

6TL0B3P3D3
18-04980

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 18-04980	Investigating Officer/Deputy DEPUTY S. PARKHURST	
Crash Date 05/16/2018		Crash Time 03:13 PM	Date Arrived 05/16/2018	Time Arrived 03:32 PM	
Date Notified 05/16/2018		Time Notified 03:15 PM	Total Units 02	Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By PARKHURST
	Additional Information NONE, PHOTOS

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.

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Location

ON CTG SB 117 FT N OF MAPLE AVE/ CTHS NB IN THE VILLAGE OF LIME RIDGE IN SAUK COUNTY	Latitude 43.467822759	Longitude -90.155418783
	X Coordinate 244759.78125	Y Coordinate 4817605.5
	Structure Type	

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	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN	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 SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

01 UNIT	Vehicle				
	01	License Plate Number 719LTU	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GNDX03E12D171279	Make CHEVROLET	Year 2002	Model VENTURE
		Color SIL - SILVER (ALUMINUM)	Body Style VN - VAN		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	12--FRONT		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FOLLOWING TOO CLOSE				
	Driver Distractions DISTRACTION/INATTENTION				
01	01	Owner Name TABITHA R HARTZELL WILLEY (608) 415-3877		Owner Address 735 CRESTVIEW DR REEDSBURG, WI 53959 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO		Individual TABITHA HARTZELL WILLEY	
UNIT	01	Individual			
		Driver TABITHA R HARTZELL WILLEY (608) 415-3877		Citations Issued 1	Sex FEMALE
		Address 735 CRESTVIEW DR REEDSBURG, WI 53959 , US		Date of Birth [REDACTED]	Race WHITE
		Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment			
UNIT	001	On Duty Crash		Safety Equipment	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		Non Motorist	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		Drug & Alcohol	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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
01	001	Violations				
		UTC Number AD976588	Issue To? 001	Statute Number 346.89(1)	Seq Num 001	Description INATTENTIVE DRIVING

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR	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 SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 2
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL		
		Truck Bus or HazMat NO				
		Vehicle				
		02	02	License Plate Number 940VJC	Plate Type AUT - AUTOMOBILE	St WI
Vehicle Identification Number 3FAHP0JA3AR204854	Make FORD			Year 2010	Model FUSION SEL	
Color BLK - BLACK	Body Style 4D - 4DR			Bus Use NOT A BUS		

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

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02	UNIT	INDIVIDUAL	002	Injury		Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED				
				Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED			
				Medical Transport EMS GROUND		EMS Agency Identifier 6001024		EMS Run #			
				Hospital REEDSBURG AREA MED CTR		Date of Death		Time of Death			
				Non Motorist		Striking Unit #	Prior Action		Location	To/From School	
				Action							
				Action Other							
				Drug & Alcohol		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			
02	UNIT	INDIVIDUAL	002	Drug Type							
				Individual Condition APPEARED NORMAL							
				Individual							
				Passenger ELIZABETH ANN PERRY (608) 475-2365		Citations Issued 0		Sex FEMALE			
				Address 161 S STEWART ST RICHLAND CENTER, WI 53581 , US		Date of Birth [REDACTED]		Race WHITE			
Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES									
02	UNIT	INDIVIDUAL	003	Equipment		On Duty Crash		Safety Equipment			
				Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		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 APPLICABL		Trapped/Extricated NOT TRAPPED							
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #							

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UNIT INDIVIDUAL 02 003	Hospital	Date of Death		Time of Death		
	Non Motorist	Striking Unit #	Prior Action	Location	To/From School	
	Action					
	Action Other					
	Drug & Alcohol	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		
	Drug Type					
	Individual Condition APPEARED NORMAL					