CCUPANTS WO IT 2 OPERATO E SCENE BY M	3 ON HWY 12 A JFFERED SEV NIT 1 PASSEN DRE SEATBELT R SUFFERED I IKES TOWING	IND FAILED TO YIELD THE ERE DAMAGE TO THE GER WAS EXTRICATED IS. UNIT 2 SUFFERED NJURIES. UNIT 2 ALL OCCUPANTS WERE	

6TL08S5WTF 18-02373

Location

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	983 OF I IN T	USH12 EB FT S NORTH RD HE TOWN OF SUMPT AUK COUNTY	ΓER		X Coord 275685 Structure	inate .28125		Longitude -89.7686 Y Coordir 4805719	691428 nate	
(Cra	sh Scene								
Ī	First	Harmful Event			First Har	mful Event	Location			
L		TOR VEH IN TRANSP	ORT			ADWAY				
		ner of Collision FRONT TO SIDE			Light Co					
L		Surface Condition(s)				y Factor(s)				
	WE	. ,			Noadwa	y i actor(s)				
	Envir	ronment Factor(s)								
	NON	IE			NONE					
f	Wea	ther Condition(s)								
	CLC	OUDY								
ŀ	Anim	al Type			Relation	To Trafficw	/av			
		**					′ - ON ROAD			
f	Cras	h Classification - Location	1		Crash Cl	Crash Classification - Jurisdiction				
		SLIC PROPERTY				NO SPECIAL JURISDICTION				
	Triba	Il Land				Access Control PARTIAL CONTROL			Special Study	
- 1		n Interchange Area	Junction Location		rsection Type					
L	YES		CROSSOVER-RELATE	D NO	T AN INTERS	ECTION				
_		Summary =			A OI ''.' '		1			
		Status RANSIT		D CLASS	Vehicle Operating As Classification Unit Type O CLASS AUTOMOBILE			DII E		
L		cle Type		D CLASS	DCLAGG			Operating As Endorsements		
		SENGER CAR								
ŀ	Total	Occs	Train/Bus # Injured	Total # Citations	Total # Citations Issued Total Trail			ilers Total HazMat Types		
	02			01		0		0		
Ī	Insur	ance?	Direction Of Travel	Pre Cras		Speed L 55	imit	Total Lane	s	
L		Harmful Event: Collision	WESTBOUND	Special Function		55	Emergency	Motor Vehic	de Use	
		TOR VEH IN TRANSP			NO SPECIAL FUNCTION		NOT APPLICABLE			
ŀ	Traff	ic Way		Traffic Control	Traffic Control		Traffic Control Inoperative/Missing			
	DIVI	DED HWY W/O TRAF	FIC BARRIER	WARNING SIG	WARNING SIGN		NO			
		асе Туре		Road Curvature			Road Grade			
ļ		CKTOP (BITUMINOU	JS)	STRAIGHT			LEVEL	LEVEL		
	Trucl	k Bus or HazMat								
4		/ahiala								
ı	`	Vehicle		Dieta Tuna		T C+	Country of Ic	euanea		
ı		License Plate Number 147YYM		Plate Type AUT - AUTON	MOBIL F	LE WI		Country of Issuance UNITED STATES		
ı		Vehicle Identification Number 1G1ND52J116239142 Color		Make		Year		Model		
	9			CHEVROLET		2001	MALIBU			
				Body Style			Bus Use			
		BLU - BLUE		4D - 4DR			NOT A BU	ა 		
	I.E	Initial Contact Point	DNED	Vehicle Damage	Э					
ı	9	1RIGHT FRONT CO Extent Of Damage	JUINEK		1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 3RIGHT SIDE MIDDLE, 4					
	/EHICL	DISABLING DAMAG	RIGHT SIDE I	RIGHT SIDE REAR, 11LEFT FRONT CORNER, 12FRONT				-		
								0	02/06/0242	
100	nsin N	Notor Vehicle Crash	T	his report does not inclu	ae any CJIS data	i.		Crash Date	03/06/2018	

