

6TL09QKRCG
18-04899

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 18-04899		Investigating Officer/Deputy DEPUTY S. STACEY	
Crash Date 05/14/2018		Crash Time 02:50 PM		Date Arrived 05/14/2018		Time Arrived 03:00 PM	
Date Notified 05/14/2018		Time Notified 02:55 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 checked="" type="checkbox"/> Work Zone		<input type="checkbox"/> Traller 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 USH12 WB 181 FT N OF LINN ST/ STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY		Latitude 43.47526047	Longitude -89.7689039	Lat/LongSource TLT/ILT	Access Control
		X Coordinate 276053.6875	Y Coordinate 4817318.5	On Roadway Link ID# 5319699	On Roadway Link Offset 668
		Override <input type="checkbox"/>	Tribal Land	Structure Type NO STRUCTURE	

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		Environment Factor(s) NONE	
Roadway 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 INTERSECTION-RELATED		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 30	Advisory/Regulatory Speed Limit REGULATORY		Normal Posted Speed Limit 30

Unit Summary

01
UNIT

Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
Total Occs 1	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 4	
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

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01	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
01	Truck Bus or HazMat NO					
01	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name MORALES		First Name BRITTANY		Middle Initial M	Suffix
01	Street Address E8237 DENZER RD		Street Address 2		PO Box	
	City NORTH FREEDOM		State WI	Zip Code 53951	Country of Residence UNITED STATES	
01	DOB [REDACTED]	Sex F	Race W	Hair BROWN	Eyes BLUE	Height 507
	Weight 105	Phone Number (608) 434-0300 EXT.				
01	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 2019	
01	Equipment	On Duty Accident	Safety Equipment			
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT			
01	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
01	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
01	Non Motorist	Striking Unit #	Location		To/From School	
	Prior Action		Action			
01	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			
UNIT	INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results			
		Drug Type					
UNIT	INDIVIDUAL	License Plate Number ND8344	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 2GCEK13T941351849		Year 2004	Make CHEVROLET		
UNIT	INDIVIDUAL	Model SILVERADO	Body Style PK - PICKUP	Color GRY - GRAY			
		Initial Contact Point 12--FRONT	Vehicle Damage 12--FRONT				
UNIT	INDIVIDUAL	Extent Of Damage MINOR DAMAGE					
		Towed Due To Damage NOT TOWED	Vehicle Factors NOT APPLICABLE				
UNIT	INDIVIDUAL	Vehicle Removed By					
		What Driver Was Doing STOP IN TRAFFIC	Driver Prior Action Other	Bus Use NOT A BUS			
UNIT	VEHICLE	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER	Driver Distractions OTHER INSIDE VEHICLE (EATING, PERSONAL, ANIMAL, HYGIENE, ETC)				
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address			
UNIT	VEHICLE	Organization Type INDIVIDUAL	Company Name				
		Last Name MORALES	First Name BRITTANY	Middle M	Suffix	Date of Birth	
UNIT	VEHICLE	Street Address E8237 DENZER RD	Street Address2	PO Box			
		City NORTH FREEDOM	St WI	Zip Code 53951	Country of Residence UNITED STATES		
UNIT	VEHICLE	Telephone Number (608) 434-0300 EXT.					
		Event MOTOR VEH IN TRANSPORT					
UNIT	VEHICLE	Event					
		Event					
UNIT	VEHICLE	Event					
		Event					
UNIT	VEHICLE	UTC Number AE754430	Issue To? 001	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MOTOR VEHICLE W/O INSURANCE	

