

6TL09KMLX6
18-02888

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 18-02888	Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 03/20/2018		Crash Time 10:21 AM	Date Arrived 03/20/2018	Time Arrived 10:32 AM	
Date Notified 03/20/2018		Time Notified 10:22 AM	Total Units 02	Total Injured 03	Total Killed 01
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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>	<p>Reconstruction By SAUK COUNTY SHERIFF</p> <p>Photos By LOHR</p> <p>Additional Information FATAL CRASH SUPPLEMENT, MEASUREMENTS, PHOTOS, RECONSTRUCTION, WITNESS STATEMENTS</p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

WITNESS STATED THAT UNIT 1 WAS TRYING TO PASS HIM HEADING W/B ON STH 23/33. HE STATED THAT UNIT 1 PULLED OUT AND BEGAN TO PASS EVEN THOUGH THERE WAS ON COMING TRAFFIC. WITNESS STATED HE THEN HEARD A CRASH JUST BEHIND HIM AS UNIT 1 HIT UNIT 2 HEAD ON.

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Location

ON STH23 WB 799 FT E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.532869412	Longitude -89.913994952
	X Coordinate 264542.53125	Y Coordinate 4824117.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03--FRONT TO FRONT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 03/20/2018	Time Initial Lane/Rd Closed 10:32 AM	FIRE/EMS	
Date All Lanes Open 03/20/2018	Time All Lanes Open 12:40 PM	Date Scene Cleared 03/20/2018	Time Scene Cleared 12:45 PM

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 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? UNKNOWN	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	Vehicle						
	License Plate Number		Plate Type	St	Country of Issuance		
Vehicle Identification Number JT2BG22K9Y0402182		Make TOYOTA	Year 2000	Model CAMRY			

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UNIT	VEHICLE	Color AME - AMYTHEST	Body Style 4D - 4DR	Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage 1--RIGHT FRONT CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT, TOP	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE	
		What Driver Was Doing OVERTAKE LEFT	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER OVERTAKING / PASSING LEFT, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER		
		Driver Distractions UNKNOWN IF DISTRACTED		
01	01	Owner Name BRENT FOWLER	Owner Address 1115 15TH CT REEDSBURG, WI 53959 , US	
Sequence Of Events				
01	01	Event CROSS CENTERLINE		
02	02	Event MOTOR VEH IN TRANSPORT		
03	03	Event		
04	04	Event		
UNIT	INDIVIDUAL	Individual		
		Driver BRENT FOWLER	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address 1115 15TH CT REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		

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UNIT	INDIVIDUAL	01	001	Injury	Injury Severity FATAL INJURY	Airbag DEPLOYED-FRONT				
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated TRAPPED/EXTRICATED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death 03/20/2018		Time of Death 11:32				
		Non Motorist		Striking Unit #	Prior Action	Location		To/From School		
		Action								
		Action Other								
		Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use YES				
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING				
		Drug Test Given TEST GIVEN		Drug Test Type BLOOD		Drug Test Results PENDING				
01	001	Drug Type								
Individual Condition NOT OBSERVED										

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type (SPORT) UTILITY VEHICLE					Operating As Endorsements		
		Total Occs 3	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0			
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2			
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL			
		Truck Bus or HazMat NO							

Vehicle

02	02	License Plate Number 157KSW		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1GNKVHKD3FJ116280		Make CHEVROLET	Year 2015	Model TRAVERSE 2	
		Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	

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UNIT	VEHICLE	Initial Contact Point 12--FRONT	Vehicle Damage 1--RIGHT FRONT CORNER, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By REEDSBURG SALVAGE	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Driver Distractions NOT DISTRACTED		
		Owner Name THELMA ZASTROW (608) 393-7423	Owner Address E8148 COUNTY ROAD W NORTH FREEDOM, WI 53951 , US	
02	02	Sequence Of Events		
		01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
UNIT	04	Event		
		Policy Holder		
UNIT	INDIVIDUAL	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	Individual THELMA ZASTROW	
		Driver THELMA ZASTROW (608) 393-7423	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
		Address E8148 COUNTY ROAD W NORTH FREEDOM, WI 53951 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		

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02	UNIT	INDIVIDUAL	002	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT		
				Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated TRAPPED/EXTRICATED		
				Medical Transport EMS AIR	EMS Agency Identifier 6001285	EMS Run #		
				Hospital UW HEALTH-AMERICAN CENTER	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 GIVEN	Alcohol Test Type BLOOD	Alcohol Test Results PENDING		
				Drug Test Given TEST GIVEN	Drug Test Type BLOOD	Drug Test Results PENDING		
02	UNIT	INDIVIDUAL	002	Drug Type				
				Individual Condition APPEARED NORMAL				
				Individual				
				Passenger PEARL WILBURN (608) 295-5841	Citations Issued 0	Sex FEMALE		
					Date of Birth	Race WHITE		
				Address 2701 E MAIN ST # 159 REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
				Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
				Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER				
				Helmet Use	Helmet Compliance			
				Eye Protection	Tint Compliance			
02	UNIT	INDIVIDUAL	003	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT		
				Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
				Medical Transport EMS AIR	EMS Agency Identifier 6001285	EMS Run #		

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UNIT	INDIVIDUAL	Hospital UW HEALTH-AMERICAN CENTER		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 NOT OBSERVED						
		UNIT	INDIVIDUAL	Individual				
Passenger LOUISE FAIVRE (608) 522-4831				Citations Issued 0		Sex FEMALE		
				Date of Birth		Race WHITE		
Address E9176 CTH W NORTH FREEDOM, WI 53951 , US				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
Equipment				On Duty Crash		Safety Equipment		
Seat Position 6--SECOND SEAT-RIGHT SIDE				SHOULDER & LAP BELT				
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
Injury				Injury Severity SUSPECTED SERIOUS INJUR		Airbag DEPLOYED-SIDE		
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED		
Medical Transport EMS AIR			EMS Agency Identifier 6001285		EMS Run #			
Hospital REEDSBURG AREA MED CTR			Date of Death		Time of Death			
Non Motorist		Striking Unit #	Prior Action	Location		To/From School		

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UNIT	INDIVIDUAL	Action			
		Action Other			
	02	004	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		