

6TL08S5WTH
18-03239

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL08S5WTH

Document Number Override		Primary Crash Document #	Agency Crash Number 18-03239	Investigating Officer/Deputy DEPUTY S. SCHRAM	
Crash Date 03/30/2018		Crash Time 12:04 PM	Date Arrived 03/30/2018	Time Arrived 12:09 PM	
Date Notified 03/30/2018		Time Notified 12:04 PM	Total Units 02	Total Injured 00	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> <p style="text-align: center;">Not to Scale</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 SB ON MULBERRY ST IN THE VILLAGE OF WEST BARABOO AT THE INTERSECTION WITH LINN ST. UNIT 2 WAS EB ON LINN ST AND HAD THE RIGHT OF WAY THROUGH THE INTERSECTION. UNIT 1 STOPPED AT THE STOP SIGN BUT THEN PROCEEDED THROUGH THE INTERSECTION SB AND FAILED TO YIELD FOR UNIT 2. UNIT 1 STRUCK UNIT 2 IN THE FRONT DRIVERS SIDE, CAUSING DISABLING DAMAGE TO UNIT 2. UNIT 1 SUSTAINED MODERATE DAMAGE BUT WAS DRIVEABLE. UNIT 1 OPERATOR ID'D AS THE R.O. THRU VALID WI DL. ADMITTED THE CRASH WAS HIS FAULT, SAID HE WAS INDECISIVE GOING THROUGH THE INTERSECTION AND FAILED TO SEE UNIT 2. THERE WERE NO INJURIES REPORTED AND NO AIRBAG DEPLOYMENT. DRIVERS EXCHANGED INFORMATION ON SCENE. UNIT 1 WAS REMOVED BY OPERATOR, UNIT 2 WAS REMOVED FROM THE SCENE BY STEVES TOWING.

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Location

INTERSECTION ON LINN ST/ STH33 EB AT MULBERRY ST IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474800914	Longitude -89.767046412
	X Coordinate 276202.21875	Y Coordinate 4817262.5
	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) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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 YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY 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 01	Train/Bus # Injured	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	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 TWO-WAY, NOT DIVIDED		Traffic Control STOP 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 829YNS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 19XFB2F50CE105216	Make HONDA	Year 2012	Model CIVIC LX
		Color BLK - BLACK	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage		
Extent Of Damage FUNCTIONAL DAMAGE	1--RIGHT FRONT CORNER, 12--FRONT				

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY				
01	01	Driver Distractions UNKNOWN IF DISTRACTED			
		Owner Name RICHARD OVERLY (608) 698-3974	Owner Address N299 HARVEY ROAD DEFOREST, WI 53532 , US		
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual RICHARD OVERLY		
UNIT	01	Individual			
		Driver RICHARD OVERLY (608) 698-3974	Citations Issued 01	Sex MALE	
			Date of Birth	Race WHITE	
		Address N299 HARVEY ROAD DEFOREST, WI 53532 , 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				
01	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED	

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UNIT	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
	Hospital		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						
01	Violations						
	UTC Number AE140946	Issue To? 001	Statute Number 346.37(1)(c)3	Seq Num 009	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 02		Train/Bus # Injured		Total # Citations Issued 00		Total Trailers 0	Total HazMat Types 0
	Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre CrashTire Mark		Speed Limit 25	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 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							
	02	02	Vehicle					
			License Plate Number 817ZPE		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1MEFM58U43A615540			Make MERCURY		Year 2003	Model SABLE GS/G		
Color TAN - TAN			Body Style SW - STATIONWAGON		Bus Use NOT A BUS			

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UNIT	VEHICLE	Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE		
		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 NATHAN HOBBS (608) 495-5201	Owner Address S2276 CTY RD K REEDSBURG, WI 53959 , 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 GEICO-CASUALTY-CO	Individual NATHAN HOBBS		
		Driver NATHAN HOBBS (608) 495-5201	Citations Issued 00	Sex MALE	
		Address S2276 CTY RD K REEDSBURG, WI 53959 , US	Date of Birth	Race WHITE	
			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 Use	Tint Compliance				
Eye Protection					

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02	UNIT	INDIVIDUAL	002	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED				
			Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #				
			Hospital	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				
002	002	Drug Type							
Individual Condition	APPEARED NORMAL								
02	UNIT	INDIVIDUAL	Individual						
			Passenger DARLA HOBBS (608) 495-5891	Citations Issued 00	Sex FEMALE				
				Date of Birth	Race WHITE				
			Address S2276 COUNTY ROAD K REEDSBURG, WI 53959 , US	Driver License Number	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								
02	UNIT	003	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED				
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED				
			Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #				

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UNIT INDIVIDUAL 02 003	Hospital	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					