

6TL096J8WN
18-04225

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 18-04225		Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER	
Crash Date 04/26/2018		Crash Time 10:59 AM		Date Arrived 04/26/2018		Time Arrived 11:15 AM	
Date Notified 04/26/2018		Time Notified 11:02 AM		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 checked="" 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

Location ON LINN ST/ STH33 EB 34 FT E OF USH12 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY				Latitude 43.47477301	Longitude -89.7686378	Lat/Long Source TLT/ILT	Access Control
X Coordinate 276073.4062		Y Coordinate 4817263.5		On Roadway Link ID# 4564249		On Roadway Link Offset 34	
Override <input type="checkbox"/>				Tribal Land		Structure Type NO STRUCTURE	

Crash Scene		First Harmful Event Location ON ROADWAY	
First Harmful Event MOTOR VEH IN TRANSPORT		Light Condition DAYLIGHT	
Manner of Collision 03--FRONT TO FRONT		Environment Factor(s) NONE	
Road Surface Condition(s) DRY		Weather Condition(s) CLEAR	
Roadway Factor(s) WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)		Relation To Trafficway TRAFFICWAY - ON ROAD	
Animal Type		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Crash Classification - Location PUBLIC PROPERTY		Access Control NO CONTROL	
Tribal Land		Special Study	
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Work Zone Crash Location ACTIVITY AREA		Work Zone Crash Type LANE CLOSURE	
Workers Present NO		Law Enforcement Present NO	
Work Zone Speed Limit 35	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 35	

Unit Summary		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 1		Total Trailers 0	Total HazMat Types 0		
Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 35	Total Lanes 4		
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		

01
UNIT

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01	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
01	Truck Bus or HazMat NO					
UNIT INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address	
	Last Name PERRY		First Name MICHAEL		Individual Type INDIVIDUAL	
	Street Address 1234 PARKLAND DR # 4		Street Address 2		Middle Initial SCOTT	
	City CHIPPEWA FALLS		State WI		Suffix	
	DOB [REDACTED]		Sex M		Race W	
	Hair BROWN		Eyes BLUE		Height 506	
	Weight 170		Phone Number (563) 349-7740 EXT.		Country of Residence UNITED STATES	
	Driver's License Number [REDACTED]		State WI		License Jurisdiction STATE	
	Country of Issuance UNITED STATES		License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE	
	DL Expire Year 2025		Equipment		On Duty Accident	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		Safety Equipment SHOULDER & LAP BELT		Helmet Compliance	
	Helmet Use		Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
Non Motorist		Striking Unit #		Location		
To/From School		Prior Action		Action		
Action Other		Drug & Alcoh		Individual Condition APPEARED NORMAL		
Suspected Alcohol Use		Suspected Drug Use				

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UNIT INDIVIDUAL	NO		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					
	License Plate Number FDM440	Plate Type AUT - AUTOMOBILE	St IA	Country of Issuance UNITED STATES		
	Vehicle Identification Number 1G1ZJ5SU2HF121776		Year 2017	Make CHEVROLET		
	Model MALIBU	Body Style 4D - 4DR	Color WHI - WHITE			
	Initial Contact Point 12--FRONT	Vehicle Damage				
	Extent Of Damage MINOR DAMAGE	1--RIGHT FRONT CORNER, 12--FRONT				
	Towed Due To Damage NOT TOWED	Vehicle Factors				
Vehicle Removed By	NOT APPLICABLE					
What Driver Was Doing LEFT TURN	Driver Prior Action Other		Bus Use NOT A BUS			
Driver Actions FAILED TO YIELD RIGHT-OF-WAY	Driver Distractions NOT DISTRACTED					
<input type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address				
Organization Type ORGANIZATION/COMPANY	Company Name WHEELS LT					
Last Name	First Name	Middle	Suffix	Date of Birth		
Street Address 666 GARLAND PL	Street Address2		PO Box			
City DES PLAINES	St IL	Zip Code 60016	Country of Residence UNITED STATES			
Telephone Number (000) 000-0000 EXT.						
01	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
01	01	UTC Number A1387584	Issue To? 001	Statute Number 346.18(2)	Seq Num 001	Description FAIL/YIELD WHILE MAKING LEFT TURN