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		Towed Due To Dama	ge DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING					
		What Driver Was Doi							
		LEFT TURN	ng	Vehicle Factors					
		Driver Prior Action Of	her	NOT APPLICABLE					
LIND	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER							
		Driver Distractions	NOT CEE						
		LOOKED BUT DIE	O NOT SEE						
5	9								
		Owner Name JAMES W KOBER)	Owner Address 4997 GLACIER VIEW DRIVE MILTON, WI 53563 , US					
		JANES W ROBEI	•						
		Sequence Of Events							
		Event							
	2	MOTOR VEH IN T	RANSPORT						
	05	Event							
		Event							
	03								
	40	Event							
		D - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
L		Policy Holder		T. e					
5		Insurance Company STATE-FARM-GE	NERAL-INS-CO	Individual JAMES KOBER					
		Individual							
		Driver		Citations Issued	Sex				
	_	VALERIE ANN KOBER (608) 774-6030		01	FEMALE				
	INDIVIDUA			Date of Birth	Race				
╘	₫				WHITE				
	\geq	Address S9383 SLOTTY R	D	Driver License Number	Driver License Number				
	Ĭ	PRAIRIE DU SAC		STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty Crash	Safety Equipment					
		Equipment		Sucry Equipment					
		Seat Position		SHOULDER & LAP BELT					
			LEFT SIDE (DRIVER/MOTORCY						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
5	001	Injury	Injury Severity	Airbag					
٦	0	Ejected	SUSPECTED MINOR INJURY	DEPLOYED-FRONT Tropped/Entripeted					
		NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED				
		1		1	1				

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		Medical Transport			EMS Agency Ident	ifier	EMS Run #			
		EMS GROUND Hospital			6000555 Date of Death		Time of Death			
		SAUK PRAIRIE HOSP			Date of Death		Time of Boats			
		Striking Unit # Prior Action				Location		To/From School		
		Non Motorist		PHOI ACTION		Location		10/FIOIII SCHOOL		
		[A								
		Action								
	INDIVIDUAL									
\vdash	Ž									
LINO	=									
\supset	\leq									
	Ħ									
	_									
		Action Other								
		7.00.011 0.110.								
			Suspected Alcohol L	lea	Suspected Drug U	- Δ				
	L	Drug & Alcohol NO			NO	30				
					A		TALLET (D. III			
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN			Drug Test Type					
		Drug Test Given	Drug Test Given				Drug Test Results			
		I LEST NOT GIVEN	EST NOT GIVEN							
5	001	Drug Type								
0	0									
		Individual Condition								
		ADDEADED NOD	MAI							
		APPEARED NORMAL								
		les d'est des el								
			Individual							
		Passenger CLAIRE RENAE MURPHY (608) 604-2082			Citations Issued		Sex			
	1						FEMALE			
	Ž				Date of Birth					
\vdash	INDIVIDUAL						WHITE			
	≥	Address	_		Driver License Number					
_		521 BILLINGS AV			STATE: WISCONSIN COUNTRY: UNITED STATES					
	=	PRAIRIE DU SAC	, WI 53578 , US		STATE. WISCONSIN COUNTRY: UNITED STATES					
			On Duty Crash		Safety Equipment					
		Equipment								
		Seat Position	<u> </u>		SHOULDER & LAP BELT					
			RIGHT SIDE (TRAI	N ENGINEER						
		Helmet Use			Helmet Complianc	Δ				
		Tiennet ose			Heilitet Compilatice					
		Eye Protection			T. (O. F.					
		Lye Flotection			Tint Compliance					
			Injury Severity		1 Airbar					
5	005	Injury		IOD IN HIDV	Airbag					
	0		SUSPECTED MIN	NOR INJURY	DEPLOYED-FRONT					
		Ejected			Ejection Path Trapped/Extricated					
		NOT EJECTED				NOT APPLICABL	TRAPPED/EXTRICA	(IED		
		Medical Transport		·	EMS Agency Identifier EMS Rul 6000555		EMS Run #			
		EMS GROUND								
		Hospital			Date of Death		Time of Death			
		SAUK PRAIRIE H	OSP							
		Mars 22 4 1	Striking Unit #	Prior Action		Location	To/From School			
		Non Motorist]							

