18-04980

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override Primary Crash Document # Investigating Officer/Deputy Agency Crash Number 18-04980 **DEPUTY S. PARKHURST** Date Arrived Time Arrived Crash Date Crash Time 6TL0B3P3D3 05/16/2018 03:13 PM 05/16/2018 03:32 PM Date Notified Time Notified Total Units Total Injured Total Killed 05/16/2018 03:15 PM 02 01 00 Reporting Lane Closure Hit and Run Trailer or Towed On Emergency Work Zone Threshold School Bus Related Tags Government Active School Zone NO Property Crash Type Secondary Amended Reportable DT4000 (STANDARD CRASH) Crash Description Diagram Reconstruction By Photos By PARKHURST Additional Information NONE, PHOTOS #2 CTH K CTH S CTH G Not to Scale ✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 2 WAS SOUTBOUND ON CTH G AND WAS BE FOLLOWED BY UNIT 1. THE OPERATOR OF UNIT 2 SAW A CAT RUNNING ACROSS THE ROAD AND STOPPED TO AVOID STRIKING THE CAT. THE OPERATOR OF UNIT 1 LOOKED DOWN TO PICK UP A SODA WHILE UNIT 2 WAS STOPPING. WHEN THE OPERATOR LOOKED BACK UP SHE DID NOT HAVE TIME TO STOP AND REAR ENDED UNIT 2.

18-04980

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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	-	CTHG SB			Latitu	ude	Longitude		
		FT N	_		43.4	43.467822759 -90.155418783		-90.155418783	
	-	MAPLE AVE/ CTHS N			X Co	X Coordinate Y Coordinate		Y Coordinate	
		THE VILLAGE OF LIME SAUK COUNTY			2447	244759.78125 4817605.5			
					Struc	Structure Type			
1	Cra	sh Scene 📃							
, T									
		Harmful Event			Harmful Event	Location			
	-	TOR VEH IN TRANSP	ORI		ROADWAY				
		ner of Collision			Condition				
	-	FRONT TO REAR			(LIGHT				
	Road	d Surface Condition(s)		Road	dway Factor(s)				
	DR۱	Y							
	Envi	ronment Factor(s)							
					NON				
	NO				NOR				
ĺ	Wea	ther Condition(s)							
	CLE	EAR							
	<u> </u>	17							
	Anim	nal Type				tion To Trafficw			
						FFICWAY - C			
		sh Classification - Location	1			Crash Classification - Jurisdiction			
	-	BLIC PROPERTY				NO SPECIAL JURISDICTION           Access Control         Special Study           NO CONTROL         Special Study			
	THDa	ai Lano							
	With	in Interchange Area	Junction Location		Intersection Type	ion Type NINTERSECTION			
	NO		NON-JUNCTION						
	Ini	t Summary							
		t Summary		Vehicle On	erating As Classific	cation			
	Unit	Status			erating As Classific	cation	Unit Type	BII F	
	Unit IN T	Status RANSIT		Vehicle Ope D CLASS		cation	AUTOMO		
	Unit IN T Vehi	Status RANSIT icle Type				cation	AUTOMO	BILE as Endorsements	
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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama	age	Vel	nicle Removed By					
		NOT TOWED								
		What Driver Was Doing		Vel	nicle Factors					
		GOING STRAIGHT			NOT APPLICABLE					
		Driver Prior Action Of	ther	NC						
		Driver Actions								
	ш	FOLLOWING TOC	D CLOSE							
E	5									
UNIT	Ĭ									
	VEHICLE									
	-									
		DISTRACTION								
0	6									
	-									
		Owner Name			Owner Address					
		TABITHA R HARTZELL WILLEY			735 CRESTVIEW DR REEDSBURG, WI 53959, US					
		(608) 415-3877			REEDSBORG, WI 55959 , 05					
		Sequence Of Events Event								
	6	MOTOR VEH IN TRANSPORT								
	02	Event								
	03	Event								
	U	Exact								
	04	Event								
₽	I	Policy Holder								
UNIT		Insurance Company Individual AMERICAN-FAMILY-INS-CO TABITHA HARTZELL WILLEY								
		Individual								
					Citationa loouad	0				
		Driver TABITHA R HARTZELL WILLEY (608) 415-3877			Citations Issued	Sex FEMALE				
	AL				Date of Birth	Race				
н	INDIVIDUA					WHITE				
UNIT	Σ	Address		1	Driver License Number					
	Z	735 CRESTVIEW REEDSBURG, WI		Ļ	STATE: WISCONSIN COUNTRY: UN					
	=	REEDSBURG, WI	53959,03							
			On Duty Onesh							
		Equipment	On Duty Crash		Safety Equipment					
		Seat Position			SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
		Helmet Use			Helmet Compliance					
		Eye Protection			Fint Compliance					
_	Ξ		Injury Severity		Airbag					
2	001	Injury	NO APPARENT INJURY		NON DEPLOYED					
		Ejected		Ejection Path Trapped/Extricated						
		NOT EJECTED			NOT EJECTED/NOT APPLICABL	NOT TRAPPED				
Ninon	nain N	Motor Vehicle Crash	This rer	h troc	oes not include any CJIS data.	Crash Date 05/16/2018				

