18-05094

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	Agency Crash Number 18-05094	Investigating O DEPUTY A. S	fficer/Deputy	
PQ	Crash Date 05/18/2018	Crash Time 10:35 PM	Date Arrived 05/18/2018	Time Arrived 10:46 PM		
D6	Date Notified 05/18/2018	Time Notified 10:40 PM	Total Units 02	Total Injured	Total Killed	
6TL0B7D6PQ	On Emergency	and Run	ire Work Zone	Trailer o	Towed	Reporting Threshold
6TL	Government Property	Active School Zone	School Bus Related NO	Tags		
-	✓ Reportable	Crash Type DT4000 (STANDARD CRASH)]	Secondary Crash
	Description			-		
	Diagram US HW	Dirt and Grass Median with curbs on	US HWY 12		econstruction By	
		both sides dividing HWY 12	n			
	Not to Scale				dditional Informa	tion
	J. a sworn law enforceme	nt officer, agree that I have no	t added any CJIS data in this	report.		
	· ·		MPTING A U-TURN ACROSS HWY		ION HE WAS AT	TTEMPTING A LI-TURN
	WAS A DIRT AND GRASS MEDIA PLACE TO CONDUCT A U-TURN SINCE LEAVING THE VILLAGE O	N WITH CURBS ON BOTH SIDES . ON A US HWY. THE OPERATOR (JUST AFTER A CONCRETE TRAFF OF UNIT 2 ALSO STATED THE VEH STOPPED. BOTH VEHICLES WER	IC DIVIDER. TH	IIS WAS AN UNS OF HIM HAD T	SAFE AND ILLEGAL HE TURN SIGNAL ON

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WISCONSIN MOTOR VEHICLE CRASH REPORT

l	ocation									
ſ	-	USH12 EB				Latitude			Longitud	e
		FT N				43.56347	2793		-89.778	507839
		MOON RD (1) THE TOWN OF DELTO	N I			X Coordina	ate		Y Coord	nate
		AUK COUNTY	N			275604.3	125		482714	2
						Structure Type				
(<u>.</u> Cra	sh Scene								
		Harmful Event				First Harm	ful Event Lo	cation		
		TOR VEH IN TRANSPO	ORT			ON ROA		cation		
ŀ	-	ner of Collision				Light Cond				
	02	FRONT TO REAR				DARK/LI				
F	Road	d Surface Condition(s)				Roadway F	actor(s)			
	WE	г								
F	Envii	ronment Factor(s)								
	WE/	ATHER CONDITIONS				NONE				
-	Wea	ther Condition(s)								
	RAI	N								
ŀ	Animal Type					Relation To	o Trafficway			
Ļ	0						WAY - ON			
		sh Classification - Location BLIC PROPERTY					sification - J	SDICTION		
Ī	Triba	al Land				Access Co				Special Study
	With	in Interchange Area	Junction Location		Intersection	NO CON	IROL			
	NO	in interchange Area	NON-JUNCTION		NOT AN I		CTION			
Ī	Jni	t Summary								
		Status		Vehicle Ope	erating As Cla	assification		Unit Type		
	IN TRANSIT D CLASS			AUTOMOBILE						
5	Vehicle Type				Operating As Endorsements					
>	PAS	SSENGER CAR								
ſ		l Occs	Train/Bus # Injured	Total # Citat	tions Issued		Total Traile	rs		Mat Types
	4			0			0		0	
	Insur YES	rance?	Direction Of Travel SOUTHBOUND		CrashTire Mark		Speed Limi	it	Total Lane	9S
-		t Harmful Event: Collision \		Special Fun				Emergency	-	cle Use
)	MO	TOR VEH IN TRANSPO	ORT	NO SPEC			NOT APPLICABLE			
	Traff	Traffic Way Traffic Cor			rol	Traffic Control Inoperative/Missing			ive/Missing	
	DIV /	-	DIVIDED HWY W/O TRAFFIC BARRIER					NO Read Crade		
		IDED HWY W/O TRAF	FIC BARRIER	NO CONT				-		
	Surfa	IDED HWY W/O TRAF	FIC BARRIER	Road Curva	iture			Road Grade		
	Surfa	IDED HWY W/O TRAF	FIC BARRIER		iture			-		
	Surfa	IDED HWY W/O TRAF ace Type NCRETE		Road Curva	iture			Road Grade		
	Surfa CON Trucl NO	IDED HWY W/O TRAF ace Type NCRETE k Bus or HazMat Vehicle	FIC BARRIER	Road Curva STRAIGH	iture T			Road Grade UPHILL		
	Surfa CON Trucl NO	DED HWY W/O TRAF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number	FIC BARRIER	Road Curva STRAIGH	iture T	E		Road Grade UPHILL Country of Iss	suance	
	Surfa CON Trucl NO	IDED HWY W/O TRAF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 469TVP		Road Curva STRAIGH Plate Type AUT - AU	iture T	E	wi	Road Grade UPHILL Country of Iss UNITED ST	suance	
	Surfa CON Trucl NO	IDED HWY W/O TRAF ace Type NCRETE Ik Bus or HazMat Vehicle License Plate Number 469TVP Vehicle Identification Nur	mber	Road Curva STRAIGH Plate Type AUT - AU Make	iture T ITOMOBIL	E	WI Year	Road Grade UPHILL Country of Iss	suance ATES	
	Surfa CON Trucl NO	IDED HWY W/O TRAF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 469TVP	mber	Road Curva STRAIGH Plate Type AUT - AU	ITOMOBIL	E	WI Year 2012	Road Grade UPHILL Country of Iss UNITED ST Model	suance ATES	
	Surfa CON Truci NO	ADED HWY W/O TRAF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 469TVP Vehicle Identification Nur 1G1ZC5E0XCF35266	mber	Plate Type AUT - AU Make CHEVRO	ITOMOBIL	E	WI Year 2012	Road Grade UPHILL Country of Iss UNITED ST Model MALIBU 1L	ates T	
	Surfa CON Truci NO	DED HWY W/O TRAF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 469TVP Vehicle Identification Nur 1G1ZC5E0XCF35266 Color GRY - GRAY Initial Contact Point	mber	Plate Type AUT - AU Make CHEVRO Body Style	ITOMOBIL	E	WI Year 2012	Road Grade UPHILL Country of Iss UNITED ST Model MALIBU 1L Bus Use	ates T	
	Surfa CON Truci NO	IDED HWY W/O TRAF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 469TVP Vehicle Identification Nur 1G1ZC5E0XCF35266 Color GRY - GRAY	mber	Plate Type AUT - AU Make CHEVRO Body Style 4D - 4DR Vehicle Da	ITOMOBIL ITOMOBIL		WI Year 2012	Road Grade UPHILL Country of Iss UNITED ST Model MALIBU 1L Bus Use	suance ATES T	FR

