

6TL09KMLXQ  
18-06758

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>18-06758</b>	Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>06/27/2018</b>		Crash Time <b>09:47 AM</b>	Date Arrived <b>06/27/2018</b>	Time Arrived <b>10:06 AM</b>	
Date Notified <b>06/27/2018</b>		Time Notified <b>09:49 AM</b>	Total Units <b>02</b>	Total Injured <b>03</b>	Total Killed <b>00</b>
<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 <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

Diagram 	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 2 WAS FACING E/B STOPPED IN TRAFFIC WAITING TO TURN LEFT. UNIT 1 WAS E/B AND DRIVER STATED SHE BELIEVED UNIT 2 STOPPED FAST TO TURN AND SHE COULD NOT SLOW DOWN IN TIME TO AVOID HITTING HIM. DRIVER OF UNIT 2 STATED THEY HAD BEEN STOPPED WAITING TO TURN FOR A LONG TIME BEFORE UNIT 1 HIT THEM. IN ANY EVENT UNIT 1 HIT UNIT 2 FROM BEHIND AS THEY WERE STOPPED TO TURN INTO A BUSINESS DRIVEWAY ON USH 14.

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Location

ON USH14 EB 868 FT E OF STH60 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.187898906</b>	Longitude <b>-90.067151527</b>
	X Coordinate <b>250756.96875</b>	Y Coordinate <b>4786249</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>DRIVEWAY ACCESS-RELATED</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	Unit Status <b>IN TRANSIT</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>2</b>	Train/Bus # Injured	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</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>NO CONTROL</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>				

01 UNIT	<b>Vehicle</b>			
	License Plate Number <b>ACN9980</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JM1BL1VF9B1474920</b>	Make <b>MAZDA</b>	Year <b>2011</b>	Model <b>3</b>
	Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>				
01	01	Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>KAYLA NICOLE WANLESS (608) 604-8856</b>	Owner Address <b>27160 MAPLE RIDGE LN RICHLAND CENTER, WI 53581 , US</b>		
<b>Sequence Of Events</b>					
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	04	<b>Policy Holder</b>			
		Insurance Company <b>ACUITY,-A-MUTUAL-INSURANCE-CO</b>	Individual <b>KAYLA WANLESS</b>		
UNIT	001	<b>Individual</b>			
		Driver <b>KAYLA NICOLE WANLESS (608) 604-8856</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
		Address <b>27160 MAPLE RIDGE LN RICHLAND CENTER, WI 53581 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>	
			Driver License Number [REDACTED]	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Equipment</b>	On Duty Crash	Safety Equipment	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>

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UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		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>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>LISA NICOLE WANLESS (608) 604-9611</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth [REDACTED]	Race <b>WHITE</b>		
		Address <b>27160 MAPLE RIDGE LN RICHLAND CENTER, WI 53581 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>		
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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UNIT	INDIVIDUAL	Action				
		Action Other				
01	002	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type		Drug Test Results	
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
01	<b>Violations</b>					
	UTC Number <b>AE137900</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Seq Num <b>001</b>	Description <b>INATTENTIVE DRIVING</b>	

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>PASSENGER VAN</b>			Operating As Endorsements	
		Total Occs <b>2</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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</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>NO CONTROL</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>				

UNIT	02	<b>Vehicle</b>			
		License Plate Number <b>DHF2678</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>MI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2C4RC1BG9ER326178</b>	Make <b>CHRYSLER</b>	Year <b>2014</b>	Model <b>TOWN AND C</b>
		Color <b>GRY - GRAY</b>	Body Style <b>VN - VAN</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER</b>		
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			

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UNIT VEHICLE	What Driver Was Doing <b>STOP IN TRAFFIC</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Driver Distractions <b>NOT DISTRACTED</b>		
02	02	Owner Name <b>JOHN DONELSON LYON (586) 871-7089</b>	Owner Address <b>2201 COOK CT TROY, MI 48083 1614, US</b>
<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
02	02	Event	
03	03	Event	
04	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>FARM-BUREAU-MUTUAL-INS-CO</b>	Individual <b>JOHN LYON</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>JOHN DONELSON LYON (586) 871-7089</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>2201 COOK CT TROY, MI 48083 1614, US</b>	Driver License Number [REDACTED] <b>STATE: MICHIGAN COUNTRY: UNITED STATES</b>	
02 003	<b>Equipment</b>	On Duty Crash	Safety Equipment
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #

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UNIT	INDIVIDUAL	Hospital	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>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		UNIT	INDIVIDUAL	<b>Individual</b>		
Passenger <b>MICHAEL STEPHEN KENNEDY (586) 453-6184</b>	Citations Issued <b>0</b>			Sex <b>MALE</b>		
	Date of Birth [REDACTED]			Race <b>WHITE</b>		
Address <b>2201 COOK CT TROY, MI 48083 1614, US</b>	Driver License Number [REDACTED] <b>STATE: MICHIGAN COUNTRY: UNITED STATES</b>					
<b>Equipment</b>	On Duty Crash			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	Helmet Compliance					
Helmet Use	Tint Compliance					
Eye Protection	Airbag <b>NON DEPLOYED</b>					
<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>			Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		
Ejected <b>NOT EJECTED</b>	Trapped/Extricated <b>NOT TRAPPED</b>			EMS Agency Identifier		
Medical Transport <b>NOT TRANSPORTED</b>	EMS Run #		Hospital			
Hospital	Date of Death	Time of Death				
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School

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UNIT	INDIVIDUAL	Action				
		Action Other				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		02	004			