

6TL0B4X4HG
18-03904

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 18-03904		Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 04/18/2018		Crash Time 01:59 PM		Date Arrived 04/18/2018		Time Arrived 02:05 PM	
Date Notified 04/18/2018		Time Notified 02:01 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

Diagram 	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.

OPERATOR OF UNIT 1 WAS WB ON USH 12 .1 S OF S GASSER RD PASSING UNIT 2 ON A DIVIDED HIGHWAY. UNIT 1 LOST CONTROL DUE TO SNOW/SLUSH COVERED ROAD AND SPUN OUT IN LANE 1 AND WENT INTO LANE 2 WHILE SPINNING. UNIT 2 WAS UNABLE TO AVOID COLLISION WITH UNIT 1. NO INJURIES REPORTED. BOTH VEHICLES SUSTAINED DISABLING DAMAGE AND WERE TOWED FROM THE SCENE BY MIKES TOWING. OPERATOR OF UNIT 1 WAS ISSUED CITATION FOR FAILURE TO MAINTAIN CONTROL.

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Location

ON USH12 WB 104 FT S OF S GASSER RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.445190195	Longitude -89.768714803
	X Coordinate 275957.875	Y Coordinate 4813978.5
	Structure Type NO STRUCTURE	

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) SNOW, SLUSH	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) 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 NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER VAN			Operating As Endorsements		
	Total Occs 6	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4	
	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					

01 UNIT VEHICLE	Vehicle				
	License Plate Number 651ZHX		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNDV23E35D104074		Make CHEVROLET	Year 2005	Model VENTURE LS
	Color TAN - TAN		Body Style VN - VAN		Bus Use NOT A BUS
	Initial Contact Point 1--RIGHT FRONT CORNER		Vehicle Damage		
Extent Of Damage DISABLING DAMAGE		1--RIGHT FRONT CORNER, 12--FRONT			

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL			
01	01	Driver Distractions NOT DISTRACTED			
		Owner Name MARY KRUCHTEN (608) 522-4965	Owner Address 209 DRAPER ST NORTH FREEDOM, WI 53951 , US		
Sequence Of Events					
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
Policy Holder					
UNIT	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO	Individual MARY KRUCHTEN		
		Driver JESSE KRUCHTEN (608) 522-4965	Citations Issued 1	Sex MALE	
UNIT	INDIVIDUAL	Date of Birth	Race WHITE		
		Address 209 DRAPER ST NORTH FREEDOM, WI 53951 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	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	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED

WISCONSIN MOTOR VEHICLE
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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 LYDIA KRUCHTEN (608) 522-4965		Citations Issued 0	Sex FEMALE		
				Date of Birth	Race WHITE		
		Address 209 DRAPER ST NORTH FREEDOM, WI 53951 , US		Driver License Number			
		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		

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UNIT 01	INDIVIDUAL	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 01	INDIVIDUAL	Individual			
				Passenger ELIJAH KRUCHTEN (608) 522-4965		Citations Issued 0	Sex MALE
						Date of Birth	Race WHITE
Address 209 DRAPER ST NORTH FREEDOM, WI 53951 , US				Driver License Number			
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 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		

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UNIT 01	INDIVIDUAL 003	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				
		Individual				
		Passenger CATHERINE KRUCHTEN (608) 522-4965	Citations Issued 0	Sex FEMALE		
		Address 209 DRAPER ST NORTH FREEDOM, WI 53951 , US	Date of Birth Race WHITE			
Driver License Number						
UNIT 01	INDIVIDUAL 004	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	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

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UNIT 01	INDIVIDUAL 004	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				
		Individual				
		Passenger LAURA KRUCHTEN (608) 522-4965	Citations Issued 0	Sex FEMALE		
		Address 209 DRAPER ST NORTH FREEDOM, WI 53951 , US	Date of Birth Race WHITE			
Driver License Number						
UNIT 01	INDIVIDUAL 005	Equipment	On Duty Crash	Safety Equipment BOOSTER SEAT		
		Seat Position 7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTORC	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

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UNIT INDIVIDUAL	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				
	Individual				
	Passenger AMELIA KRUCHTEN (608) 522-4965	Citations Issued 0	Sex FEMALE		
	Address 209 DRAPER ST NORTH FREEDOM, WI 53951 , US	Date of Birth Race WHITE			
Driver License Number					
UNIT INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment		
	Seat Position 9--THIRD SEAT-RIGHT SIDE	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

UNIT	INDIVIDUAL	Action				
		Action Other				
	01	006	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 AD979390	Issue To? 001	Statute Number 346.57(2)	Seq Num 007	Description FAILURE TO KEEP VEHICLE UNDER CONTROL

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 1		Train/Bus # Injured		Total # Citations Issued 0		Total Trailers 0	Total HazMat Types 0
		Insurance? YES		Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 65	Total Lanes 4
		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 333MYH		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JTHBK1EG2C2482444		Make LEXUS	Year 2012	Model ES 350
		Color GRY - GRAY		Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT		Vehicle Damage 11--LEFT FRONT CORNER, 12--FRONT		
		Extent Of Damage DISABLING DAMAGE				
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING		

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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 DOUGLAS ATKINS (608) 633-3388	Owner Address 1205 W CIRCLE DR SPARTA, WI 54656 , 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 GEICO-GENERAL-INS-CO	Individual DOUGLAS ATKINS	
UNIT INDIVIDUAL	Individual		
	Driver DOUGLAS ATKINS (608) 633-3388	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 1205 W CIRCLE DR SPARTA, WI 54656 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 007	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 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 02 007	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					