

6TL08S5WTJ
18-03379

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 18-03379	Investigating Officer/Deputy DEPUTY S. SCHRAM	
Crash Date 04/03/2018		Crash Time 03:05 PM	Date Arrived 04/03/2018	Time Arrived 03:46 PM	
Date Notified 04/03/2018		Time Notified 03:05 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>	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 TURNING EASTBOUND ON HWY 136 OUT OF THE FESTIVAL FOODS PARKING LOT UTILIZING THE SOUTH LANE. UNIT 2 WAS TURNING EASTBOUND ONTO HWY 136 OUT OF THE WALGREENS PARKING LOT. UNIT 2 NEEDED TO UTILIZE BOTH EASTBOUND LANES TO EFFECT A SAFE TURN AND THE OPERATOR SAID THAT HE CHECKED THAT THE ROADWAY WAS CLEAR BOTH WAYS BEFORE BEGINNING HIS TURN. OPERATOR SAID ONCE HE GETS TO A CERTAIN POINT HE CAN NO LONGER SEE THE OUTSIDE LANE FOR A PERIOD OF TIME. OPERATOR SAID HE NEVER SAW UNIT 1 IN THE SOUTH LANE. UNIT 1 OPERATOR SAID THAT SHE ALSO FAILED TO SEE UNIT 2 MAKING HIS TURN UNTIL THEIR VEHICLES COLLIDED. UNIT 1 SUSTAINED MODERATE DAMAGE TO THE DRIVERS SIDE INCLUDING A BROKEN BACK SEAT DRIVERS SIDE WINDOW. UNIT 2 SUSTAINED MINOR DAMAGE TO THE FRONT PASSENGER BUMPER. BOTH UNITS WERE ABLE TO BE REMOVED FROM THE SCENE BY THE OPERATORS. NO INJURIES WERE REPORTED BY ANY OCCUPANTS.

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Location

ON LINN ST/ STH136 EB 95 FT W OF LINN ST/ STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474764204	Longitude -89.769267473
	X Coordinate 276022.4375	Y Coordinate 4817264.5
	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) WET	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) RAIN, SNOW		
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-RELATED	Intersection Type T-INTERSECTION

Unit Summary

01 UNIT	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 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 NO CONTROL		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

01 UNIT	Vehicle			
	License Plate Number 427VMD	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FAPP36343W264189	Make FORD	Year 2003	Model FOCUS SE/S
	Color RED - RED	Body Style SW - STATIONWAGON		Bus Use NOT A BUS
	Initial Contact Point 9--LEFT SIDE MIDDLE	Vehicle Damage		
Extent Of Damage FUNCTIONAL DAMAGE	9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT			

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UNIT	VEHICLE	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 OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
01	01	Driver Distractions UNKNOWN IF DISTRACTED				
		Owner Name BRENDA CAREY-SCHICK (608) 963-5201		Owner Address 915 2ND ST BARABOO, WI 53913 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
Policy Holder						
UNIT	INDIVIDUAL	Insurance Company GEICO-GENERAL-INS-CO		Individual BRENDA CAREY-SCHICK		
		Driver CAROLINE SCHICK (608) 963-9901		Citations Issued 00	Sex FEMALE	
		Address 915 2ND ST BARABOO, WI 53913 , US		Date of Birth		Race WHITE
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
01	001	Equipment		On Duty Crash		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		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	INDIVIDUAL	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					
UNIT	INDIVIDUAL	Individual					
		Passenger JENNIFER SHANKS (608) 393-8775		Citations Issued 00	Sex FEMALE		
				Date of Birth	Race WHITE		
		Address 1038 TINKHAM TRL BARABOO, WI 53913 , 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			
		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		

WISCONSIN MOTOR VEHICLE
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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		

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification A CLASS	Unit Type TRUCK		
		Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)	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 EASTBOUND	<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 TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

UNIT	VEHICLE	Vehicle			
		License Plate Number 2313271	Plate Type APO - APPORTIONED	St IN	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FUBC4CYXDHBW7767	Make FREIGHTLINER CORP	Year 2013	Model TRACTOR
		Color WHI - WHITE	Body Style TC - TRACTOR		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	1--RIGHT FRONT CORNER, 12--FRONT		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing LEFT TURN	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		

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UNIT	VEHICLE	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER	
		Driver Distractions UNKNOWN IF DISTRACTED	
		Owner Name RYDER TRUCK RENTAL	Owner Address 11670 NW 105TH STREET MIAMI, FL 33178 , US
02	02	Sequence Of Events	
		01	Event MOTOR VEH IN TRANSPORT
		02	Event
		03	Event
04	03	Event	
		04	Event
		Policy Holder	
		Insurance Company REGENT-INS-CO	Organization/Company RYDER TRUCK RENTAL
UNIT	INDIVIDUAL	Individual	
		Driver MARK ELGAR (608) 393-8851	Citations Issued 00
			Sex MALE
			Date of Birth WHITE
		Address 834 LOG LODGE CT BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
		Equipment	On Duty Crash SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Safety Equipment
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		02	003
	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

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UNIT	INDIVIDUAL	Action				
		Action Other				
	02	003	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	TRUCK BUS	Carrier			
			<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source VEHICLE-SIDE		
			Name RYDER TRUCK RENTAL USDOT# 16130		Address 11670 NW 105TH STREET MIAMI, FL 33178 , US	
GVWR 10,001-26,000 LBS			Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER		Cargo Body Type VAN/ENCLOSED BOX	
US DOT # 16130			Carrier Type OTHER OPERATION/NOT SPECIFIED		Permitted Load NOT APPLICABLE	
<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present		
Measured Height		Measured Length	Measured Width	Measured Weight		