

6TL08F2KTQ
18-06595

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 18-06595	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 06/23/2018		Crash Time 11:15 AM	Date Arrived 06/23/2018	Time Arrived 11:38 AM	
Date Notified 06/23/2018		Time Notified 11:19 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 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> <p>CTH H</p> <p>CTH P</p> <p>Not To Scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

ON 06-23-18 UNIT 2 WAS STOPPED AT THE STOP SIGN AT THE INTERSECTION OF CTH P AND CTH H. UNIT 1 WAS DIRECTLY BEHIND UNIT 2. UNIT 1 REAR ENDED UNIT 2 AT THE INTERSECTION. NO INJURIES REPORTED.

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Location

ON CTHP WB 81 FT E OF CTHH NB IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.592259327	Longitude -89.909938203
	X Coordinate 265101.40625	Y Coordinate 4830702.5
	Structure Type NO STRUCTURE	

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 PARTIAL 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 CAR	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 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 STOP SIGN		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 515ZND	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4T1BF30K22U529256	Make TOYOTA	Year 2002	Model CAMRY
	Color BLK - BLACK	Body Style SD - SEDAN		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	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 GOING STRAIGHT	Vehicle Factors NOT APPLICABLE		
		Driver Prior Action Other			
		Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	01	Driver Distractions NOT DISTRACTED			
		Owner Name MONIQUE BOUFFARD (608) 432-9748	Owner Address 1901 BROADWAY APT 7 WISCONSIN DELLS, WI 53965 , US		
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company ERIE-INSURANCE-EXCHANGE	Individual MONIQUE BOUFFARD		
UNIT	INDIVIDUAL	Individual			
		Driver MONIQUE BOUFFARD (608) 432-9748	Citations Issued 1	Sex FEMALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address 1901 BROADWAY APT 7 WISCONSIN DELLS, WI 53965 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
		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

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UNIT	INDIVIDUAL	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	
	Drug Type					
	Individual Condition APPEARED NORMAL					
01	001	Violations				
		UTC Number BB3369203	Issue To? 001	Statute Number 346.89(1)	Seq Num 001	Description INATTENTIVE DRIVING

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE			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 STOP SIGN		Traffic Control Inoperative/Missing NO
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
		Truck Bus or HazMat NO				
		Vehicle				
		02	02	License Plate Number 104EBF	Plate Type AUT - AUTOMOBILE	St WI
Vehicle Identification Number 1FMCU04759KD04897	Make FORD			Year 2009	Model ESCAPE LIM	
Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE			Bus Use NOT A BUS		

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UNIT	VEHICLE	Initial Contact Point 6--REAR	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE	6--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				
		Owner Name MICHAEL J IMSE (262) 599-3392	Owner Address 10649 W DONGES BAY RD MEQUON, WI 53097 , US			
02	02	Sequence Of Events				
		01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
04	Event					
UNIT	Policy Holder					
	Insurance Company SECURA-INS-A-MUTUAL-CO	Individual MICHAEL IMSE				
UNIT	INDIVIDUAL	Driver MICHAEL J IMSE (262) 599-3392		Citations Issued 0	Sex MALE	
				Date of Birth [REDACTED]	Race WHITE	
		Address 10649 W DONGES BAY RD MEQUON, WI 53097 , US		Driver License Number [REDACTED] 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				

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02	UNIT	INDIVIDUAL	002	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		
002	002	Drug Type					
Individual Condition	APPEARED NORMAL						
UNIT	INDIVIDUAL	Individual					
		Passenger MARY ELLEN IMSE	Citations Issued 0	Sex FEMALE			
			Date of Birth [REDACTED]	Race WHITE			
		Address 10649 W DONGES BAY RD MEQUON, WI 53097 , US	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment	On Duty Crash	Safety Equipment			
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT						
Helmet Use	Helmet Compliance						
Eye Protection	Tint Compliance						
02	UNIT	003	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 INDIVIDUAL 02 003	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					