

6TL09KMLXM
18-06553

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 18-06553		Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 06/22/2018		Crash Time 11:11 AM		Date Arrived 06/22/2018		Time Arrived 11:20 AM	
Date Notified 06/22/2018		Time Notified 11:12 AM		Total Units 02		Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input checked="" 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	

Location

ON SAUK AVE 65 FT E OF USH12 WB IN THE TOWN OF BARABOO IN SAUK COUNTY		Latitude 43.46321229	Longitude -89.7685546	Lat/LongSource TLT/ILT	Access Control
		X Coordinate 276037.4062	Y Coordinate 4815979.5	On Roadway Link ID# 4559139	On Roadway Link Offset 1530
		Override <input type="checkbox"/>	Tribal Land	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Environment Factor(s) NONE	
Roadway Factor(s) WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)		Weather Condition(s) CLOUDY	
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Work Zone Crash Location TRANSITION AREA		Work Zone Crash Type LANE CLOSURE	
Workers Present NO		Law Enforcement Present NO	
Work Zone Speed Limit 35	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 35	

Unit Summary

Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
Total Occs 1	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 30	Total Lanes 2	
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

01
UNIT

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01	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO			
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL			
Truck Bus or HazMat NO								
UNIT 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL		
	Last Name ROSOL		First Name SAMANTHA		Middle Initial JO	Suffix		
	Street Address 2021 VIKING DR		Street Address 2		PO Box			
	City REEDSBURG		State WI	Zip Code 53959	Country of Residence UNITED STATES			
	DOB [REDACTED]	Sex F	Race W	Hair BROWN	Eyes HAZEL	Height 507	Weight 150	Phone Number (608) 415-2068 EXT.
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2021			
	Equipment	On Duty Accident		Safety Equipment				
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT					
	Helmet Use		Helmet Compliance					
	Eye Protection		Tint Compliance					
	Injury	Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-CURTAIN				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
Non Motorist	Striking Unit #		Location		To/From School			
Prior Action		Action						
		Action Other						
Drug & Alcoh	Individual Condition APPEARED NORMAL							

Suspected Alcohol Use

Suspected Drug Use

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UNIT INDIVIDUAL	NO		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			
	License Plate Number 935ZFN	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3D4PG1FG3BT544134		Year 2011	Make DODGE
	Model JOURNEY MA	Body Style UT - SPORT UTILITY VEHICLE	Color WHI - WHITE	
	Initial Contact Point 9--LEFT SIDE MIDDLE	Vehicle Damage 1--RIGHT FRONT CORNER, 3--RIGHT SIDE MIDDLE, 5--RIGHT REAR CORNER, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT		
	Extent Of Damage DISABLING DAMAGE	Vehicle Factors		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	NOT APPLICABLE		
Vehicle Removed By BILLS TOWING	Driver Prior Action Other			
What Driver Was Doing GOING STRAIGHT	Driver Distractions UNKNOWN IF DISTRACTED		Bus Use NOT A BUS	
Driver Actions FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
Organization Type INDIVIDUAL	Company Name			
Last Name ROSOL	First Name SAMANTHA	Middle JO	Suffix	Date of Birth [REDACTED]
Street Address 2021 VIKING DR	Street Address2	PO Box		
City REEDSBURG	St WI	Zip Code 53959	Country of Residence UNITED STATES	
Telephone Number (608) 415-2068 EXT.				
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event OVERTURN/ROLLOVER		
	03	Event		
	04	Event		
01	01	UTC Number AE137896	Issue To? 001	Statute Number 346.32
				Seq Num 005
		Description FAILURE TO YIELD RIGHT OF WAY		

Insurance Company

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UNIT POL DER 01	RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver				
	Organization Type INDIVIDUAL	Last Name ROSOL	First Name SAMANTHA	Policy Holder Company				
Unit Summary								
UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK			
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			Operating As Endorsements				
UNIT 02	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0			
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 4			
UNIT 02	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way DIVIDED HWY MEDIAN W/BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO			
UNIT 02	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL			
	Truck Bus or HazMat NO							
UNIT 02	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name KOPF		First Name DESTINY		Middle Initial ARCTIC	Suffix		
UNIT INDIVIDUAL 02	Street Address S4111 FOX HILL RD		Street Address 2		PO Box			
	City BARABOO		State WI	Zip Code 53913	Country of Residence UNITED STATES			
UNIT INDIVIDUAL 02	DOB [REDACTED]	Sex F	Race W	Hair BLOND	Eyes BLUE	Height 511	Weight 165	Phone Number (608) 393-9325 EXT.
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES		
UNIT INDIVIDUAL 02	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2024			
	Equipment	On Duty Accident	Safety Equipment SHOULDER & LAP BELT					
UNIT INDIVIDUAL 02	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		Helmet Compliance					
	Helmet Use		Tint Compliance					
UNIT INDIVIDUAL 02	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT					
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
UNIT INDIVIDUAL 02	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
UNIT INDIVIDUAL 02	Non Motorist	Striking Unit #	Location		To/From School			
	Prior Action		Action					

