

6TL09N3P4Z  
18-03412

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<br><b>18-03412</b> |   | Investigating Officer/Deputy<br><b>DEPUTY C. FRANK</b> |  |  |
| Crash Date<br><b>04/04/2018</b>                |                                      | Crash Time<br><b>09:30 AM</b>                |                                    | Date Arrived<br><b>04/04/2018</b>      |   | Time Arrived<br><b>09:39 AM</b>                        |  |  |
| Date Notified<br><b>04/04/2018</b>             |                                      | Time Notified<br><b>09:31 AM</b>             |                                    | Total Units<br><b>02</b>               |   | Total Injured<br><b>00</b>                             | Total Killed<br><b>00</b>                    |  |
| <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<br><b>NO</b>        |   | Tags   |  |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    |  |   | <input type="checkbox"/> Amended                       |  | <input type="checkbox"/> Secondary Crash |

Description

|                |   |
|----------------|---|
| <p>Diagram</p> | Reconstruction By                       |
|                | Photos By<br><b>9198</b>                |
|                | Additional Information<br><b>PHOTOS</b> |

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

ON THE ABOVE DATE AND TIME UNIT 1 WAS WESTBOUND ON BAY RD. AS SHE APPROACHED THE T INTERSECTION, SLOWING FOR THE STOP SIGN A SAUK COUNTY PLOW TRUCK, UNIT 2, WHICH WAS SOUTHBOUND ON RUTHE BADGER LN TURNED EASTBOUND ONTO BAY RD. UNIT 2 HAD CROSSED OVER INTO THE WESTBOUND LANE TO MAKE THE TURN. UNIT 1 AND UNIT 2 WERE BOTH UNABLE TO BRAKE ON THE SNOW AND ICE COVERED ROADWAY. BOTH UNITS STRUCK EACH OTHER HEAD ON AND CAME TO A REST. UNIT 2 OPERATOR STATED HE TURNED WIDE TO MAKE THE TURN AND WAS UNABLE TO AVOID STRIKING UNIT 1. HE BRAKED AND PLACED UNIT 2 INTO REVERSE TO AVOID UNIT 1.

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Location

|   |                                     |                                   |
|---|-------------------------------------|-----------------------------------|
| <b>ON E12526 BAY RD<br/>68 FT E<br/>OF RUTHE BADGER LN<br/>(FIRE E12526)</b><br><br><b>IN THE TOWN OF MERRIMAC<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.358322628</b>     | Longitude<br><b>-89.698077221</b> |
|   | X Coordinate<br><b>281361.65625</b> | Y Coordinate<br><b>4804143</b>    |
|   | Structure Type<br><b>FIRE</b>       |                                   |

Crash Scene

|   |   |  |
|---|---|--|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      | First Harmful Event Location<br><b>ON ROADWAY</b>                                   |  |
| Manner of Collision<br><b>03--FRONT TO FRONT</b>          | Light Condition<br><b>DAYLIGHT</b>  |  |
| Road Surface Condition(s)<br><b>SNOW, SLUSH, ICE</b>      | Roadway Factor(s)<br><br><b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b> |  |
| Environment Factor(s)<br><b>NONE</b>                      |   |  |
| Weather Condition(s)<br><b>CLOUDY</b>                     |   |  |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                               |  |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b>               |  |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>   | Special Study                              |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>INTERSECTION</b>  | Intersection Type<br><b>T-INTERSECTION</b> |

Unit Summary

|                |   |   |  |                                |  |  |
|----------------|---|---|--|--------------------------------|--|--|
| <b>UNIT 01</b> | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b> |  |  |
|                | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                      |   |  | Operating As Endorsements      |  |  |
|                | Total Occs<br><b>1</b>  | Train/Bus # Injured                                   | Total # Citations Issued<br><b>0</b>           | Total Trailers<br><b>0</b>     | Total HazMat Types<br><b>0</b>                       |  |
|                | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>WESTBOUND</b>               | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit<br><b>45</b>       | Total Lanes<br><b>2</b>                              |  |
|                | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> |                                | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|                | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                          |   | Traffic Control<br><b>STOP SIGN</b>            |                                | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|                | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>STRAIGHT</b>              |                                | Road Grade<br><b>DOWNHILL</b>                        |  |
|                | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |                                |  |  |