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TIND	INDIVIDUAL	Action									
		Action Other									
	E	Orug & Alcohol	Suspected Al	cohol Use	Suspected NO	Drug Use					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Tes	Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test	Гуре		Drug Test R	esults		
6	005	Drug Type			I			1			
		Individual Condition									
		APPEARED NORMAL									
	,	Violations									
	5	UTC Number AE140923	Issue To? 001	Statute Number 346.06	Seq Num 004	Description FAILURE TO Y	IELD RIGI	HT OF WAY			
į		t Summary •		•		•					
		Status			· ·	ing As Classification	1	Unit Type AUTOMO	DII F		
		RANSIT cle Type			D CLASS	DCLAGS			s Endorsements		
02		SSENGER CAR									
	Tota 01	l Occs	Train/B	us # Injured	Total # Citation	Total # Citations Issued Total Trail 00 0			Total HazMat Types 0		
⊢	Insui	nsurance? Direction Of Travel SOUTHBOUND		I I C CI a SII I II C		Speed Lin	nit	Total Lanes 04			
UNIT		5	000	IDOUND							
_		6 t Harmful Event: Collisio TOR VEH IN TRANS	n With	IBOOND	Special Function	n L FUNCTION		NOT APP	Motor Vehicle Use LICABLE		
	MO [*]	t Harmful Event: Collision TOR VEH IN TRANS Tic Way	n With		NO SPECIA Traffic Control	L FUNCTION		NOT APP			
	Traff DIVI	t Harmful Event: Collision	n With		NO SPECIA	L FUNCTION		NOT APP	LICABLE rol Inoperative/Missing		
	Traff DIVI Surfa	t Harmful Event: Collision TOR VEH IN TRANS ic Way IDED HWY W/O TRA ace Type ACKTOP (BITUMING	on With		Traffic Control NO CONTRO	L FUNCTION		Traffic Conti	LICABLE rol Inoperative/Missing		
	Traff DIVI Surfa	t Harmful Event: Collision TOR VEH IN TRANS ic Way IDED HWY W/O TRA ace Type	on With		Traffic Control NO CONTRO Road Curvatur	L FUNCTION		NOT APPI Traffic Cont NO Road Grade	LICABLE rol Inoperative/Missing		
	Traff DIVI Surfa BLA Truc NO	t Harmful Event: Collision TOR VEH IN TRANS ic Way IDED HWY W/O TRA ace Type ACKTOP (BITUMING	on With		Traffic Control NO CONTRO Road Curvatur	L FUNCTION		NOT APPI Traffic Cont NO Road Grade LEVEL	rol Inoperative/Missing		
	Traff DIVI Surfa BLA Truc NO	t Harmful Event: Collision TOR VEH IN TRANS ic Way IDED HWY W/O TRA ace Type ACKTOP (BITUMINO IK Bus or HazMat Vehicle License Plate Number	n With SPORT AFFIC BARI		NO SPECIA Traffic Control NO CONTRO Road Curvatur STRAIGHT Plate Type	DL e	St	Traffic Cont NO Road Grade LEVEL	rol Inoperative/Missing		
	Traff DIVI Surfa BLA Truc NO	t Harmful Event: Collision TOR VEH IN TRANS ic Way IDED HWY W/O TRA ace Type ACKTOP (BITUMINO k Bus or HazMat Vehicle License Plate Number 270WTZ	n With PORT AFFIC BARN DUS)		NO SPECIA Traffic Control NO CONTRO Road Curvatur STRAIGHT	DL e	wı	Traffic Cont NO Road Grade LEVEL	rol Inoperative/Missing		
02	Traff DIVI Surfa BLA Truc NO	t Harmful Event: Collision TOR VEH IN TRANS ic Way IDED HWY W/O TRA ace Type ACKTOP (BITUMINO IK Bus or HazMat Vehicle License Plate Number	n With PORT AFFIC BARN PUS)		NO SPECIA Traffic Control NO CONTRO Road Curvatur STRAIGHT Plate Type AUT - AUTO	DL e		Traffic Cont NO Road Grade LEVEL	ICABLE rol Inoperative/Missing suance rATES		
	Traff DIVI Surfa BLA Truc NO	t Harmful Event: Collision TOR VEH IN TRANS ic Way IDED HWY W/O TRA ace Type ACKTOP (BITUMINO k Bus or HazMat Vehicle License Plate Number 270WTZ Vehicle Identification N 1G1ZT64824F2052 Color	n With PORT AFFIC BARN PUS)		NO SPECIA Traffic Control NO CONTRO Road Curvatur STRAIGHT Plate Type AUT - AUTO Make CHEVROLE Body Style	DL e	WI Year	Traffic Continuo NO Road Grade LEVEL Country of Is UNITED ST	LICABLE rol Inoperative/Missing suance rATES		
02	MO' Trafff DIVI Surfa BLA Truc NO	t Harmful Event: Collision TOR VEH IN TRANS ic Way DED HWY W/O TRA ace Type ACKTOP (BITUMINO k Bus or HazMat Vehicle License Plate Number 270WTZ Vehicle Identification N 1G1ZT64824F2052 Color GRY - GRAY Initial Contact Point	n With PORT AFFIC BARN PUS)		NO SPECIA Traffic Control NO CONTRO Road Curvatur STRAIGHT Plate Type AUT - AUTO Make CHEVROLE	DE E E E E E E E E E E E E E E E E E E	WI Year	Traffic Continuo NO Road Grade LEVEL Country of Is UNITED ST Model MALIBU M Bus Use	LICABLE rol Inoperative/Missing suance rATES		
02	MO' Trafff DIVI Surfa BLA Truc NO	t Harmful Event: Collision TOR VEH IN TRANS ic Way DED HWY W/O TRA ace Type ACKTOP (BITUMINO IK Bus or HazMat Vehicle License Plate Number 270WTZ Vehicle Identification N 1G1ZT64824F2052 Color GRY - GRAY Initial Contact Point 12—FRONT	n With PORT AFFIC BARN PUS)		Plate Type AUT - AUTO Make CHEVROLE Body Style 4D - 4DR Vehicle Dama	DMOBILE TT	WI Year 2004	Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model MALIBU M Bus Use NOT A BUS	LICABLE rol Inoperative/Missing suance rATES		
	Traff DIVI Surfa BLA Truc NO	t Harmful Event: Collision TOR VEH IN TRANS ic Way DED HWY W/O TRA ace Type ACKTOP (BITUMINO k Bus or HazMat Vehicle License Plate Number 270WTZ Vehicle Identification N 1G1ZT64824F2052 Color GRY - GRAY Initial Contact Point	NWith SPORT AFFIC BARI DUS)		Plate Type AUT - AUTO Make CHEVROLE Body Style 4D - 4DR Vehicle Dama	DMOBILE T GGE RONT CORNER, 12	WI Year 2004 2RIGHT	Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model MALIBU M Bus Use NOT A BUS	ILICABLE rol Inoperative/Missing suance rATES AX		

