

6TL09PBQ8R  
18-04320

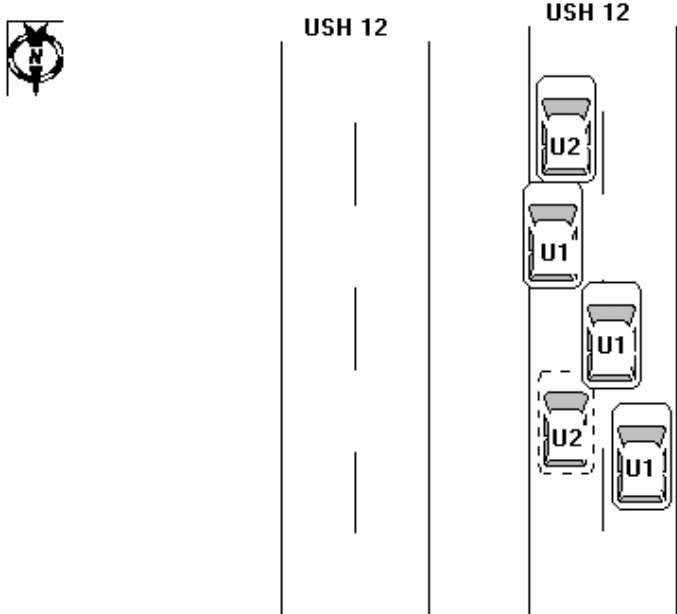
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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 <b>18-04320</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>04/28/2018</b>		Crash Time <b>09:50 PM</b>	Date Arrived <b>04/28/2018</b>	Time Arrived <b>10:02 PM</b>	
Date Notified <b>04/28/2018</b>		Time Notified <b>09:51 PM</b>	Total Units <b>02</b>	Total Injured <b>02</b>	Total Killed <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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram   <p style="text-align: right;">Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNITS 1 AND 2 WERE SOUTH ON USH 12. UNIT 2 WAS IN THE LEFT SOUTHBOUND LANE. UNIT 1 WAS IN THE RIGHT SOUTHBOUND LANE. IT MAY BE POSSIBLE THERE WAS A LARGE BOX TRUCK OR SEMI TRACTOR TRAILER AHEAD OF UNIT 1. UNIT 1 OPERATOR ACCELERATED TO CHANGE FROM THE RIGHT TO THE LEFT SOUTHBOUND LANE. UNIT 1 CRASHED INTO THE REAR OF UNIT 2. BOTH UNITS BECAME DISABLED AND CAME TO REST IN THE LEFT SHOULDER AREA OF THE SOUTHBOUND LANES.

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Location

ON USH12 EB 394 FT N OF MOON RD (1) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.562371819</b>	Longitude <b>-89.778430349</b>
	X Coordinate <b>275606.46875</b>	Y Coordinate <b>4827019.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements				
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>					

01 UNIT	<b>Vehicle</b>			
	License Plate Number <b>610XYL</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G3GS64C814178751</b>	Make <b>OLDSMOBILE</b>	Year <b>2001</b>	Model <b>AURORA 4.0</b>
	Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
Extent Of Damage <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 <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>	
		What Driver Was Doing <b>CHANGING LANES</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	01	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>			
		Owner Name <b>MATTHEW MYZIA (608) 408-9268</b>		Owner Address <b>903 MOORE ST # 160 BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>					
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	04	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>MATTHEW MYZIA</b>	
UNIT	INDIVIDUAL	Driver <b>MATTHEW MYZIA (608) 408-9268</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>903 MOORE ST # 160 BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
01	001	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		<b>Equipment</b> On Duty Crash		Helmet Compliance	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Tint Compliance	
		Helmet Use		Airbag <b>DEPLOYED-FRONT</b>	
		Eye Protection		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	
		<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Ejected <b>NOT EJECTED</b>			

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UNIT           01           001	Medical Transport <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 <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				

Unit Summary

UNIT           02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>4</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT           02	<b>Vehicle</b>			
	License Plate Number <b>ABV8831</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5TDYZ3DCXHS771198</b>	Make <b>TOYOTA</b>	Year <b>2017</b>	Model <b>SIENNA</b>
	Color <b>RED - RED</b>	Body Style <b>VN - VAN</b>	Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	02	Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>PHA XIONG (608) 249-8192</b>		Owner Address <b>3902 SCHOOL RD # B MADISON, WI 53704 , US</b>	
<b>Sequence Of Events</b>					
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	04	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>PHA XIONG</b>	
UNIT	INDIVIDUAL	Driver <b>PHA XIONG (608) 249-8192</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>3902 SCHOOL RD # B MADISON, WI 53704 , US</b>		Date of Birth	Race <b>ASIAN</b>
02	002	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		<b>Equipment</b> On Duty Crash		Helmet Compliance	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Tint Compliance	
		Helmet Use		Airbag <b>NON DEPLOYED</b>	
		Eye Protection		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	
		<b>Injury</b> Injury Severity <b>SUSPECTED MINOR INJURY</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Ejected <b>NOT EJECTED</b>			

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UNIT	INDIVIDUAL	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000368</b>	EMS Run #		
		Hospital <b>ST CLARE HOSP</b>		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 <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>XIONGMEE LEE (608) 249-8192</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>ASIAN</b>		
		Address <b>3902 SCHOOL RD # A MADISON, WI 53704 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000368</b>	EMS Run #				
Hospital <b>ST CLARE HOSP</b>		Date of Death	Time of Death				
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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UNIT	INDIVIDUAL	Action			
		Action Other			
	02	003	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition		
			<b>APPEARED NORMAL</b>		