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

	Medical Transport				EMS Agency Identifier			EMS Run #		
		NOT TRANSPORTED Hospital			Date of Death			Time of Death		
		lioophai								
		Non Motorist         Striking Unit #         Prior Action			Location					To/From School
	1	Action								
	Ļ									
⊢	NDIVIDUAL									
UNIT	ND									
_	IDN									
	-									
		Action Other								
	Ľ	Drug & Alcohol	Suspected Alcohol	Use	Suspected Drug Us	se				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test	Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type			Drug Test R	esults		
5	001	Drug Type								
0	Ō									
		Individual Condition								
		APPEARED NOR	MAL							
	,	Violations	1. – . I.							
				Seq Num Description INATTENTIVE DRIVING						
	01	UTC Number AD976588		tatute Number 46.89(1)	Seq Num Descr 001 INAT		RIVING			
l	Uni	AD976588 t Summary		46.89(1)	001 INAT	TENTIVE DI	RIVING			
	Unit Unit	AD976588 t Summary Status		46.89(1)	001 INAT	TENTIVE DI	RIVING	Unit Type	BILE	
	Unit Unit IN T Vehi	AD976588 t Summary Status RANSIT Cle Type		46.89(1)	001 INAT	TENTIVE DI	RIVING	Unit Type AUTOMOE Operating As		ents
02	Unit Unit IN T Vehit PAS	AD976588 t Summary Status RANSIT Cle Type SSENGER CAR	001 34	46.89(1)	Vehicle Operating As ( D CLASS	TENTIVE DI		AUTOMOE Operating As	s Endorsem	
	Unit Unit IN T Vehit PAS	AD976588 t Summary Status RANSIT Cle Type		46.89(1)	001 INAT	Classification	RIVING Total Traile 0	AUTOMOE Operating As		
02	Unit Unit IN T Vehi PAS Total 2 Insur	AD976588 t Summary Status RANSIT Cle Type SSENGER CAR I Occs rance?	001 34	hjured	001     INAT       Vehicle Operating As 0     D CLASS       Total # Citations Issue     0       Pre CrashTir	Classification	Total Traile <b>0</b> Speed Lirr	AUTOMOE Operating As	s Endorsem Total HazN 0 Total Lanes	lat Types
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	Unit Unit IN T Vehid PAS Total 2 Insur YES Most MO	AD976588 t Summary Status RANSIT cle Type SSENGER CAR Occs rance? Harmful Event: Collisie TOR VEH IN TRANS	001 34	hjured	001     INAT       Vehicle Operating As 0     D       D CLASS     D       Total # Citations Issue     0       0     Pre CrashTir       Mark     Special Function       NO SPECIAL FUNCTION	Classification	Total Traile <b>0</b> Speed Lirr	AUTOMOE Operating As ers nit Emergency I NOT APPL	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehic ICABLE	fat Types s le Use
