WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913** (608) 356-4895

ash Date 1/28/2018 ate Notified 1/28/2018 On Emergency Government Property Reportable escription agram	Crash Time 12:19 PM Time Notified 12:20 PM it and Run Active Sch Crash Type DT4000 (STAN	✓ Lane Closu hool Zone NDARD CRASH		rived 2018	Time Arrived 12:23 PM Total Injured 02 Trailer		ed Reporting
Government Property Reportable Rescription	Time Notified 12:20 PM it and Run Active Sch Crash Type	hool Zone	Total U 02 Ire School	work Zone	Total Injured 02	00	Reporting
On Emergency H Government Property Reportable escription	it and Run Active Sch	hool Zone	Ire School		Trailer		
Government Property Reportable escription	Active Sch	hool Zone	School			or roweu	Thurselested
Reportable escription	Crash Type		NO		Tags		Threshold
escription ====	DT4000 (STAN	NDARD CRASH					Secondary
_			1)		Amend	ed	Crash
CROSSOVER		ור אור אור אור אור אור אור אור אור אור א		12 WESTBOUND I	LANES	Photos By Additional Info	ormation

NOT SEE THE SLOWING/TURNING UNIT 2 UNTIL CLOSING RAPIDLY. WHEN OPERATOR UNIT 1 ATTEMPTED TO APPLY THE BRAKES HE "PANICKED" AND THE ACCELERATOR WAS DEPRESSED INSTEAD. FRONT UNIT 1 STRUCK REAR UNIT 2 PUSHING BOTH VEHICLES PAST THE TURN CROSSOVER. POSSIBLE MINOR INJURIES TO BOTH OPERATORS WHO BOTH REFUSED EMS. UNIT 1 TOWED DUE TO HEAVY FRONT END DAMAGE BY BILLS. UNIT

2 REMOVED BY OPERATOR WITH MINOR REAR END DAMAGE.

1 of 6

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Loc	ation									
_	USH12 WB					Latitude			Longitud	de
_	1043 FT N					43.321003012 -89.758944847				3944847
_	OF CTHZ EB IN THE TOWN OF PRAIRIE DU SAC					X Coordinate Y Coordinate			dinate	
	HE TOWN OF PRAIRI	E DU SAC				276291.9375 4800159.5 Structure Type NO STRUCTURE				
" "										
Cro	sh Scene									
_	Harmful Event					Einst Hann	-fl			
	TOR VEH IN TRANSPO	ORT				ON ROA	nful Event l	Location		
_	ner of Collision	OK I				Light Con				
	02FRONT TO REAR					DAYLIGHT				
	Road Surface Condition(s)					Roadway Factor(s)				
DR	` ,					rtoddway	1 40101(0)			
Envi	ronment Factor(s)					-				
NOI	NE					NONE				
Wea	ther Condition(s)					_				
CLE	AR									
Anin	nal Type					Relation 1	o Trafficwa	av		
	,,					TRAFFICWAY - ON ROAD				
	h Classification - Location					Crash Classification - Jurisdiction				
	BLIC PROPERTY al Land					NO SPECIAL JURISDICTION Access Control Special Study				
TIDA	ai Land					NO CON				Special Study
With YES	in Interchange Area	Junction Location CROSSOVER-RELATED)		NOT AN	on Type INTERSE	CTION			
Clos	Closure Type Rea				ons for Clos	ure				
LAN	NE CLOSURE									
	e Initial Lane/Rd Closed 28/2018	Time Initial Lane/Rd Close 12:23 PM	sed	LAW	ENFORC	EMENT, 1	OW TRU	ICK		
	All Lanes Open	Time All Lanes Open		Date Scene Cleared Time Scene Cleared						
	28/2018	12:56 PM		04/28	3/2018		12	2:56 PM		
	t Summary =		137.11					1		
	Status			ehicle Operating As Classification		1	Unit Type			
	RANSIT		DCL	CLASS				AUTOMOBILE Operating As Endorsements		
	cle Type ORT) UTILITY VEHICL	.E						Operating A	s Endorse	ments
_	l Occs	Train/Bus # Injured	Total	# Cita	tions Issued		Total Tra	ilers	Total Haz	Mat Types
1			0				0		0	
Insu	rance?	Direction Of Travel		Pre	CrashTire)	Speed Li	mit	Total Lan	es
YES	5	WESTBOUND			Mark		55		4	
	t Harmful Event: Collision \ TOR VEH IN TRANSP			al Fun	ction IAL FUNC	TION		Emergency NOT APPI		
		<u> </u>	Traffic	c Cont	rol			Traffic Contr	ol Inopera	tive/Missing
DIV	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER			CONT	ROL			Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)			Curva AIGH				Road Grade	Road Grade	
	k Bus or HazMat	-,	-							
NO										
,	Vehicle									
	License Plate Number			Туре			St	Country of Is:		
	400WSL				TOMOBIL	-É	WI	UNITED ST	ATES	
10	Vehicle Identification Number 1FMCU9D75AKD40047 Make FORE						Year 2010	Model ESCAPE XLT		

