

6TL0BC3B1S
18-06330

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0BC3B1S

Document Number Override		Primary Crash Document #	Agency Crash Number 18-06330	Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 06/16/2018		Crash Time 04:12 PM	Date Arrived 06/16/2018	Time Arrived 04:15 PM	
Date Notified 06/16/2018		Time Notified 04:15 PM	Total Units 03	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" 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

Diagram		Reconstruction By
		Photos By W. VERTEIN #9122
		Additional Information PHOTOS, WITNESS STATEMENTS

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNITS 2 AND 3 WERE SLOWING DOWN IN THE LANE OF TRAFFIC BECAUSE THERE WAS A VEHICLE IN FRONT OF UNIT 3 THAT WAS STOPPED IN THE LANE OF TRAFFIC WAITING TO MAKE A LEFT TURN ON LAKE VIRGINIA ROAD. UNIT 3 WAS THE THIRD VEHICLE IN LINE. WITNESSES AND THE OPERATOR OF UNIT 2 STATED A PICKUP TRUCK PULLING A BOAT WENT AROUND ANOTHER VEHICLE BEHIND UNIT 2 ON THE RIGHT. WHEN THE OPERATOR OF THE PICKUP PULLING A BOAT (UNIT 1) MERGED BACK INTO THE LANE OF TRAFFIC, IT STRUCK UNIT 2 IN THE REAR END WHICH CAUSED UNIT 2 TO STRIKE UNIT 3. UNIT 1 FLED THE SCENE AND WAS LATER FOUND. THE OPERATOR WAS ARRESTED FOR OWI AND HIT AND RUN. NO REPORTED INJURIES.

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Location

ON STH23 WB 62 FT E OF NORTHWOODS DR IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.532956954	Longitude -89.921670276
	X Coordinate 263922.65625	Y Coordinate 4824149
	Structure Type	

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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			Operating As Endorsements	
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 2	Total Trailers 1	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			
	License Plate Number NG1693	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GCRKSE72DZ246181	Make CHEVROLET	Year 2013	Model SILVERADO
	Color BLK - BLACK	Body Style PK - PICKUP		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage		
Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT			

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE		
	What Driver Was Doing UNKNOWN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILURE TO CONTROL, IMPROPER OVERTAKING / PASSING RIGHT				
01	01	Driver Distractions UNKNOWN IF DISTRACTED			
		Owner Name MITCHELL ORLOWSKI (608) 548-7418		Owner Address 523 1/2 TREMONT ST MAUSTON, WI 53948 , US	
Sequence Of Events					
01	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT 01	Policy Holder				
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual MITCHELL ORLOWSKI		
UNIT TRAILER/ TOWED	Trailer/Towed				
	Trailer Plate #	Plate Type	Make	State	Country of Issuance
	Unit Type RECREATIONAL		Individual WILLIAM E BELLAND		Address 5356 A ST. LAONA, WI 54541 , US
UNIT INDIVIDUAL	Vehicle Identification Number MNX75991J304				
	Individual				
	Driver MITCHELL ORLOWSKI (608) 548-7418		Citations Issued 2	Sex MALE	
			Date of Birth	Race WHITE	
Address 523 1/2 TREMONT ST MAUSTON, WI 53948 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Equipment		On Duty Crash	Safety Equipment		
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		RESTRAINT USE UNKNOWN			

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01	UNIT	INDIVIDUAL	Helmet Use		Helmet Compliance			
			Eye Protection		Tint Compliance			
			Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE			
			Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT APPLICABLE	
			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		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				
01	UNIT	INDIVIDUAL	Drug Type					
			Individual Condition NOT OBSERVED					
			Violations					
02	UNIT	INDIVIDUAL	UTC Number AE138256	Issue To? 001	Statute Number 346.63(1)(a)	Seq Num 002	Description OPERATING WHILE UNDER THE INFLUENCE	
			UTC Number AE138257	Issue To? 001	Statute Number 346.67(1)	Seq Num 004	Description HIT AND RUN	

Unit Summary

02	UNIT	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 CrashTire 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	

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		Truck Bus or HazMat NO	
02	UNIT	Vehicle	
		License Plate Number 706ZHD	Plate Type AUT - AUTOMOBILE
		Vehicle Identification Number 1HGCM56653A087145	Make HONDA
		Color RED - RED	Year 2003
		Initial Contact Point 6--REAR	Country of Issuance UNITED STATES
		Extent Of Damage DISABLING DAMAGE	Model ACCORD EX
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Body Style 4D - 4DR
		What Driver Was Doing SLOW/STOPPING	Bus Use NOT A BUS
		Driver Prior Action Other	Vehicle Damage 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR
		Driver Actions NO CONTRIBUTING ACTION	Vehicle Removed By STEVES AUTO SERVICE
Driver Distractions NOT DISTRACTED	Vehicle Factors NOT APPLICABLE		
Owner Name NATALIE BROWN	Owner Address 940 22ND ST REEDSBURG, WI 53959 , US		
Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT		
02	Event		
03	Event		
04	Event		
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual NATALIE BROWN	
IT	IDUAL	Individual	
		Driver MEGAN BROWN (608) 408-3357	Citations Issued 0
		Date of Birth	Sex FEMALE
			Race WHITE

