

6TL08S5WTF
18-02373

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL08S5WTF

Document Number Override		Primary Crash Document #	Agency Crash Number 18-02373	Investigating Officer/Deputy DEPUTY S. SCHRAM	
Crash Date 03/06/2018		Crash Time 03:49 PM	Date Arrived 03/06/2018	Time Arrived 03:49 PM	
Date Notified 03/06/2018		Time Notified 03:49 PM	Total Units 02	Total Injured 03	Total Killed 00
<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 NO	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS TRAVELING NB ON HWY 12 AND ATTEMPTED TO TURN WEST INTO THE BLUFFVIEW TRAILER PARK. UNIT 1 NEEDED TO CROSS TWO LANES OF SB HWY 12 TRAFFIC IN ORDER TO DO SO. UNIT 1 OPERATOR FAILED TO SEE UNIT 2 TRAVELING SB ON HWY 12 AND FAILED TO YIELD THE RIGHT OF WAY TO UNIT 2. UNIT 1 CROSSED INTO UNIT 2'S LANE OF TRAVEL CAUSING A COLLISION. UNIT 1 SUFFERED SEVERE DAMAGE TO THE FRONT AND PASSENGER SIDE. BOTH FRONT AIRBAGS WERE DEPLOYED AND BOTH OCCUPANTS INJURED. UNIT 1 PASSENGER WAS EXTRICATED FROM THE VEHICLE AND IT WAS REMOVED FROM THE SCENE BY EVERETTS TOWING. BOTH OCCUPANTS WORE SEATBELTS. UNIT 2 SUFFERED SEVERE DAMAGE TO THE FRONT OF THE VEHICLE AND FRONT AIRBAGS WERE DEPLOYED. UNIT 2 OPERATOR SUFFERED INJURIES. UNIT 2 OPERATOR HAD SEATBELT ON. ONLY OCCUPANT IN VEHICLE AND IT WAS REMOVED FROM THE SCENE BY MIKES TOWING. ALL OCCUPANTS WERE TAKEN TO SAUK PRAIRIE HOSPITAL BY SAUK PRAIRIE EMS. UNIT 1 OPERATOR CITED FOR FAILURE TO YIELD RIGHT OF WAY.

6TL08S5WTF
18-02373

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

ON USH12 EB 983 FT S OF NORTH RD IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.370827017	Longitude -89.768691428
	X Coordinate 275685.28125	Y Coordinate 4805719
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control PARTIAL CONTROL	Special Study
Within Interchange Area YES	Junction Location CROSSOVER-RELATED	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT	01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 02		Train/Bus # Injured	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES		Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 04	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER			Traffic Control WARNING SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO						

UNIT	01	Vehicle					
		License Plate Number 147YYM		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1G1ND52J116239142		Make CHEVROLET	Year 2001	Model MALIBU	
		Color BLU - BLUE		Body Style 4D - 4DR		Bus Use NOT A BUS	
		Initial Contact Point 1--RIGHT FRONT CORNER		Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 11--LEFT FRONT CORNER, 12--FRONT			
Extent Of Damage DISABLING DAMAGE							

6TL08S5WTF
18-02373

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING		
		What Driver Was Doing LEFT TURN	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	01	Driver Distractions LOOKED BUT DID NOT SEE			
		Owner Name JAMES W KOBER	Owner Address 4997 GLACIER VIEW DRIVE MILTON, WI 53563 , US		
Sequence Of Events					
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
Policy Holder					
UNIT	INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual JAMES KOBER		
		Driver VALERIE ANN KOBER (608) 774-6030	Citations Issued 01	Sex FEMALE	
UNIT	INDIVIDUAL	Date of Birth [REDACTED]	Race WHITE		
		Address S9383 SLOTTY RD PRAIRIE DU SAC, WI 53578 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Equipment	On Duty Crash	Safety Equipment	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED	

6TL08S5WTF
18-02373

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

UNIT	INDIVIDUAL	Medical Transport EMS GROUND		EMS Agency Identifier 6000555	EMS Run #		
		Hospital SAUK PRAIRIE HOSP		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger CLAIRE RENA E MURPHY (608) 604-2082		Citations Issued 00	Sex FEMALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address 521 BILLINGS AVE PRAIRIE DU SAC, WI 53578 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT		
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated TRAPPED/EXTRICATED		
Medical Transport EMS GROUND		EMS Agency Identifier 6000555	EMS Run #				
Hospital SAUK PRAIRIE HOSP		Date of Death	Time of Death				
Non Motorist		Striking Unit #	Prior Action	Location	To/From School		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Action				
		Action Other				
	01	002	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			
	01	Violations				
		UTC Number AE140923	Issue To? 001	Statute Number 346.06	Seq Num 004	Description FAILURE TO YIELD RIGHT OF WAY

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR			Operating As Endorsements	
		Total Occs 01	Train/Bus # Injured	Total # Citations Issued 00	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 04
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
		Truck Bus or HazMat NO				

UNIT	02	Vehicle			
		License Plate Number 270WTZ	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1ZT64824F205218	Make CHEVROLET	Year 2004	Model MALIBU MAX
		Color GRY - GRAY	Body Style 4D - 4DR	Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Driver Distractions NOT DISTRACTED		
02	02	Owner Name DAVID A BASSAN (608) 547-0220	Owner Address 320 N MAIN ST ADAMS, WI 53910 , US
Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT	
02	02	Event	
03	03	Event	
04	04	Event	
UNIT	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual DAVID BASSAN	
UNIT INDIVIDUAL	Individual		
	Driver MAGDALEN BARBARA BASSAN (608) 547-0220	Citations Issued 00	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 320 N MAIN ST ADAMS, WI 53910 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	Equipment	On Duty Crash	Safety Equipment
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6000555	EMS Run #

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT 02 003	Hospital SAUK PRAIRIE HOSP		Date of Death		Time of Death	
	Non Motorist		Striking Unit #	Prior Action	Location	To/From School
	Action					
	Action Other					
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results
	Drug Type					
	Individual Condition APPEARED NORMAL					