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Towed Due To Dama	ige		icle Removed By			
		NOT TOWED		OP	ERATOR			
		What Driver Was Doi	ng	Veh	icle Factors			
		UTURN			T APPLICABLE			
		Driver Prior Action Ot	her	NO				
		Driver Actions						
	ш	IMPROPER TURN	I					
E	CLI							
UNIT	Η							
	VEHICLE							
	-							
		Driver Distractions UNKNOWN IF DIS	TRACTED					
			SIRACIED					
6	01							
-	-							
		Owner Name			Owner Address			
		BRIAN WILLIAMS	5		3900 LABRADOR DRIVE			
					JANESVILLE, WI 53546 , US			
		Sequence Of E	vents					
	01	Event LEFT TURN						
	02	Event CROSS MEDIAN						
	03	Event						
	04	Event						
ъ		Policy Holder						
UNIT	[Insurance Company		h	ndividual			
)		ERIE-INS-CO		E	BRIAN WILLIAMS			
	I	Individual						
	1	Driver			Citations Issued	Sex		
	ľ	KALEB DICKERS	SON	0		MALE		
	NDIVIDUA			0	Date of Birth	Race WHITE		
UNIT	VID	Address		Г	Driver License Number			
כ	D	1750 TOWNLINE						
	Z	BELOIT, WI 53511	I,US	S	STATE: WISCONSIN COUNTRY: UN	IITED STATES		
		Equipment	On Duty Crash	S	Safety Equipment			
	i	Seat Position			HOULDER & LAP BELT			
			LEFT SIDE (DRIVER/MOTORCY					
		Helmet Use		F	lelmet Compliance			
		Eye Protection			int Compliance			
_	Ξ		Injury Severity	A	sirbag			
0	001	Injury	NO APPARENT INJURY	N	ION DEPLOYED			
		Ejected			jection Path	Trapped/Extricated		
		NOT EJECTED		Ν	NOT EJECTED/NOT APPLICABL	NOT TRAPPED		
Minon	ncin N	Notor Vehicle Crash	This rer	oort da	pes not include any CJIS data.	Crash Date	05/18/2018	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Medical Transport			EMS Agency Identifier EMS Run #						
		NOT TRANSPORT Hospital	IED		Date of Death		Time of Death				
		HOSPILAI			Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
	1	Action									
	AL										
UNIT	INDIVIDUAL										
_	INDI										
		Action Other									
	Ľ	Drug & Alcohol	Suspected Alcohol L NO	lse	Suspected Drug Us	66		phol Test Results			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Type Drug Test Resu					
2	001	Drug Type									
	-										
		Individual Condition									
		APPEARED NORI	MAL								
	I	ndividual									
	١L	Passenger KELSEY WILLIAMS			Citations Issued 0		Sex FEMALE				
ь	INDIVIDUAL				Date of Birth		Race WHITE				
LINU	DIV	Address 2621 HARVARD D)R # 11		Driver License Number						
	N	JANESVILLE, WI 53548 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	l	Equipment	On Duty Crash		Safety Equipment						
		Seat Position 3FRONT SEAT-F	RIGHT SIDE (TRAI		SHOULDER & LAP BELT						
		Helmet Use			Helmet Compliance	9					
		Eye Protection			Tint Compliance						
6	002	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYE	D					
	J	Ejected			Ejection Path		Trapped/Extricated				
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED				
		Medical Transport NOT TRANSPOR			EMS Agency Identi	fier	EMS Run #				
		Hospital			Date of Death		Time of Death				
			Striking Unit #	Prior Action		Location		To/From School			
		Non Motorist									