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UN	INDIV	Address 940 22ND ST REEDSBURG, WI 53959 , US		Driver License Number B6505560070706 STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment On Duty Crash		Safety Equipment			
02	002	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 #		
		Hospital		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
02	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					
		Individual					
UNIT	INDIVIDUAL	Passenger BROOKLYN THOMPSON (608) 472-1129		Citations Issued 0	Sex FEMALE		
				Date of Birth	Race WHITE		
		Address 311 N VINCENNES ST ADAMS, WI 53910 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment On Duty Crash					

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UNIT	02	INDIVIDUAL	003	Safety Equipment		SHOULDER & LAP BELT					
				Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Helmet Compliance					
				Helmet Use		Tint Compliance					
				Eye Protection		Airbag NON DEPLOYED					
				Injury		Injury Severity NO APPARENT INJURY		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
				Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		EMS Agency Identifier		EMS Run #	
				Medical Transport NOT TRANSPORTED		EMS Agency Identifier		Date of Death		Time of Death	
				Hospital		Date of Death		Location		To/From School	
				Non Motorist		Striking Unit #		Prior Action		To/From School	
				Action							
Action Other											
UNIT	02	INDIVIDUAL	003	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 Summary

UNIT	03	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements			
		Total Occs 3		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	

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		Truck Bus or HazMat NO	
03	UNIT	Vehicle	
		License Plate Number 119RNW	Plate Type AUT - AUTOMOBILE
		Vehicle Identification Number 2CNFLCEC6B6404822	Make CHEVROLET
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE
		Initial Contact Point 7--LEFT REAR CORNER	Vehicle Damage 6--REAR, 7--LEFT REAR CORNER
		Extent Of Damage MINOR DAMAGE	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
		What Driver Was Doing SLOW/STOPPING	Vehicle Factors NOT APPLICABLE
		Driver Prior Action Other	
		Driver Actions NO CONTRIBUTING ACTION	
Driver Distractions NOT DISTRACTED			
Owner Name ANDREW EVANS (608) 377-0535	Owner Address 1021 WATER AVE HILLSBORO, WI 54634 , US		
Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT		
02	Event		
03	Event		
04	Event		
Policy Holder			
Insurance Company PARTNERS-MUTUAL-INS-CO	Individual ANDREW EVANS		
Individual			
Driver ANDREW EVANS (608) 377-0535	Citations Issued 0		
	Sex MALE		
	Date of Birth		
	Race WHITE		

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UN	INDIV	Address 1021 WATER AVE HILLSBORO, WI 54634 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		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			
		03	004	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
UNIT	INDIVIDUAL	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		
		03	004	Drug Type			
				Individual Condition APPEARED NORMAL			
				Individual			
		UNIT	INDIVIDUAL	Passenger BRANDON EVANS		Citations Issued 0	Sex MALE
						Date of Birth	Race WHITE
Address 1021 WATER AVE HILLSBORO, WI 54634 , US				Driver License Number			
		Equipment On Duty Crash					

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03	005	Safety Equipment		SHOULDER & LAP BELT			
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI		Helmet Compliance			
		Helmet Use		Tint Compliance			
		Eye Protection		Airbag NON DEPLOYED			
		Injury Injury Severity NO APPARENT INJURY		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
		Ejected NOT EJECTED		EMS Agency Identifier		EMS Run #	
		Medical Transport NOT TRANSPORTED		Date of Death		Time of Death	
		Hospital		Location		To/From School	
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		03	005	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			
Individual							
Passenger TALON RILEY				Citations Issued 0	Sex MALE		
Address 1020 WATER AVE HILLSBORO, WI 54634 , US				Date of Birth	Race WHITE		
Driver License Number				Safety Equipment SHOULDER & LAP BELT			
Equipment		On Duty Crash	Helmet Compliance				
Seat Position 6--SECOND SEAT-RIGHT SIDE							
Helmet Use							

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03	006	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
		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			
03	006	Drug Type				
		Individual Condition APPEARED NORMAL				
		UNIT INDIVIDUAL				

Witness

WITN ESS 01	Individual JESSICA BAUER (608) 495-0026	Address 110 N STH 58 PO BOX 12 CAZENOVIA, WI 53924 , US	Date of Birth
	Witness		

WITN ESS 02	Individual ZACHERY ERNSTMEYER (608) 415-7638	Address 110 N STH 58 CAZENOVIA, WI 53924 , US	Date of Birth
	Witness		

WITN ESS 03	Individual JENNIFER NEWLUN (608) 548-7742	Address S778 DEMASKIE RD LA VALLE, WI 53941 , US	Date of Birth
	Witness		