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02	Unit Unit IN T Vehin PAS Total 2 Insur YES Most MO <sup>T</sup> Traff TW(C Surfa BLA	AD976588 t Summary Status RANSIT Cle Type SSENGER CAR OCCS TOCCS Harmful Event: Collisit TOR VEH IN TRANS ic Way C-WAY, NOT DIVID ace Type CKTOP (BITUMING	001 34	hjured	001     INAT       Vehicle Operating As ( D CLASS       Total # Citations Issue 0       Pre CrashTin Mark       Special Function NO SPECIAL FUNCT       Traffic Control NO CONTROL	Classification	Total Traile <b>0</b> Speed Lirr	AUTOMOE Operating As ers nit Emergency I NOT APPL Traffic Contr NO	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehic ICABLE ol Inoperativ	fat Types s le Use
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02	Unit Unit IN T Vehin PAS Total 2 Insur YES MOST Traff TWC Surfa BLA Truccl NO	AD976588 t Summary Status RANSIT Cle Type SSENGER CAR Cocs Cocs Cocs Cocs Cocs Cocs Cocs Cocs	001 34	hjured	001     INAT       Vehicle Operating As ( D CLASS       Total # Citations Issue 0       Pre CrashTir Mark       Special Function       NO SPECIAL FUNCT       Traffic Control       NO CONTROL       Road Curvature       STRAIGHT	CTION	Total Traile <b>0</b> Speed Lim <b>25</b>	AUTOMOE Operating As ers nit Emergency I NOT APPL Traffic Contr NO Road Grade LEVEL	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehic ICABLE ol Inoperativ	fat Types s le Use
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UNIT 02	Unit Unit IN T Vehin PAS Total 2 Insur YES Most MO Traff TWC Surfa BLA Trucc	AD976588 t Summary Status RANSIT Cle Type SENGER CAR Cle Type SENGER CAR Cle Constraints Cle Type Constraints Cle Constraints	001     34       Train/Bus # Ir     Direction Of T       Direction Of T     SOUTHBOI       on With     SPORT       ED     DUS)	hjured	001     INAT       Vehicle Operating As ( D CLASS       Total # Citations Issue 0       Pre CrashTin Mark       Special Function NO SPECIAL FUNC       Traffic Control NO CONTROL       Road Curvature STRAIGHT       Plate Type AUT - AUTOMOBIN Make	TENTIVE DI	Total Traile 0 Speed Lim 25 St WI Year	AUTOMOE Operating As ers nit Emergency I NOT APPL Traffic Contr NO Road Grade LEVEL Country of Iss UNITED ST Model	Total HazM 0 Total Lanes 2 Motor Vehic ICABLE ol Inoperativ suance ATES	fat Types s le Use
02	Unit Unit IN T Vehin PAS Total 2 Insur YES MOST Traff TWC Surfa BLA Truccl NO	AD976588 t Summary Status RANSIT Cle Type SENGER CAR Cle Type SENGER CAR Cle Constraints Cle C	001     34       Train/Bus # Ir     Direction Of T       Direction Of T     SOUTHBOI       on With     SPORT       ED     DUS)	hjured	001     INAT       Vehicle Operating As ( D CLASS       Total # Citations Issue 0       Pre CrashTir Mark       Special Function NO SPECIAL FUNC       Traffic Control NO CONTROL       Road Curvature STRAIGHT       Plate Type AUT - AUTOMOBIC	TENTIVE DI	Total Traile 0 Speed Lim 25	AUTOMOE Operating As ers nit Emergency I NOT APPL Traffic Contr NO Road Grade LEVEL Country of Iss UNITED ST	Total HazM 0 Total Lanes 2 Motor Vehic ICABLE ol Inoperativ suance ATES	fat Types s le Use

