

6TLOB1714V  
18-05836

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 <b>18-05836</b>		Investigating Officer/Deputy <b>DEPUTY I. HANSON</b>		
Crash Date <b>06/05/2018</b>		Crash Time <b>12:50 PM</b>		Date Arrived <b>06/05/2018</b>		Time Arrived <b>01:05 PM</b>		
Date Notified <b>06/05/2018</b>		Time Notified <b>12:55 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>	
<input type="checkbox"/> On Emergency	<input checked="" 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 <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>I HANSON</b>
	Additional Information <b>NONE, PHOTOS</b>

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

UNIT 2 WAS STOPPED FACING WEST WAITING TO TURN RIGHT ONTO WEST PINE ST. UNIT 1 WAS ALSO WESTBOUND. DUE TO CONSTRUCTION THERE WAS A LEFT TURN LANE. UNIT 1 TRIED TO GET AROUND UNIT 2. IN DOING SO UNIT 1 STRUCK UNIT 2 IN THE REAR DRIVERS SIDE. UNIT 1 CONTINUED WITH THE LEFT TURN AND TRAVELED SOUTH ON WEST PINE ST. UNIT 2 WAS UNABLE TO IDENTIFY A PLATE BUT DESCRIBED UNIT 1 AS A YELLOW VAN. 9109

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Location

ON LINN ST/ STH33 WB 114 FT E OF USH12 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.474782099</b>	Longitude <b>-89.768334335</b>
	X Coordinate <b>276097.96875</b>	Y Coordinate <b>4817264</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>05--SIDESWIPE/SAME DIRECTION</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>FULL CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	Unit Status <b>HIT AND RUN</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>UNKNOWN</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>UNKNOWN</b>		Emergency Motor Vehicle Use <b>UNKNOWN</b>	
	Traffic Way <b>UNKNOWN</b>		Traffic Control <b>UNKNOWN</b>		Traffic Control Inoperative/Missing <b>UNKNOWN</b>	
	Surface Type <b>UNKNOWN</b>		Road Curvature <b>UNKNOWN</b>		Road Grade <b>UNKNOWN</b>	
	Truck Bus or HazMat <b>NO</b>					

01 UNIT	<b>Vehicle</b>				
	License Plate Number	Plate Type	St	Country of Issuance	
	Vehicle Identification Number	Make	Year	Model	
	Color	Body Style		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>UNKNOWN</b>	Vehicle Damage			
Extent Of Damage <b>UNKNOWN</b>	<b>UNKNOWN</b>				

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>				
		What Driver Was Doing <b>UNKNOWN</b>		Vehicle Factors				
		Driver Prior Action Other		<b>UNKNOWN</b>				
		Driver Actions <b>UNKNOWN</b>						
		Driver Distractions <b>UNKNOWN IF DISTRACTED</b>						
01	01	Owner Name		Owner Address				
				, ,				
<b>Sequence Of Events</b>								
UNIT	INDIVIDUAL	01	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
				Event				
				Event				
				Event				
<b>Individual</b>								
UNIT	INDIVIDUAL	01	001	Driver		Citations Issued <b>0</b>	Sex	
				Date of Birth		Race		
				Address		Driver License Number		
				, ,				
				<b>Equipment</b>		On Duty Crash	Safety Equipment	
				Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>RESTRAINT USE UNKNOWN</b>		
				Helmet Use		Helmet Compliance		
				Eye Protection		Tint Compliance		
				<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
				Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT APPLICABLE</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #					

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UNIT           01           001	Hospital		Date of Death		Time of Death	
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
	Action					
	Action Other					
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use		Suspected Drug Use	
	Alcohol Test Given <b>TEST NOT GIVEN</b>			Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>			Drug Test Type		Drug Test Results
	Drug Type					
	Individual Condition <b>NOT OBSERVED</b>					

**Unit Summary**

UNIT           02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT           02	<b>Vehicle</b>				
	License Plate Number <b>676UZY</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1C4RJFAG4CC225902</b>		Make <b>JEEP</b>	Year <b>2012</b>	Model <b>GRAND CHER</b>
	Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>7--LEFT REAR CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>6--REAR, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR</b>		
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By			

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UNIT VEHICLE	What Driver Was Doing <b>STOP IN TRAFFIC</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Driver Distractions <b>NOT DISTRACTED</b>			
02	02	Owner Name <b>MONICA LYNN NEUMANN</b>	Owner Address [REDACTED], WI [REDACTED], US	
<b>Sequence Of Events</b>				
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	02	Event		
03	03	Event		
04	04	Event		
<b>Policy Holder</b>				
UNIT		Insurance Company <b>GEICO-ADVANTAGE-INSURANCE-CO</b>	Individual <b>MONICA NEUMANN</b>	
<b>Individual</b>				
UNIT INDIVIDUAL	002	Driver <b>MONICA LYNN NEUMANN</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address [REDACTED] WI [REDACTED], US	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
<b>Equipment</b>		On Duty Crash	Safety Equipment	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #

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<b>UNIT</b> <b>INDIVIDUAL</b>      <b>02</b> <b>002</b>	Hospital	Date of Death		Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School	
	Action					
	Action Other					
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type		Drug Test Results		
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					