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

	۹L	Action						
UNIT	INDIVIDUAL							
	ND							
		Action Other						
	Ľ	Drug & Alcohol	Suspected Alcohol L	lse	Suspected Drug U NO	se		
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	I		Drug Test Type		Drug Test Results	
0	002	Drug Type						
		Individual Condition						
		APPEARED NOR	MAL					
		Individual						
	Ļ	Passenger NATHANIEL KOP	REVAAR		Citations Issued		Sex MALE	
F	INDIVIDUAL				Date of Birth		Race WHITE	
UNIT	IDIVI	Address 6108 E COUNTY ROAD J		Driver License Nur				
	2	CLINTON, WI 535	25 , US		STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment	On Duty Crash		Safety Equipment			
		Seat Position 4SECOND SEA1	- I-LEFT SIDE(MOT	ORCYCLE/BI	SHOULDER & LAP BELT			
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
0	003	Injury	Injury Severity NO APPARENT I	NJURY	Airbag NON DEPLOYE	D		
		Ejected NOT EJECTED			Ejection Path NOT EJECTED/	NOT APPLICABL	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPOR	TED		EMS Agency Ident	ifier	EMS Run #	
		Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action	-	Location	1	To/From School

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

	۲	Action						
UNIT	INDIVIDUAL							
	INDI							
		Action Other						
	L	Drug & Alcohol	Suspected Alcohol I NO	Jse	Suspected Drug Us	se		
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	1		Drug Test Type		Drug Test Results	
01	003	Drug Type						
		Individual Condition						
		APPEARED NOR	APPEARED NORMAL					
		Individual						
	Ļ	Passenger ANNE SCHLEND	DER		Citations Issued 0		Sex FEMALE	
⊢	DUA	Address 7101 N STURTEVANT RD			Date of Birth		Race WHITE	
UNIT	INDIVIDUAL			Driver License Nur		1		
	≤	WHITEWATER, W	VI 53190,US		STATE: WISCO	NSIN COUNTRY: UI	NITED STATES	
		Equipment	On Duty Crash		Safety Equipment			
		Seat Position 6SECOND SEA	T-RIGHT SIDE		SHOULDER & LAP BELT			
		Helmet Use			Helmet Compliance	9		
		Eye Protection			Tint Compliance			
0	004	Injury	Injury Severity	NJURY	Airbag NON DEPLOYE	D		
		Ejected NOT EJECTED			Ejection Path NOT EJECTED/	NOT APPLICABL	Trapped/Extricated NOT TRAPPED	
		Medical Transport	TED		EMS Agency Ident		EMS Run #	
		Hospital	=		Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location	1	To/From School

