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18-04120

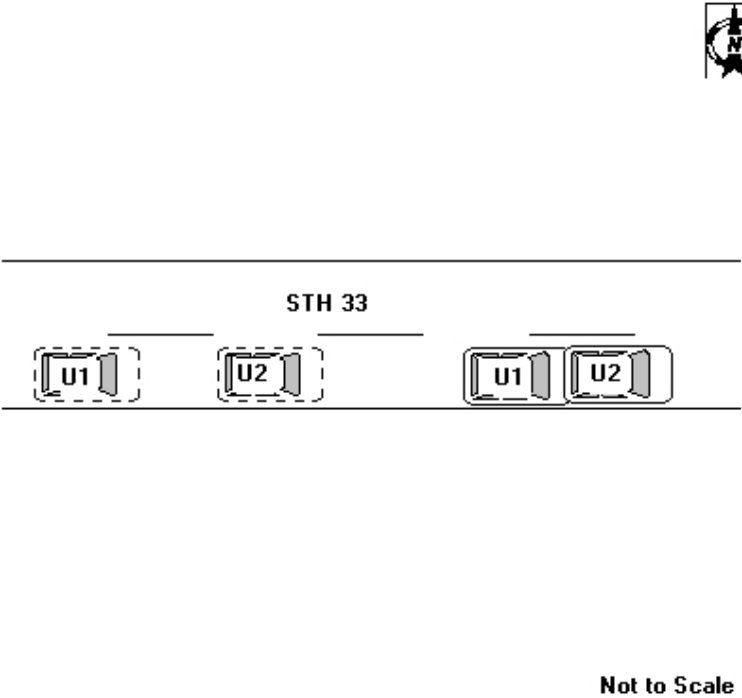
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 18-04120	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 04/23/2018		Crash Time 06:10 PM	Date Arrived 04/23/2018	Time Arrived 06:16 PM	
Date Notified 04/23/2018		Time Notified 06:10 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  <p style="text-align: center;">STH 33</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.

UNITS 1 AND 2 WERE EASTBOUND ON STH 33. UNIT 2 WAS SLOWING IN TRAFFIC. UNIT 1 OPERATOR STATED HE WAS LOOKING TO THE RIGHT IN A FIELD AND WHEN HE LOOKED BACK TO THE ROAD HE REALIZED TOO LATE THAT UNIT 2 WAS SLOWING. UNIT 1 CRASHED INTO THE REAR OF UNIT 2.

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Location

ON STH23 EB 0.47 MI E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.533186817	Longitude -89.907746751
	X Coordinate 265048.65625	Y Coordinate 4824135.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 02--FRONT TO REAR	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 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 CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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				

01 UNIT	Vehicle			
	License Plate Number 415YCW	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G1ZU54865F231605	Make CHEVROLET	Year 2005	Model MALIBU LT
	Color BLK - BLACK	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage		
Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT			

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UNIT	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		
	Driver Actions FOLLOWING TOO CLOSE				
01	01	Driver Distractions DISTRACTED BY OUTSIDE PERSON, OBJECT, OR EVENT			
		Owner Name SHELLEY NODORFT MOLENCAMP (608) 636-5239		Owner Address 109 S MAIN ST MONTICELLO, WI 53570 , US	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company STATE-FARM-GENERAL-INS-CO		Individual SHELLEY NODORFT MOLENCAMP	
UNIT	01	Individual			
		Driver ANDREW MOLENCAMP (608) 636-5239		Citations Issued 1	Sex MALE
		Address 109 S MAIN ST MONTICELLO, WI 53570 , US		Date of Birth	Race WHITE
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		Safety Equipment SHOULDER & LAP BELT	
		Equipment		On Duty Crash	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance	
Helmet Use		Tint Compliance			
Eye Protection		Airbag DEPLOYED-FRONT			
01	001	Injury		Injury Severity NO APPARENT INJURY	
		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 DYLAN ANDREWS (715) 383-5444		Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
		Address 450 HILL ST GRANTON, WI 54436 , 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 DEPLOYED-FRONT		
		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					
	Violations					
	01	UTC Number AD9787805				
		Issue To? 001	Statute Number 346.14(1)	Seq Num 001	Description AUTOMOBILE FOLLOWING TOO CLOSELY	

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 EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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	02	Vehicle					
		License Plate Number Z935211		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1VWGT7A32HC071070		Make VOLKSWAGEN	Year 2017	Model SEDAN	
		Color RED - RED		Body Style 4D - 4DR		Bus Use NOT A BUS	
		Initial Contact Point 1--RIGHT FRONT CORNER		Vehicle Damage			
		Extent Of Damage DISABLING DAMAGE		5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER, UNDERCARRIAGE			
		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 JENNIFER VANDER WOUDE (630) 697-4775	Owner Address 520 BILLINGS AVE PRAIRIE DU SAC, WI 53578 , 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 STATE-FARM-GENERAL-INS-CO	Individual JENNIFER VANDER WOUDE	
UNIT INDIVIDUAL	Individual		
	Driver JENNIFER VANDER WOUDE (630) 697-4775	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address 520 BILLINGS AVE PRAIRIE DU SAC, WI 53578 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
02 003	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 02 003	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					