

6TL09B7D8R
18-04161

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 18-04161	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 04/24/2018		Crash Time 05:48 PM	Date Arrived 04/24/2018	Time Arrived 06:28 PM	
Date Notified 04/24/2018		Time Notified 05:53 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;">drawing not to scale</p> <p style="text-align: center;">west walnut st</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 2 WAS TRAVELING EAST BOUND ON WEST WALNUT STREET WHILE UNIT 1 WAS TRAVELING EAST BOUND BEHIND UNIT 2. UNIT 2 SLOWED DOWN TO TURN RIGHT TO PARK IN AN ANGLED STALL WHEN UNIT 1 ATTEMPTED TO PASS THE VEHICLE ON THE RIGHT SIDE. UNIT 1 COLLIDED WITH UNIT 2. UNIT 1 ADMITTED TO ATTEMPTING TO PASS THE VEHICLE ON THE RIGHT SIDE AND ALSO ADMITTED TO NOT HAVING INSURANCE FOR THE VEHICLE. A UTC FOR OPERATING A MOTOR VEHICLE WITHOUT INSURANCE AND UNSAFE PASSING ON THE RIGHT WERE COMPLETED, ISSUED, AND EXPLAINED TO UNIT 1.

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Location

ON W WALNUT ST 140 FT E OF KLEMM ST IN THE VILLAGE OF NORTH FREEDOM IN SAUK COUNTY	Latitude 43.460262868	Longitude -89.867524382
	X Coordinate 268019.59375	Y Coordinate 4815923
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION	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

Unit Summary

UNIT	01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	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					

UNIT	01	Vehicle			
		License Plate Number 685ZHX	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4S2DM58W024332516	Make ISUZU	Year 2002	Model RODEO S/L5
		Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage 11--LEFT FRONT CORNER, 12--FRONT		
Extent Of Damage MINOR DAMAGE					

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR				
	What Driver Was Doing OVERTAKE RIGHT		Vehicle Factors				
	Driver Prior Action Other		NOT APPLICABLE				
	Driver Actions IMPROPER OVERTAKING / PASSING RIGHT						
01	01	Driver Distractions NOT DISTRACTED					
		Owner Name BRENDA SPINK (608) 393-1435	Owner Address 103 E WALNUT ST # 3 NORTH FREEDOM, WI 53951 , US				
Sequence Of Events							
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT				
			Event				
			Event				
			Event				
Individual							
UNIT	INDIVIDUAL	01	001	Driver BRENDA SPINK (608) 393-1435	Citations Issued 2	Sex FEMALE	
				Date of Birth		Race WHITE	
				Address 103 E WALNUT ST # 3 NORTH FREEDOM, WI 53951 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
				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	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				
Passenger LE ROY FERSTL (608) 370-4927			Citations Issued 0		Sex MALE	
			Date of Birth		Race WHITE	
Address 54 PRAIRIE AVE PRAIRIE DU SAC, WI 53578 , 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				
	02	01	Violations				
			UTC Number AE141835	Issue To? 001	Statute Number 346.08	Seq Num 001	Description UNSAFE PASSING ON RIGHT
			UTC Number AE141836	Issue To? 001	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MOTOR VEHICLE W/O INSURANCE

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 2		Train/Bus # Injured		Total # Citations Issued 0		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 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							

UNIT	VEHICLE	Vehicle				
		License Plate Number KV5403		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2T3RF4DV0BW140163		Make TOYOTA	Year 2011	Model RAV4 SPORT
		Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 1--RIGHT FRONT CORNER		Vehicle Damage 1--RIGHT FRONT CORNER, 12--FRONT		
		Extent Of Damage FUNCTIONAL DAMAGE				

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing SLOW/STOPPING	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION			
02	02	Driver Distractions NOT DISTRACTED			
		Owner Name DEBRA ERICKSON (608) 558-4621	Owner Address 106 NORTH MAPLE ST NORTH FREEDOM, WI 53951 , US		
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	02	Policy Holder			
		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual DEBRA ERICKSON		
		Individual			
		Driver DEBRA ERICKSON (608) 558-4621	Citations Issued 0	Sex FEMALE	
UNIT	03	Date of Birth	Race WHITE		
		Address 106 NORTH MAPLE ST 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 Compliance		
02	003	Helmet Use	Tint Compliance		
		Eye Protection			
		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 LINDA COX (608) 558-4621		Citations Issued 0	Sex FEMALE		
				Date of Birth	Race WHITE		
		Address 106 N MAPLE ST NORTH FREEDOM, WI 53951 , 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		

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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		

Witness

WITN 01	ESS	Individual DON CADOTTE (727) 480-6315	Address 408 VINE ST BARABOO, WI 53913 , US	Date of Birth