

6TL09N3P59
18-06550

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09N3P59

Document Number Override		Primary Crash Document #	Agency Crash Number 18-06550	Investigating Officer/Deputy DEPUTY C. FRANK	
Crash Date 06/22/2018		Crash Time 09:20 AM	Date Arrived 06/22/2018	Time Arrived 09:36 AM	
Date Notified 06/22/2018		Time Notified 09:20 AM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input 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

<p>Diagram</p>	Reconstruction By
	Photos By 9180
	Additional Information PHOTOS

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

ON THE ABOVE DATE AND TIME UNIT 1 AND UNIT 2 WERE EASTBOUND ON CR H AT BIRCHWOOD SPUR. UNIT 2 SIGNALLED TO TURN RIGHT ONTO BIRCHWOOD SPUR. UNIT 1 BEGAN TO PASS ON THE LEFT. A WESTBOUND UNIT CAME AROUND THE CORNER FORCING UNIT 1 TO BRAKE AND SWERVE RIGHT STRIKING UNIT 2. UNIT 1 WAS TOWED BY STEVE'S AUTO PER OPERATOR REQUEST. UTC X2 WERE COMPLETED, ISSUED AND EXPLAINED.

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Location

ON CTHH EB 49 FT W OF BIRCHWOOD SPUR IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.616156404	Longitude -89.830399143
	X Coordinate 271612.78125	Y Coordinate 4833134.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
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 T-INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER VAN			Operating As Endorsements		
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<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 CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

01 UNIT	Vehicle				
	01	License Plate Number 681ZNT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GKDM15Z1LB527190	Make GENERAL MOTORS COR	Year 1990	Model SAFARI
		Color BLU - BLUE	Body Style VN - VAN		Bus Use NOT A BUS
		Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER		

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UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE					
	What Driver Was Doing OVERTAKE LEFT		Vehicle Factors					
	Driver Prior Action Other		BRAKES					
	Driver Actions FOLLOWING TOO CLOSE, IMPROPER OVERTAKING / PASSING LEFT, FAILED TO KEEP IN DESIGNATED LANE							
01	01	Driver Distractions NOT DISTRACTED						
		Owner Name MICHAEL F WALKER (608) 548-2960		Owner Address N3521 CR G MAUSTON, WI 53948 , US				
Sequence Of Events								
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT					
			Event					
			Event					
			Event					
Individual								
UNIT	INDIVIDUAL	01	001	Driver TIMOTHY M NORMAND (620) 249-1170		Citations Issued 2	Sex MALE	
				Address 1707 COLONIAL DR PITTSBURG, KS 66716 , US		Date of Birth [REDACTED]	Race WHITE	
				Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES		
				Equipment		On Duty Crash		
				Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment 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 #

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UNIT	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	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	Violations					
01	001	UTC Number A1389969	Issue To? 001	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MOTOR VEHICLE W/O INSURANCE
02	001	UTC Number A1389968	Issue To? 001	Statute Number 343.44(1)(a)	Seq Num 001	Description OPERATING AFTER SUSPENSION

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		
	Total Occs 2		Train/Bus # Injured		Total # Citations Issued 0		Total Trailers 1	Total HazMat Types 0
	Insurance? YES		Direction Of Travel EASTBOUND		<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 CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO							
	Vehicle							
	02	02	License Plate Number ND8307		Plate Type LTK - LIGHT TRUCK		St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1GCGK29U41Z145212		Make CHEVROLET		Year 2001	Model SILVERADO			
Color TAN - TAN		Body Style PK - PICKUP				Bus Use NOT A BUS		

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UNIT VEHICLE	Initial Contact Point 8--LEFT SIDE REAR		Vehicle Damage	
	Extent Of Damage MINOR DAMAGE		8--LEFT SIDE REAR	
	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing RIGHT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Driver Distractions NOT DISTRACTED			
02 02	Owner Name SPRINGBROOK CONSTRUCTION (608) 254-1470		Owner Address 240 TROUT RD WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT 02	Policy Holder			
	Insurance Company QBE-INSURANCE-CORP		Organization/Company SPRINGBROOK CONSTRUCTION	
UNIT TRAILER/ TOWED	Trailer/Towed			
	Trailer Plate #	Plate Type	Make UNKNOWN	State
	Country of Issuance	Organization/Company SPRINGBROOK CONSTRUCTION (608) 254-1470		Address 240 TROUT RD WISCONSIN DELLS, WI 53965 , US
UNIT INDIVIDUAL	Unit Type EQUIPMENT		Vehicle Identification Number	
	Individual		Citations Issued 0	
	Driver DYLAN SCOTT MEARS (608) 393-2998		Sex MALE	
Date of Birth [REDACTED]		Race WHITE		
Address 103 1ST ST LA VALLE, WI 53941 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		

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02	002	Equipment		On Duty Crash	Safety Equipment						
		Seat Position		SHOULDER & LAP BELT							
		1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance							
		Helmet Use		Tint Compliance							
		Eye Protection		Airbag							
		Injury		Injury Severity		Airbag					
		NO APPARENT INJURY		NON DEPLOYED							
		Ejected		Ejection Path		Trapped/Extricated					
		NOT EJECTED		NOT EJECTED/NOT APPLICABL		NOT TRAPPED					
		Medical Transport		EMS Agency Identifier		EMS Run #					
NOT TRANSPORTED		Date of Death		Time of Death							
Hospital		Striking Unit #		Prior Action		Location		To/From School			
02	002	Non Motorist									
		Action									
		Action Other									
		Drug & Alcohol		Suspected Alcohol Use			Suspected Drug Use				
		NO		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			Individual Condition						
			APPEARED NORMAL								
02	002	Individual									
		Passenger			Citations Issued			Sex			
		JOHN MARTIN NOOYEN			0			MALE			
		(608) 295-0031			Date of Birth			Race			
								WHITE			
		Address			Driver License Number						
		290 WEST ST									
		LA VALLE, WI 53941 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment		On Duty Crash		Safety Equipment					
		Seat Position		SHOULDER & LAP BELT							
3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Helmet Compliance									
Helmet Use											

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02	003	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				
02	003	Drug Type						
		Individual Condition APPEARED NORMAL						