

6TL09B7D91  
18-06328

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>18-06328</b>	Investigating Officer/Deputy <b>DEPUTY A. MEEKER</b>	
Crash Date <b>06/16/2018</b>		Crash Time <b>04:06 PM</b>	Date Arrived <b>06/16/2018</b>	Time Arrived <b>04:54 PM</b>	
Date Notified <b>06/16/2018</b>		Time Notified <b>04:08 PM</b>	Total Units <b>03</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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> <p>hwy 58</p> <p>unit 1</p> <p>unit 1</p> <p>right turn no stop</p> <p>STOP</p> <p>unit 1</p> <p>unit 1</p> <p>unit 1</p> <p>unit 1 operator</p> <p>unit 1</p> <p>unit 2</p> <p>unit 3</p> <p>west main st</p> <p>drawing not to scale</p>	Reconstruction By
	Photos By <b>OFC. ASTLE</b>
	Additional Information <b>PHOTOS</b>

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

SEE NARRATIVE REPORT.

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Location

ON E MAIN ST/ STH58 NB 102 FT E OF MAIN ST IN THE VILLAGE OF LA VALLE IN SAUK COUNTY	Latitude <b>43.582653043</b>	Longitude <b>-90.132859164</b>
	X Coordinate <b>247065.453125</b>	Y Coordinate <b>4830290.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>06--SIDESWIPE/OPPOSITE 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>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>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>06/16/2018</b>	Time Initial Lane/Rd Closed <b>04:15 PM</b>	Date Scene Cleared <b>06/16/2018</b>	
Date All Lanes Open <b>06/16/2018</b>	Time All Lanes Open <b>04:57 PM</b>		

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>M CLASS</b>		Unit Type <b>MOTORCYCLE</b>		
	Vehicle Type <b>MOTORCYCLE</b>				Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>4</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>STOP SIGN</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>Vehicle</b>						
	01	License Plate Number <b>L3875U</b>		Plate Type <b>TMP - TEMPORARY PLAT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>PC0803FM202673</b>		Make <b>HONDA</b>	Year <b>1985</b>	Model <b>SHADOW 500</b>			

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UNIT	VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>MC - MOTORCYCLE</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage	
		Extent Of Damage <b>UNKNOWN</b>	<b>UNKNOWN</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>SHIELDS TOWING</b>	
		What Driver Was Doing <b>RIGHT TURN</b>	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b>		
		Driver Distractions <b>NOT DISTRACTED</b>		
		Owner Name <b>JOSEPH MCCLUSKEY (608) 547-2850</b>	Owner Address <b>E17847 PINE HILL RD HILLSBORO, WI 54634 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	VEHICLE	01	01	Event <b>PARKED MOTOR VEHICLE</b>
		02	02	Event <b>PARKED MOTOR VEHICLE</b>
		03	03	Event
		04	04	Event
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>JOSEPH MCCLUSKEY (608) 547-2850</b>	Citations Issued <b>4</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>E17847 PINE HILL RD HILLSBORO, WI 54634 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Protective Gear
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>NONE</b>		
	Helmet Use <b>NO</b>	Helmet Compliance <b>UNKNOWN</b>		
	Eye Protection <b>UNKNOWN</b>	Tint Compliance <b>UNKNOWN</b>		

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UNIT	INDIVIDUAL	01	001	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</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>EMS GROUND</b>	EMS Agency Identifier <b>6001024</b>	EMS Run #		
		Hospital <b>REEDSBURG AREA MED CTR</b>	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>YES</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST GIVEN</b>	Alcohol Test Type <b>PRELIMINARY BREATH TEST (P</b>		Alcohol Test Results <b>16</b>	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type		Drug Test Results	
01	001	Drug Type				
Individual Condition <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL, CONFUSED OR DISORIENTED (NON LUCID)</b>						
<b>Violations</b>						
01	01	UTC Number <b>AE141864</b>	Issue To? <b>001</b>	Statute Number <b>346.63(1)(a)</b>	Seq Num <b>024</b>	Description <b>OWI (5TH OR 6TH)</b>
02	02	UTC Number <b>AE141865</b>	Issue To? <b>001</b>	Statute Number <b>343.05(3)(b)</b>	Seq Num <b>001</b>	Description <b>OPERATE MOTORCYCLE W/O VALID LICENSE</b>
03	03	UTC Number <b>AE141866</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Seq Num <b>007</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>
04	04	UTC Number <b>AE141867</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Seq Num <b>001</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>

**Unit Summary**

UNIT	02	Unit Status <b>LEGALLY PARKED</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>0</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>NOT ON ROADWAY</b>	<input type="checkbox"/> Pre CrashTire 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>STOP SIGN</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	

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		Truck Bus or HazMat <b>NO</b>			
02	UNIT	<b>Vehicle</b>			
		License Plate Number <b>516ZCX</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FAHP3FN4AW136316</b>	Make <b>FORD</b>	Year <b>2010</b>	Model <b>FOCUS SE</b>
		Color <b>GRY - GRAY</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>9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>		
		What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		02	UNIT	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Driver Distractions <b>NOT DISTRACTED</b>					
Owner Name <b>TAMMY WEST (608) 985-7160</b>	Owner Address <b>E2593 NASH RD LAVALLE, WI 53941 , US</b>				
<b>Sequence Of Events</b>					
04	UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		02	Event		
		03	Event		
		04	Event		
<b>Policy Holder</b>					
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>TAMMY WEST</b>		

**Unit Summary**

03	Unit Status <b>LEGALLY PARKED</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>0</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>

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UNIT	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes	
	YES	NOT ON ROADWAY		25	2	
	Most Harmful Event: Collision With <b>MOTOR VEH TRAN OTHER RDWY</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>STOP SIGN</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>						
03 UNIT	<b>Vehicle</b>					
	03	License Plate Number <b>960PLN</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	03	Vehicle Identification Number <b>1C3CDFAA3DD297831</b>	Make <b>DODGE</b>	Year <b>2013</b>	Model <b>DART SE</b>	
	VEHICLE	Color <b>BLU - BLUE</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>	
	VEHICLE	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage			
	VEHICLE	Extent Of Damage <b>UNKNOWN</b>	<b>12--FRONT</b>			
	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>			
	VEHICLE	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors			
	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>			
	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	VEHICLE	Driver Distractions <b>NOT DISTRACTED</b>				
	03	Owner Name <b>STEVE MAIER (608) 798-3084</b>	Owner Address <b>5591 SCHUMAN RD CROSS PLAINS, WI 53528 , 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>1ST-AUTO-&amp;-CASUALTY-INS-CO</b>		Individual <b>STEVE MAIER</b>			

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**Witness**

WITN 01 ESS	Individual <b>DERECK WAGAMAN</b> (608) 215-8377	Address <b>308 BLUFF ST</b> <b>CAZENOVIA, WI 53924 , US</b>	Date of Birth

**Witness**

WITN 02 ESS	Individual <b>JOHN WEST</b> (608) 415-7401	Address <b>E2593 NASH RD</b> <b>LA VALLE, WI 53941 , US</b>	Date of Birth