

6TL09N3P57  
18-05961

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>18-05961</b>	Investigating Officer/Deputy <b>DEPUTY C. FRANK</b>	
Crash Date <b>06/08/2018</b>		Crash Time <b>07:54 AM</b>	Date Arrived <b>06/08/2018</b>	Time Arrived <b>07:54 AM</b>	
Date Notified <b>06/08/2018</b>		Time Notified <b>07:54 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <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>9198</b>
	Additional Information <b>PHOTOS</b>

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

ON THE ABOVE DATE AND TIME I WAS IN THE AREA OF A 2 UNIT CRASH AT 995 HWY 23 IN THE VILLAGE OF PLAIN. UNIT 1 WAS BACKING OUT OF THE PARKING LOT AT 995 HWY 23 ONTO CR B TO TRAVEL EASTBOUND. UNIT 2 WAS SOUTHBOUND ON HWY 23 AND TURNED LEFT ON EASTBOUND CR B. UNIT 1 AND UNIT 2 MADE CONTACT ON CR B. I HEARD UNIT 2 HONK HORN AND FOLLOW UNIT 1. I MADE CONTACT WITH BOTH PARTIES AND SHORT DISTANCE AWAY. IT WAS FOUND THE UNITS MADE CONTACT. UNIT 1 OPERATOR STATED SHE WAS BACKING OUT OF LOT AND WAS UNABLE TO SEE UNIT 2 TURNING EASTBOUND ON CR B. UNIT 2 TURNED LEFT AND WAS UNABLE TO SEE UNIT 1 BACKING.

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## Location

ON 995 MAIN ST/ CTHB EB 69 FT E OF WACHTER AVE/ STH23 EB (HOUSE/BUILDING 995)  IN THE VILLAGE OF PLAIN IN SAUK COUNTY	Latitude <b>43.278818489</b>	Longitude <b>-90.043763958</b>
	X Coordinate <b>253025.390625</b>	Y Coordinate <b>4796277.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</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>CLOUDY</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION-RELATED</b>	Intersection Type <b>T-INTERSECTION</b>

## Unit Summary

<b>01</b> <b>UNIT</b>	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>EASTBOUND</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>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</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>				
<b>01</b> <b>UNIT</b> <b>VEHICLE</b>	<b>Vehicle</b>				
	License Plate Number <b>ACD5327</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1GNKVGKD4FJ200117</b>	Make <b>CHEVROLET</b>	Year <b>2015</b>	Model <b>TRAVERSE</b>	
	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>5--RIGHT REAR CORNER</b>	Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>5--RIGHT REAR CORNER</b>			

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By	
		What Driver Was Doing <b>BACKING</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>UNSAFE BACKING</b>		
01	01	Driver Distractions <b>LOOKED BUT DID NOT SEE, OUTSIDE THE VEHICLE (INCLUDES UNSPECIFIED EXTERNAL DISTRACTIONS)</b>		
		Owner Name <b>TIA M JOHNSON (608) 459-0727</b>	Owner Address <b>424 N WINSTED ST SPRING GREEN, WI 53588 , US</b>	
<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
<b>Policy Holder</b>				
UNIT	INDIVIDUAL	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>TIA JOHNSON</b>	
		Driver <b>TIA M JOHNSON (608) 459-0727</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>424 N WINSTED ST SPRING GREEN, WI 53588 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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>

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UNIT           01           001	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
	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>				

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>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</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>EASTBOUND</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>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</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>601XTS</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3MZBM1T75GM238054</b>	Make <b>MAZDA</b>	Year <b>2016</b>	Model <b>MAZDA3 SPO</b>
	Color <b>RED - RED</b>	Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>11--LEFT FRONT CORNER</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By		
		What Driver Was Doing <b>LEFT TURN</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>NICHOLAS A BATY (815) 375-0354</b>		Owner Address <b>1195 CHERRY ST PLAIN, WI 53577 , US</b>		
<b>Sequence Of Events</b>						
	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
	04	Event				
UNIT	<b>Policy Holder</b>					
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>			Individual <b>NICHOLAS BATY</b>		
UNIT	INDIVIDUAL	Driver <b>NICHOLAS A BATY (815) 375-0354</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>1195 CHERRY ST PLAIN, WI 53577 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>	
				Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
02	002	<b>Equipment</b>		On Duty Crash		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <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>	

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UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		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>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>TALIAH MERE DELAPORTE (608) 588-5253</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth [REDACTED]	Race <b>BLACK</b>		
		Address <b>1195 CHERRY ST PLAIN, WI 53577 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>		On Duty Crash <b>EMT/FIRST-RESPONDER</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</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 #				
Hospital		Date of Death	Time of Death				
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action		
		Action Other		
<b>02</b>	<b>003</b>	<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>		