5

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		Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS							
	щ	Initial Contact Point	Vehicle Damage								
╘	ට	12FRONT									
LIND	VEHICL	Extent Of Damage DISABLING DAMAGE	11LEFT FRONT CORNER, 12FRONT								
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By								
		What Driver Was Doing	Vehicle Factors								
		GOING STRAIGHT	venicie ractors								
		Driver Prior Action Other	NOT APPLICABLE								
		Driver Actions									
LIND	ERRATIC MANNER, OTHER										
		Driver Distractions LOOKED BUT DID NOT SEE									
_	_										
2	9										
		Owner Name	Owner Address								
		YOLANDA SPRECHER	E7814 ELM RD PLAIN, WI 53577, US								
		(608) 370-4698	FLAIN, WI 55577 , US								
	Sequence Of Events										
		Sequence Of Events Event									
	6	MOTOR VEH IN TRANSPORT									
	02	Event									
	03	Event									
	₩.	Event									
	04										
_		Policy Holder									
╘											
LNO		Insurance Company	Individual YOLANDA SPRECHER								
LIND		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual YOLANDA SPRECHER								
LINO		Insurance Company STATE-FARM-GENERAL-INS-CO Individual Driver		Sex							
LINO	,	Insurance Company STATE-FARM-GENERAL-INS-CO Individual Driver DEREK SPRECHER	YOLANDA SPRECHER Citations Issued 0	MALE							
	,	Insurance Company STATE-FARM-GENERAL-INS-CO Individual Driver	YOLANDA SPRECHER Citations Issued								
	,	Insurance Company STATE-FARM-GENERAL-INS-CO Individual Driver DEREK SPRECHER (608) 370-4698 Address	YOLANDA SPRECHER Citations Issued 0	MALE Race							
TINU TINO		Insurance Company STATE-FARM-GENERAL-INS-CO Individual Driver DEREK SPRECHER (608) 370-4698	VOLANDA SPRECHER Citations Issued Date of Birth	MALE Race WHITE							
	,	Insurance Company STATE-FARM-GENERAL-INS-CO Individual Driver DEREK SPRECHER (608) 370-4698 Address E7814 ELM RD PLAIN, WI 53577, US	YOLANDA SPRECHER Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U	MALE Race WHITE							
	,	Insurance Company STATE-FARM-GENERAL-INS-CO Individual Driver DEREK SPRECHER (608) 370-4698 Address E7814 ELM RD	YOLANDA SPRECHER Citations Issued Date of Birth Driver License Number	MALE Race WHITE							
	,	Insurance Company STATE-FARM-GENERAL-INS-CO Individual Driver DEREK SPRECHER (608) 370-4698 Address E7814 ELM RD PLAIN, WI 53577 , US	YOLANDA SPRECHER Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U	MALE Race WHITE							
	,	Insurance Company STATE-FARM-GENERAL-INS-CO Individual Driver DEREK SPRECHER (608) 370-4698 Address E7814 ELM RD PLAIN, WI 53577 , US On Duty Crash	YOLANDA SPRECHER Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: L Safety Equipment	MALE Race WHITE							