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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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 4		
	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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
UNIT 02	Truck Bus or HazMat NO						
UNIT 02 INDIVIDUAL 02 INDIVIDUAL 02 INDIVIDUAL 02 INDIVIDUAL 02 INDIVIDUAL 02	Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name STEINHORST		First Name NATHEN		Middle Initial MIKEL	Suffix	
	Street Address 1661 19TH ST		Street Address 2		PO Box		
	City REEDSBURG		State WI	Zip Code 53959	Country of Residence UNITED STATES		
	DOB [REDACTED]	Sex M	Race W	Hair BROWN	Eyes BLUE	Height 511	Weight 215
	Phone Number (608) 477-9800 EXT.		Country of Issuance UNITED STATES		DL Expire Year 2021		
	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 2021		
	Equipment On Duty Accident		Safety Equipment				
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		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 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		
UNIT	INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		
		Drug Type				
02	INDIVIDUAL	Role PASSENGER	Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
		Last Name STEINHORST	First Name JACK		Middle Initial M	Suffix
UNIT	INDIVIDUAL	Street Address 1661 19TH ST		Street Address 2		
		City REEDSBURG		State WI	Zip Code 53959	Country of Residence UNITED STATES
UNIT	INDIVIDUAL	DOB [REDACTED]	Sex M	Race W	Hair BLOND	Eyes UNKNOWN
			Height 400	Weight 50	Phone Number (608) 477-9800 EXT.	
UNIT	INDIVIDUAL	Driver's License Number		State	License Jurisdiction	Country of Issuance
		License Type		License Status		DL Expire Year
UNIT	INDIVIDUAL	Equipment	On Duty Accident	Safety Equipment		
		Seat Position 6--SECOND SEAT-RIGHT SIDE	CHILD RESTRAINT SYSTEM - FORWARD FACING			
UNIT	INDIVIDUAL	Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
UNIT	INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
		Hospital		Date of Death		Time of Death
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location		To/From School
		Prior Action		Action		
UNIT	INDIVIDUAL	Action Other				
		Drug & Alcoh	Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	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		

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UNIT 02 02 01 01
 VEHICLE INDIVIDUAL

Drug Type				
License Plate Number 150GLS		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1J8FF47W37D153641			Year 2007	Make JEEP
Model COMPASS		Body Style UT - SPORT UTILITY VEHICLE	Color BLU - BLUE	
Initial Contact Point 6--REAR		Vehicle Damage 6--REAR		
Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Factors NOT TOWED		
Towed Due To Damage NOT TOWED		Vehicle Removed By NOT APPLICABLE		
What Driver Was Doing STOP IN TRAFFIC		Driver Prior Action Other	Bus Use NOT A BUS	
Driver Actions NO CONTRIBUTING ACTION		Driver Distractions NOT DISTRACTED		
<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
Organization Type INDIVIDUAL		Company Name		
Last Name STEINHORST		First Name NATHEN	Middle MIKEL	Suffix
Street Address 1550 W PINE ST APT 509		Street Address2	PO Box	
City BARABOO		St WI	Zip Code 53913	Country of Residence UNITED STATES
Telephone Number (608) 477-9800 EXT.				
Event MOTOR VEH IN TRANSPORT				
Event				
Event				
Event				
Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver
Organization Type		Last Name		First Name
				Policy Holder Company

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UNIT
POL
OFFICER

INDIVIDUAL	STEINHORST	NATHEN	
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Description

Diagram

Reconstruction By

Photos By

Additional Information
NONE

UNIT 2 WAS SITTING AT THE STOPLIGHT FACING WESTBOUND ON W PINE ST. UNIT 1 WAS BEHIND UNIT 2. THE TURN LANE IN THE CONSTRUCTION ZONE HAD A GREEN ARROW. UNIT 1 STATED THEY SPILLED THEIR DRINK AND WENT TO GRAB IT. UNIT 1 STATED THEY SAW TRAFFIC MOVING, AND STARTED TO PROCEED. UNIT 1 STRUCK THE REAR OF UNIT 2. BOTH UNIT 1 AND UNIT 2 WERE ABLE TO MOVE THEIR VEHICLE OUT OF THE ROADWAY INTO THE WALGREENS PARKING LOT ON W PINE ST.

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 STACEY	Officer First Name STEPHANIE	Officer Middle Name N	Suffix
DOT Officer ID 9153		DNR Officer ID	Officer Badge Number	
Officer EMail				

Local Agency Number Law Enforcement Agency Jurisdiction Law Enforcement Agency type

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		SAUK	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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