|   |  |   |                     |   |  |
|---|--|---|---------------------|---|--|
| <b>UNIT 01</b>                              | <b>Vehicle</b>   |   |                     |   |  |
|   | License Plate Number<br><b>922JEX</b>                          | Plate Type<br><b>AUT - AUTOMOBILE</b>           | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |  |
|   | Vehicle Identification Number<br><b>JTEBU14R840031025</b>      | Make<br><b>TOYOTA</b>                           | Year<br><b>2004</b> | Model<br><b>4RUNNER SR</b>                  |  |
|   | Color<br><b>GRY - GRAY</b>                                     | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> |                     | Bus Use<br><b>NOT A BUS</b>                 |  |
|   | Initial Contact Point<br><b>12--FRONT</b>                      | Vehicle Damage                                  |                     |   |  |
| Extent Of Damage<br><b>DISABLING DAMAGE</b> | <b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT</b> |   |                     |   |  |

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|---------------------------|------------|--|--|---|-------------------------------|--|
| UNIT                      | VEHICLE    | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>      |  | Vehicle Removed By<br><b>CRAIGS TOWING</b>                              |                               |  |
|                           |            | What Driver Was Doing<br><b>SLOW/STOPPING</b>                    |  | Vehicle Factors   |                               |  |
|                           |            | Driver Prior Action Other  |  | <b>NOT APPLICABLE</b>   |                               |  |
|                           |            | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                  |  |   |                               |  |
| 01                        | 01         | Driver Distractions<br><b>NOT DISTRACTED</b>                     |  |   |                               |  |
|                           |            | Owner Name<br><b>TERRI WINSCHER<br/>(608) 643-0236</b>           |  | Owner Address<br><b>E12861 WYNDING WAY<br/>MERRIMAC, WI 53561 , US</b>  |                               |  |
| <b>Sequence Of Events</b> |            |  |  |   |                               |  |
| UNIT                      | INDIVIDUAL | 01   | Event<br><b>MOTOR VEH IN TRANSPORT</b> |   |                               |  |
|                           |            | 02   | Event                                  |   |                               |  |
|                           |            | 03   | Event                                  |   |                               |  |
|                           |            | 04   | Event                                  |   |                               |  |
| <b>Policy Holder</b>      |            |  |  |   |                               |  |
| UNIT                      | INDIVIDUAL | Insurance Company<br><b>USAA-CASUALTY-INS-CO</b>                 |  | Individual<br><b>TERRI WINSCHER</b>                                     |                               |  |
|                           |            | Driver<br><b>TERRI WINSCHER<br/>(608) 643-0236</b>               |  | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>          |  |
| UNIT                      | INDIVIDUAL | Date of Birth  |  | Race<br><b>WHITE</b>  |                               |  |
|                           |            | Address<br><b>E12861 WYNDING WAY<br/>MERRIMAC, WI 53561 , US</b> |  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                               |  |
| 01                        | 001        | <b>Equipment</b>   |  | On Duty Crash   |                               |  |
|                           |            | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>  |  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                      |                               |  |
|                           |            | Helmet Use   |  | Helmet Compliance   |                               |  |
|                           |            | Eye Protection   |  | Tint Compliance   |                               |  |
|                           |            | <b>Injury</b>  |  | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag<br><b>NON DEPLOYED</b> |  |
|                           |            | Ejected<br><b>NOT EJECTED</b>                                    |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b>                       |                               | Trapped/Extricated<br><b>NOT TRAPPED</b> |