Insurance Company

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UNIT HOL DER 01	NATIONAL-UNION-FIRE-INS-CO-OF-PITTSBURGH-(<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver	
	Organization Type ORGANIZATION/COMPA	Last Name	First Name	Policy Holder Company WHEELS LT	
Unit Summary					
UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE
	Vehicle Type PASSENGER CAR			Operating As Endorsements	
UNIT 02	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 CrashTire Mark	Speed Limit 35	Total Lanes 4
UNIT 02	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 BARRI		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				
UNIT 02	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name MOREHOUSE		First Name AARON	Middle Initial THOMAS	Suffix
UNIT INDIVIDUAL 02	Street Address W5900 HEENAN RD		Street Address 2		PO Box
	City MAUSTON		State WI	Zip Code 53948	Country of Residence UNITED STATES
UNIT INDIVIDUAL 02	DOB [REDACTED]	Sex M	Race W	Hair BROWN	Eyes BROWN
	Height 511	Weight 145	Phone Number (608) 415-3043 EXT.		
UNIT INDIVIDUAL 02	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2022
UNIT INDIVIDUAL 02	Equipment		On Duty Accident		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		Safety Equipment SHOULDER & LAP BELT		
UNIT INDIVIDUAL 02	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
UNIT INDIVIDUAL 02	Injury		Injury Severity NO APPARENT INJURY		
	Airbag NON DEPLOYED		Ejected NOT EJECTED		
UNIT INDIVIDUAL 02	Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
UNIT INDIVIDUAL 02	Hospital		Date of Death		Time of Death
	Non Motorist		Striking Unit #		Location
UNIT 02	To/From School		Action		
	Prior Action				