### 18-04980

## WISCONSIN MOTOR VEHICLE CRASH REPORT

	щ	Initial Contact Point	Vehicle Damage							
UNIT	VEHICLE	6REAR								
5	Ш	Extent Of Damage MINOR DAMAGE	5RIGHT REAR CORNER, 6REAR							
	>	Towed Due To Damage	Vehicle Removed By							
		NOT TOWED								
		What Driver Was Doing	Vehicle Factors							
		SLOW/STOPPING	NOT APPLICABLE							
		Driver Prior Action Other NOT APPLICABLE								
		Driver Actions								
.	Щ	NO CONTRIBUTING ACTION								
UNIT	<u></u>									
5	VEHICL									
	>									
		Driver Distractions NOT DISTRACTED								
	• •									
03	02									
		Owner Name	Owner Address							
		KEVIN D KING	161 S STEWART ST							
		(608) 475-2365	RICHLAND CENTER, WI 53581, US							
		Sequence Of Events Event								
	6	MOTOR VEH IN TRANSPORT								
	02	Event								
	03	Event								
		Event								
	04	Lvent								
Ы	I	Policy Holder								
UNIT		Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual KEVIN KING							
		Individual Driver	Citations Issued	Sex						
	_	KEVIN D KING	0	MALE						
	INDIVIDUAL	(608) 475-2365	Date of Birth	Race						
Ę	Ĩ			WHITE						
UNIT	E	Address 161 S STEWART ST	Driver License Number							
	Z	RICHLAND CENTER, WI 53581 , US	STATE: WISCONSIN COUNTRY: UN	IITED STATES						
		On Duty Crash Equipment	Safety Equipment							
		Seat Position	SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							

### 18-04980

# WISCONSIN MOTOR VEHICLE CRASH REPORT

02	002	Injury	Injury Severity		Airbag					
0	õ	Injury	POSSIBLE INJURY	(	NON DEPLOYE	D				
		Ejected			Ejection Path Trapped/Extricated NOT EJECTED/NOT APPLICABL NOT TRAPPED					
		NOT EJECTED					NOT TRAPPED			
		Medical Transport EMS GROUND			EMS Agency Ident	fier	EMS Run #			
		Hospital			6001024 Date of Death					
					Date of Death		Time of Death			
				Prior Action		Location		To/From School		
		Non Motorist	<u> </u>							
		Action	I I_							
	AL									
E	Ы									
UNIT	INDIVIDUAL									
	Z									
	-									
		Action Other								
			Suspected Alcohol Use	9	Suspected Drug Us	66				
	Ľ	Drug & Alcohol	NO		NO					
		Alcohol Test Given	•		Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
	2									
02	002									
		Individual Condition								
		APPEARED NOR	MAL							
		Individual								
		Passenger			Citations Issued		Sex			
	_	ELIZABETH ANN PERRY (608) 475-2365			0		FEMALE			
	NA				Date of Birth		Race WHITE			
Ę	ē									
UNIT	DIVIDUAL	Address 161 S STEWART ST			Driver License Number					
			ER, WI 53581, US		STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipmont	On Duty Crash		Safety Equipment					
		Equipment								
		Seat Position		SHOULDER & LAP BELT						
		3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER			Helmet Compliance					
		Helmet Use			Helmet Compliance					
		Eye Protection	Eye Protection			Tint Compliance				
02	003	Injury	Injury Severity		Airbag					
	0	Ejected	NO APPARENT IN	JUKY	NON DEPLOYED					
		NOT EJECTED			Ejection Path NOT EJECTED/	NOT APPLICABL	Trapped/Extricated NOT TRAPPED			
		Medical Transport			EMS Agency Ident		EMS Run #			
		NOT TRANSPOR	TED							

### 6TL0B3P3D3 18-04980

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School
UNIT	INDIVIDUAL	Action						
		Action Other	Suspected Alcohol U	se	Suspected Drug Us	e		
	Ľ	Drug & Alcohol	NO		NO	0		
		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	003	Drug Type						
		Individual Condition	MAL					