

6TL0B4X4HJ
18-05120

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 18-05120 | | Investigating Officer/Deputy DEPUTY E. KNULL | |
| Crash Date 05/19/2018 | | Crash Time 01:00 PM | | Date Arrived 05/19/2018 | | Time Arrived 01:19 PM | |
| Date Notified 05/19/2018 | | Time Notified 01:00 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 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 |
| | Additional Information NONE |

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

OPERATOR OF UNIT 1 WB ON CTH T. UNIT 2 WAS ALSO WB ON CTH T UNIT 1 MISSED THE DRIVEWAY OF S2010 AND BACK UP STRIKING UNIT 2. NO INJURIES AND BOTH VEHICLES WERE REMOVED FROM SCENE BY EACH RESPECTIVE OPERATOR. OPERATOR OF UNIT 1 CITED FOR UNSAFE BACKING.

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Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON CTH EB 0.32 MI W OF CTHA EB IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.571397517 | Longitude -89.743139903 |
| | X Coordinate 278489.84375 | Y Coordinate 4827927 |
| | 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 | 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 DRIVEWAY ACCESS | Intersection Type NOT AN INTERSECTION |

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 2 | Train/Bus # Injured | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | 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 MA9723 | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 1D3HV18T19S725947 | Make DODGE | Year 2009 | Model RAM | |
| | VEHICLE | Color BLK - BLACK | Body Style PK - PICKUP | | Bus Use NOT A BUS | |
| | | Initial Contact Point 6--REAR | Vehicle Damage | | | |
| | | Extent Of Damage NO DAMAGE | NO DAMAGE | | | |

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| | | | | |
|---------------------------|------------|---|---|--|
| UNIT | VEHICLE | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | |
| | | What Driver Was Doing BACKING | Vehicle Factors | |
| | | Driver Prior Action Other | NOT APPLICABLE | |
| | | Driver Actions UNSAFE BACKING | | |
| 01 | 01 | Driver Distractions NOT DISTRACTED | | |
| | | Owner Name ALLAN BRUNS (608) 356-0915 | Owner Address S3880 FAIRFIELD RD BARABOO, WI 53913 , US | |
| Sequence Of Events | | | | |
| UNIT | INDIVIDUAL | 01 | Event MOTOR VEH IN TRANSPORT | |
| | | 02 | Event | |
| | | 03 | Event | |
| | | 04 | Event | |
| Policy Holder | | | | |
| UNIT | INDIVIDUAL | Insurance Company ALLSTATE-INS-CO | Individual JOHANNA BRUNS | |
| | | Driver JOHANNA BRUNS (608) 356-0915 | Citations Issued 1 | Sex FEMALE |
| UNIT | INDIVIDUAL | Date of Birth | Race WHITE | |
| | | Address S3880 FAIRFIELD RD BARABOO, WI 53913 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | 001 | Equipment | On Duty Crash | Safety Equipment SHOULDER & LAP BELT |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | |
| | | 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 |

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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 | | | | | |
| UNIT | INDIVIDUAL | Individual | | | | | |
| | | Passenger MICHELLE CASTALDO (608) 448-2804 | | Citations Issued 0 | Sex FEMALE | | |
| | | | | Date of Birth | Race INDIAN | | |
| | | Address 500 7TH ST APT 8 BARABOO, WI 53913 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| | | 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 # | | | | |
| Hospital | | Date of Death | Time of Death | | | | |
| Non Motorist | | Striking Unit # | Prior Action | Location | To/From School | | |

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|------|--|--------------|---|------------------------------------|---------------------------------|-----------------------|---|
| UNIT | INDIVIDUAL | Action | | | | | |
| | | Action Other | | | | | |
| | 01 | 002 | 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 | | | | | | |
| | Violations | | | | | | |
| | 01 | | UTC Number AD979394 | Issue To? 001 | Statute Number 346.87 | Seq Num 001 | Description UNSAFE BACKING OF VEHICLE |

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 WESTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | 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 | | | | |

| | | | | | |
|------|----|---|---------------------------------------|---------------------|---|
| UNIT | 02 | Vehicle | | | |
| | | License Plate Number 555NXJ | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 19XFC1F34GE029401 | Make HONDA | Year 2016 | Model CIVIC |
| | | Color BLU - BLUE | Body Style SD - SEDAN | | Bus Use NOT A BUS |
| | | Initial Contact Point 12--FRONT | Vehicle Damage | | |
| | | Extent Of Damage MINOR DAMAGE | 12--FRONT | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |

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| | | | |
|---------------------------|---|---|---|
| UNIT VEHICLE | What Driver Was Doing GOING STRAIGHT | Vehicle Factors | |
| | Driver Prior Action Other | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | |
| | Driver Distractions NOT DISTRACTED | | |
| 02 | 02 | Owner Name DOUGLAS DVORAK (920) 450-7632 | Owner Address 3160 N SUNRIDGE DR GRAND CHUTE, WI 54914 , US |
| Sequence Of Events | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | |
| 02 | 02 | Event | |
| 03 | 03 | Event | |
| 04 | 04 | Event | |
| UNIT | Policy Holder | | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | Individual DOUGLAS DVORAK | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver DOUGLAS DVORAK (920) 450-7632 | Citations Issued 0 | Sex MALE |
| | | Date of Birth | Race WHITE |
| | Address 3160 N SUNRIDGE DR GRAND CHUTE, WI 54914 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 02 003 | Equipment | 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 | 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 | 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 | | | | | |
| | UNIT | Individual | | | | |
| Passenger ELLA DVORAK (920) 450-7632 | | | Citations Issued 0 | | Sex FEMALE | |
| | | | Date of Birth | | Race WHITE | |
| Address 3160 N SUNRIDGE DR GRAND CHUTE, WI 54914 , US | | | Driver License Number | | | |
| 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 # | |
| Hospital | | Date of Death | | Time of Death | | |
| Non Motorist | | Striking Unit # | Prior Action | Location | To/From School | |

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| | | | | | |
|-------------|-------------------|--------------|--|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Action | | | |
| | | Action Other | | | |
| | 02 | 004 | 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 | | |