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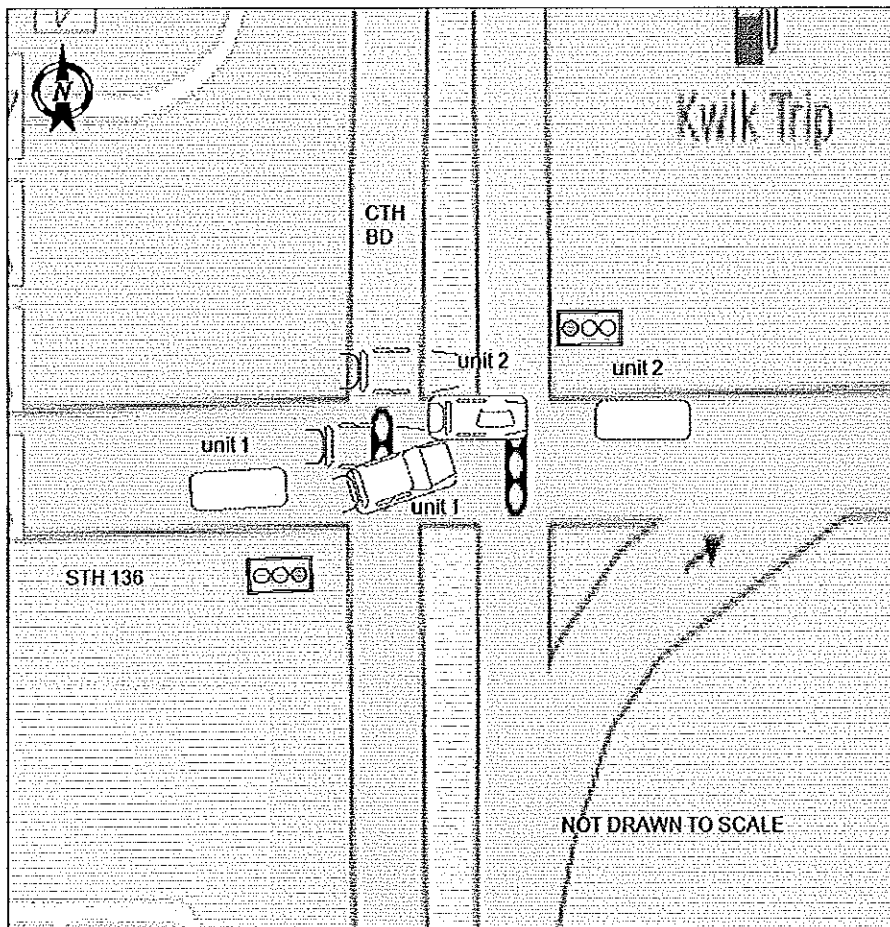
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UNIT	Individual Condition		Action Other		
	Drug & Alcohol		APPEARED NORMAL		
	Suspected Alcohol Use		Suspected Drug Use		
	NO		NO		
	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results		
	TEST NOT GIVEN				
	Drug Test Given	Drug Test Type	Drug Test Results		
	TEST NOT GIVEN				
	Drug Type				
02	License Plate Number		Plate Type	St	Country of Issuance
	951WPA		AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number			Year	Make
	1G1PC5SBXE7434578			2014	CHEVROLET
	Model		Body Style	Color	
	CRUZE		SD - SEDAN	RED - RED	
	Initial Contact Point		Vehicle Damage		
	11--LEFT FRONT CORNER		11--LEFT FRONT CORNER		
	Extent Of Damage		Vehicle Factors		
	FUNCTIONAL DAMAGE		NOT APPLICABLE		
UNIT	Towed Due To Damage		Vehicle Factors		
	NOT TOWED		NOT APPLICABLE		
	Vehicle Removed By		NOT APPLICABLE		
	OPERATOR		NOT APPLICABLE		
	What Driver Was Doing		Driver Prior Action Other	Bus Use	
	GOING STRAIGHT			NOT A BUS	
	Driver Actions		Driver Distractions		
	NO CONTRIBUTING ACTION		NOT DISTRACTED		
<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address		
Organization Type		Company Name			
INDIVIDUAL					
Last Name		First Name	Middle	Suffix	
MOREHOUSE		AARON	THOMAS		
Date of Birth		[REDACTED]			
Street Address		Street Address2	PO Box		
W5900 HEENAN RD					
City		St	Zip Code	Country of Residence	
MAUSTON		WI	53948	UNITED STATES	
Telephone Number					
(608) 415-3043 EXT.					
01	Event				
01	MOTOR VEH IN TRANSPORT				
02	Event				

UNIT	03	Event		
	04	Event		
	02	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
	01	Organization Type INDIVIDUAL	Last Name MOREHOUSE	First Name AARON
			Policy Holder Company	

Description

Diagram



Reconstruction By

Photos By

Additional Information
NONE

UNIT 1 WAS MAKING A LEFT TURN ON TO COUNTY HIGHWAY BD WHILE UNIT 2 WAS CROSSING THE INTERSECTION OF ST. HIGHWAY 136. UNIT 1 DID NOT YIELD RIGHT OF WAY TO UNIT 2. UNIT 2 WAS STRUCK BY UNIT 1 IN THE FRONT END CAUSING MINOR DAMAGE TO BOTH VEHICLES. UNIT 1 DRIVER STATED A LADY WAS WAVING HIM ON TO GO, HOWEVER THE INTERSECTION WAS NOT CLEAR.

Signature

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

Law Enforcement Agency

Agency Space

Officer Rank DEP	Officer Last Name SOLCHENBERGER	Officer First Name JORDAN	Officer Middle Name	Suffix
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DOT Officer ID 9152		DNR Officer ID		Officer Badge Number	
Officer EMail					
Local Agency Number		Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN			TAS Agency Name SAUK COUNTY SHERIFF		
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2		
Law Enforcement Agency City BARABOO		LEA State WI		Law Enforcement Agency Zip Code 53913	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.		ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205	

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