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		Eye Protection			Tint Compliance						
		_									
2	00	Injury	Injury Severity POSSIBLE INJURY		Airbag						
_	0		POSSIBLE INJURY		DEPLOYED-FRONT						
		Ejected NOT EJECTED			Ejection Path Trapped/Extricated NOT EJECTED/NOT APPLICABL NOT TRAPPED						
		Medical Transport			EMS Agency Identi		ICABL	EMS Run #	1 LD		
		NOT TRANSPORT	ΓED		Livio rigorioy raona			Livio Itali "			
		Hospital			Date of Death			Time of Deat	th		
		Non Motorist	Striking Unit #	Prior Action		Location				To/From School	
		Action		l						L	
LIND	INDIVIDUAL										
		Action Other									
			Suspected Alcohol U	lso.	Suspected Drug Us	٠.					
	E	Prug & Alcohol	NO	750	NO						
		Alcohol Test Given			Alcohol Test Type	Alcohol Test Results					
		TEST NOT GIVEN			2.						
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug Test Re	esults		
5	001	Drug Type									
	Individual Condition										
		APPEARED NORM	МΔΙ								
		ALL EARLE HOR	WAL .								
	Unit	Summary •									
		Status		V	ehicle Operating As (Classification		Unit Type			
		I TRANSIT			D CLASS			AUTOMOBILE			
05		cle Type					Operating As	Endorsem	ents		
J		ORT) UTILITY VEH	urad	Total # Citations Issued Total Traile			lers Total HazMat Types				
	101a	Occs	Train/Bus # Inji		otal # Citations Issue	ı	0		0	nat Types	
		rance?	Direction Of Tra		Pre CrashTire		Speed Lim			S S	
⊨	YES	;	WESTBOUN	D [Mark	•	55	4			
L N O		Harmful Event: Collision			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way			raffic Control			Traffic Control Inoperative/Missing			
		DED HWY W/O TR	AFFIC BARRIER		NO CONTROL			NO Dood Crode			
	Surface Type BLACKTOP (BITUMINOUS)				Road Curvature			Road Grade LEVEL			
		k Bus or HazMat	303)		JINAIGITI			LLVLL			
	NO	. 230 of Flaziviat									
	١	Vehicle									
		License Plate Numbe	r		Plate Type			Country of Iss			
		ABY2111	N		AUT - AUTOMOBI						
05	02	Vehicle Identification I			Make Year CHEVROLET 2001			Model BLAZER			

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			Body Style Bus Use								
		BRO - BROWN	UT - SPORT UTILITY VEHICLE	NOT A BUS							
	Щ	Initial Contact Point	Vehicle Damage								
LINO	CL	6REAR									
3	王	Extent Of Damage	6REAR								
	VEHICLE	MINOR DAMAGE									
		Towed Due To Damage	Vehicle Removed By								
		NOT TOWED	OPERATOR								
		What Driver Was Doing	Vehicle Factors								
		SLOW/STOPPING									
		Driver Prior Action Other	NOT APPLICABLE								
		Driver Actions									
	Щ	NO CONTRIBUTING ACTION									
⊨	VEHICLE										
LIND	Ĭ										
_	ΛE										
		Driver Distractions									
		NOT DISTRACTED									
٠.											
02	02										
		Owner Name	Owner Address								
		JAMES WILEY	S8735 SLOTTY RD								
		(608) 393-3226	PRAIRIE DU SAC, WI 53578 , US								
		Sequence Of Events									
		Event									
	01	MOTOR VEH IN TRANSPORT									
	7	Event									
	02										
	8	Event									
	03										
	4	Event									
	04										
_		Policy Holder									
LNO		Insurance Company Individual									
\supset		HASTINGS-MUTUAL-INS-CO	JAMES WILEY	JAMES WILEY							
		Individual									
		Driver	Citations Issued	Sex							
		JAMES WILEY	0	MALE							
	AL	(608) 393-3226	Date of Birth	Race							
_	INDIVIDUAL		Bute of Birtin	WHITE							
	NE VIE	Address	Driver License Number								
5	D	S8735 SLOTTY RD									
	Z	PRAIRIE DU SAC, WI 53578 , US	STATE: WISCONSIN COUNTRY: UI	NITED STATES							
		On Duty Crash	Safety Equipment								
		I On Duly Crash	Safety Equipment								
		Equipment On Buty Clash	Odiety Equipment								
		Equipment									
		Equipment Seat Position	SHOULDER & LAP BELT								
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT								
		Equipment Seat Position									

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Crash Date 04/28/2018

Crash Time 12:19 PM

		Eye Protection			Tint Compliance					
02	005	Injury	Injury Severity POSSIBLE INJU	RY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ΓED		EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Non Motorist Striking Unit # Prior Action		Prior Action	Location			To/From School		
		Action				l		L		
T	INDIVIDUAL									
UNIT										
	Z									
		Action Other								
	L	Drug & Alcohol Suspected Alcohol Use NO			Suspected Drug Us					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
02	005	Drug Type								
		APPEARED NORI	MAL							