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		What Driver Was Doi	ing	Vehicle Factors						
		GOING STRAIGHT		NOT APPLICABLE						
		Driver Prior Action Other								
		Driver Actions								
	ш	NO CONTRIBUTII	NG ACTION							
╘	SL									
LIND	Ħ									
ر ر	VEHICL									
	_									
		Driver Distractions								
		NOT DISTRACTE	D							
05	02									
		Owner Name		Owner Address						
		DAVID A BASSAI	N	320 N MAIN ST						
		(608) 547-0220		ADAMS, WI 53910 , US						
		Sequence Of Events								
		Event								
	01	MOTOR VEH IN T	RANSPORT							
	02	Event								
	3	Event								
	03									
	04	Event								
╘		Policy Holder								
LNO		Insurance Company STATE-FARM-GE	INEDAL INC CO	Individual						
_			:NERAL-INS-CO	DAVID BASSAN						
		Individual								
		Driver	DADA DAGGANI	Citations Issued	Sex					
	Ļ	MAGDALEN BARBARA BASSAN (608) 547-0220		00	FEMALE					
	DUAL			Date of Birth	Race WHITE					
╘╽	٦/				WHILE					
	\leq	Address 320 N MAIN ST		Driver License Number						
	INDINI	ADAMS, WI 53910	O.US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		, ,								
			On Duty Crash	Cofety Favinment						
		Equipment	On Duty Clash	Safety Equipment						
	1	Seat Position		SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOOLDEN & LAF BELT						
		Helmet Use		Helmet Compliance						
				Tremet Compilance						
		Eye Protection		Tint Compliance						
05	003	Iniver	Injury Severity	Airbag						
0	ŏ	Injury	SUSPECTED MINOR INJURY	DEPLOYED-FRONT						
		Ejected		Ejection Path	Trapped/Extricated					
		NOT EJECTED		NOT EJECTED/NOT APPLICABL	NOT TRAPPED					
		Medical Transport		EMS Agency Identifier	EMS Run #					
		EMS GROUND		6000555						

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Crash Date 03/06/2018

Crash Time 03:49 PM

		Hospital SAUK PRAIRIE HOSP			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location	•	To/From School
TINO	INDIVIDUAL	Action Action Other						
			Suspected Alcohol	Use	Suspected Drug U	se		
	E	Orug & Alcohol	NO		NO			
		Alcohol Test Given TEST NOT GIVEN	l		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	ı		Drug Test Type		Drug Test Results	
02	003	Drug Type						
		Individual Condition						
		APPEARED NOR	MAL					