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

		Action						
	AL							
UNIT	INDIVIDUAL							
5	DIVI							
	Z							
		Action Other						
	Ľ	Drug & Alcohol NO	pected Alcohol Use	Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Tes	Alcohol Test Results	
		Drug Test Given		Drug Test Type		Drug Test R	Results	
0	004	Drug Type						
		Individual Condition						
		APPEARED NORMAL						
	Uni	t Summary						
	Unit Status				Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
02	Vehicle Type			DULAGO			Operating As Endorsements	
Ö		LITY TRUCK/PICKUP T	RUCK Train/Bus # Injured	Total # Citations Issued	Total Tra	ilers	Total HazMat Types	
	2		0	0		0		
⊢	Insurance? Direction Of Travel YES SOUTHBOUND		Pre CrashTire Mark	Speed Li 65	mit	Total Lanes 4		
UNIT	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION			Motor Vehicle Use LICABLE		
	DIVI	ic Way IDED HWY W/O TRAFFI	C BARRIER	Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO	
		ace Type NCRETE		Road Curvature STRAIGHT			Road Grade	
	Truck Bus or HazMat NO							
		Vehicle						
		License Plate Number CPREYES		Plate Type LTK - LIGHT TRUCK	St WI	Country of Is		
02	02	Vehicle Identification Numb 1C6RR7GT8DS653683		Make DODGE	Year 2013	Model RAM		
		Color RED - RED		Body Style PK - PICKUP		Bus Use NOT A BU	S	
⊢	Ľ	Initial Contact Point 12FRONT		Vehicle Damage		•		
UNIT	VEHICLE	Extent Of Damage		12FRONT				
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR				
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
		GOING STRAIGHT						

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION					
		Driver Distractions UNKNOWN IF DISTRACTED					
	•						
02	02						
		Owner Name	Owner Address				
		GARCIA REYES	320 RUSSELL ST BARABOO, WI 53913 ,US				
	;	Sequence Of Events					
	0	Event MOTOR VEH IN TRANSPORT					
	02	Event					
	03	Event					
	64	Event					
L		Policy Holder					
UNIT		Insurance Company	Individual				
2		ERIE-INS-CO	GARCIA REYES				
	l	Individual Driver	Citations Issued	Sex			
	Ļ	GARCIA REYES	0	MALE			
F	NDIVIDUAL		Date of Birth	Race HISPANIC			
UNIT	N	Address	Driver License Number				
_	IJ	320 RUSSELL ST BARABOO, WI 53913 ,US	STATE: WISCONSIN COUNTRY: UNITED STATES				
		On Duty Crash					
		Equipment	Safety Equipment				
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT				
		Helmet Use	Helmet Compliance				
		Eye Protection	Tint Compliance				
	10	Injury Severity	Airbag				
02	005	Injury NO APPARENT INJURY	NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED			
		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			
Nisco	nsin N	Motor Vehicle Crash This rep	ort does not include any CJIS data.	Crash Date 05/18/2018			

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

	_	Action						
UNIT	INDIVIDUAL							
5	NDIV							
		Action Other						
	Ľ	Drug & Alcohol	Suspected Alcohol L	Jse	Suspected Drug U NO	se		
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	1		Drug Test Type		Drug Test Results	
02	005	Drug Type						
		Individual Condition						
		APPEARED NOR	MAL					
	I	Individual						
		Passenger PATRICIA REYE	S		Citations Issued		Sex FEMALE	
	INDIVIDUAL				Date of Birth		Race INDIAN	
UNIT		Address 320 RUSSELL ST		Driver License Nur	nber			
	Z	BARABOO, WI 53			STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment	On Duty Crash		Safety Equipment			
		Seat Position			SHOULDER & LAP BELT			
		Helmet Use	RIGHT SIDE (TRAI	N ENGINEER	Helmet Compliance			
		Eye Protection			Tint Compliance			
02	900	Iniuma	Injury Severity		Airbag			
0	ð	Injury Ejected	NO APPARENT I	NJURY	NON DEPLOYE	D	Trapped/Extricated	
		NOT EJECTED			-	NOT APPLICABL	NOT TRAPPED	
		Medical Transport NOT TRANSPOR	TED		EMS Agency Ident	ifier	EMS Run #	
		Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location	1	To/From School

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action Action Other			
	Ľ	Drug & Alcohol Suspected Alcohol Use	Suspected Drug Use		
		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	006	Drug Type			
		Individual Condition			
		APPEARED NORMAL			