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|-------------------------------|------------|---|--|---|--------------------|---|
| UNIT                          | VEHICLE    | Towed Due To Damage<br><b>NOT TOWED</b>                         |  | Vehicle Removed By  |                    |   |
|                               |            | What Driver Was Doing<br><b>RIGHT TURN</b>                      |  | Vehicle Factors   |                    |   |
|                               |            | Driver Prior Action Other                                       |  | <b>NOT APPLICABLE</b>   |                    |   |
|                               |            | Driver Actions<br><b>WRONG SIDE OR WRONG WAY</b>                |  |   |                    |   |
| 02                            | 02         | Driver Distractions<br><b>NOT DISTRACTED</b>                    |  |   |                    |   |
|                               |            | Owner Name<br><b>SAUK CO HIGHWAY DEPT<br/>(608) 355-4855</b>    |  | Owner Address<br><b>620 HWY 136<br/>BARABOO, WI 53913 , US</b>          |                    |   |
| <b>Sequence Of Events</b>     |            |   |  |   |                    |   |
| UNIT                          | INDIVIDUAL | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b> |   |                    |   |
|                               |            | 02  | Event                                  |   |                    |   |
|                               |            | 03  | Event                                  |   |                    |   |
|                               |            | 04  | Event                                  |   |                    |   |
| <b>Policy Holder</b>          |            |   |  |   |                    |   |
| UNIT                          | INDIVIDUAL | Insurance Company<br><b>SELF-INSURED</b>                        |  | Government<br><b>SAUK CO HIGHWAY</b>                                    |                    |   |
|                               |            | Driver<br><b>JOHN RICK<br/>(608) 963-3620</b>                   |  | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b> |   |
| UNIT                          | INDIVIDUAL | Date of Birth   |  | Race<br><b>WHITE</b>  |                    |   |
|                               |            | Address<br><b>727 ROSEMARY LN<br/>BARABOO, WI 53913 , US</b>    |  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                    |   |
| 02                            | 002        | <b>Equipment</b>  |  | Safety Equipment  |                    |   |
|                               |            | On Duty Crash<br><b>WINTER-HWY-MAINTENANC</b>                   |  | <b>SHOULDER &amp; LAP BELT</b>  |                    |   |
|                               |            | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b> |  | Helmet Compliance   |                    |   |
|                               |            | Helmet Use  |  | Tint Compliance   |                    |   |
|                               |            | Eye Protection  |  | Airbag<br><b>NON DEPLOYED</b>   |                    |   |
|                               |            | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b>                            |                    | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b> |
| Ejected<br><b>NOT EJECTED</b> |            | Trapped/Extricated<br><b>NOT TRAPPED</b>                        |  |   |                    |   |

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|-----------------------|------------|--|------------------------------------|-----------------------|--|----------------|
| UNIT                  | INDIVIDUAL | Medical Transport<br><b>NOT TRANSPORTED</b>              |                                    | EMS Agency Identifier | EMS Run #  |                |
|                       |            | Hospital   |                                    | Date of Death         | Time of Death                                    |                |
|                       |            | <b>Non Motorist</b>                                      | Striking Unit #                    | Prior Action          | Location   | To/From School |
|                       |            | Action   |                                    |                       |  |                |
|                       |            | Action Other   |                                    |                       |  |                |
|                       |            | <b>Drug &amp; Alcohol</b>                                | Suspected Alcohol Use<br><b>NO</b> |                       | Suspected Drug Use<br><b>NO</b>                  |                |
|                       |            | Alcohol Test Given<br><b>TEST NOT GIVEN</b>              |                                    | Alcohol Test Type     | Alcohol Test Results                             |                |
|                       |            | Drug Test Given<br><b>TEST NOT GIVEN</b>                 |                                    | Drug Test Type        | Drug Test Results                                |                |
|                       |            | Drug Type  |                                    |                       |  |                |
|                       |            | Individual Condition<br><b>APPEARED NORMAL</b>           |                                    |                       |  |                |
| <b>Property Owner</b> |            |  |                                    |                       |  |                |
| PROP<br>OWNER         | 01         | Government<br>SAUK COUNTY HIGHWAY DEPT<br>(608) 355-4855 |                                    |                       | Address<br>620 HWY 136<br>BARABOO, WI 53913 , US |                |
|                       |            | <b>Fixed Objects Struck</b>                              |                                    |                       |  |                |
| 01                    | 01         | Striking Unit  | Struck Object                      | Structure Number      | Damage Tag Number                                |                |
|                       |            | 02   | OTHER OBJECT - NOT FIXED           |                       |  |                |