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UNIT	Individual Condition		APPEARED NORMAL	
	Suspected Alcohol Use		Suspected Drug Use	
	NO		NO	
	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results	
	TEST NOT GIVEN			
	Drug Test Given	Drug Test Type	Drug Test Results	
	TEST NOT GIVEN			
	Drug Type			
	License Plate Number		Plate Type	St
965414		LTK - LIGHT TRUCK	WI	UNITED STATES
Vehicle Identification Number			Year	Make
3GCUKREC6FG229354			2015	CHEVROLET
Model		Body Style	Color	
SILVERADO		PK - PICKUP	WHI - WHITE	
Initial Contact Point		Vehicle Damage		
12--FRONT		1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE		
Extent Of Damage		Vehicle Factors		
DISABLING DAMAGE		NOT APPLICABLE		
Towed Due To Damage		Vehicle Factors		
TOWED DUE TO DISABLING DAMAGE		NOT APPLICABLE		
Vehicle Removed By		Driver Prior Action Other		
MIKES TOWING		NOT A BUS		
What Driver Was Doing		Bus Use		
GOING STRAIGHT		NOT A BUS		
Driver Actions		Driver Distractions		
NO CONTRIBUTING ACTION		NOT DISTRACTED		
<input type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address		
Organization Type		Company Name		
INDIVIDUAL				
Last Name		First Name	Middle	Suffix
TOBIAS		TODD	C	
Date of Birth				
Street Address		Street Address2	PO Box	
E7776 CLINGERMAN DR				
City		St	Zip Code	Country of Residence
ROCK SPRINGS		WI	53961	UNITED STATES
Telephone Number				
(608) 355-9916 EXT.				

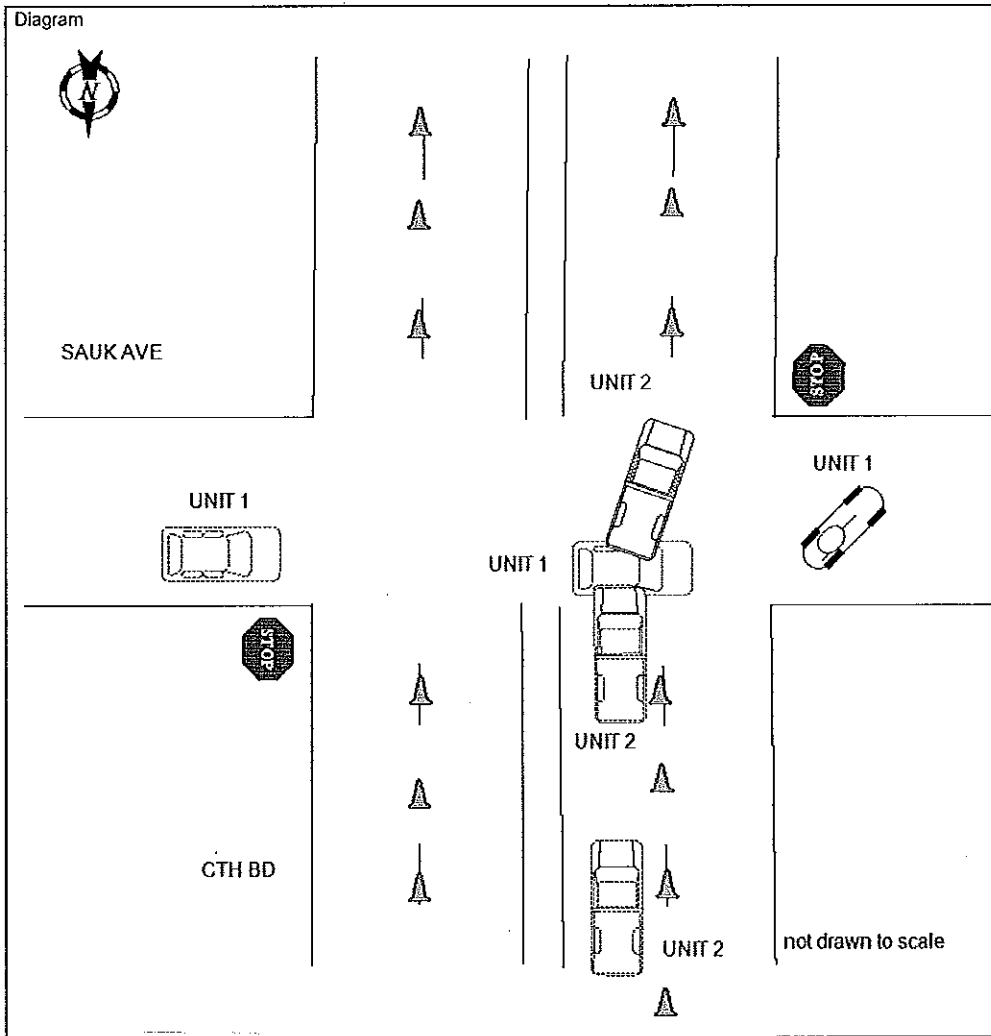
UNIT
02

Event
01
MOTOR VEH IN TRANSPORT

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UNIT	03	Event		
	04	Event		
	02	Insurance Company CINCINNATI-INS-CO,-THE	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver
	01	Organization Type INDIVIDUAL	Last Name TOBIAS	First Name TODD
			Policy Holder Company	

Description



Reconstruction By

Photos By
LT ZUNKDER

Additional Information
NONE, PHOTOS

UNIT 1 WAS STOPPED AT SAUK AVE AND BD TRAVELING W/B WHEN THE DRIVER THOUGHT THE N/B AND S/B LANES OF CTH BD WERE CLEAR. SHE THEN ATTEMPTED TO CROSS CTH BD AND DID NOT SEE UNIT 2 S/B ON CTH BD AND PULLED OUT IN FRONT OF UNIT 2. UNIT 2 DRIVER STATED SHE DID NOT SEE UNIT 1 UNTIL IT WAS TOO LATE AND SHE COULD NOT STOP IN TIME TO AVOID THE CRASH. UNIT 1 DRIVER SIMPLY STATED SHE DID NOT SEE UNIT 2.

Signature

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

Law Enforcement Agency

Agency Space

Officer Rank Officer Last Name Officer First Name Officer Middle Name Suffix

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DEP	FINNEGAN	S	A	
DOT Officer ID 9107	DNR Officer ID		Officer Badge Number 9107	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205	

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