

6TL0B655MD
18-06868

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 18-06868		Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 06/29/2018		Crash Time 04:50 PM		Date Arrived 06/29/2018		Time Arrived 05:39 PM	
Date Notified 06/29/2018		Time Notified 04:52 PM		Total Units 02		Total Injured 04	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 style="text-align: center;">NOT TO SCALE</p>	<p>Reconstruction By SAUK COUNTY SHERIFF</p>
	<p>Photos By</p>
	<p>Additional Information RECONSTRUCTION</p>

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 WAS TRAVELING W/B ON USH 14. UNIT 2 WAS TRAVELING E/B ON USH 14. UNIT 1 CROSSED THE CENTER LINE AND COLLIDED WITH UNIT 2 HEAD ON. UNIT 1 CAME TO REST FACING SE IN THE W/B TRAFFIC LANE. UNIT 2 CAME TO REST OFF THE ROADWAY FACING NORTH IN THE DITCH ON THE SOUTH SIDE OF THE ROADWAY.

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Location

ON USH14 WB 1208 FT E OF COUNTY LINE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.191194569	Longitude -90.187972757
	X Coordinate 240952.109375	Y Coordinate 4786982
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03--FRONT TO FRONT		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	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 06/29/2018	Time Initial Lane/Rd Closed 05:10 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS, MED FLIGHT	
Date All Lanes Open 06/29/2018	Time All Lanes Open 08:27 PM	Date Scene Cleared 06/29/2018	Time Scene Cleared 08:29 PM

Unit Summary

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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	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	
	Truck Bus or HazMat NO					
	Vehicle					
		License Plate Number 850YRE	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2G1WP521149254720	Make CHEVROLET	Year 2004	Model IMPALA		

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UNIT	VEHICLE	Color BLU - BLUE	Body Style SD - SEDAN	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	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By GEORGES AUTO BODY	
		What Driver Was Doing OVERTAKE LEFT	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions WRONG SIDE OR WRONG WAY, FAILED TO KEEP IN DESIGNATED LANE		
		Driver Distractions UNKNOWN IF DISTRACTED		
		Owner Name STEPHANIE NELSON (608) 553-3644	Owner Address 332 BROCKWAY ST LONE ROCK, WI 53556 , US	
		Sequence Of Events		
UNIT	VEHICLE	01 Event MOTOR VEH IN TRANSPORT		
		02 Event		
		03 Event		
		04 Event		
UNIT	INDIVIDUAL	Individual		
		Driver CASSIDY NELSON (608) 459-0522	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
		Address 332 BROCKWAY ST LONE ROCK, WI 53556 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment	On Duty Crash	Safety Equipment NONE USED - VEHICLE OCCUPANT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		

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UNIT	INDIVIDUAL	01	001	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT				
				Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated TRAPPED/EXTRICATED			
				Medical Transport EMS GROUND	EMS Agency Identifier 6000554		EMS Run #			
				Hospital UW HEALTH-AMERICAN CENTER	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 GIVEN	Alcohol Test Type BLOOD		Alcohol Test Results PENDING			
				Drug Test Given TEST GIVEN	Drug Test Type BLOOD		Drug Test Results PENDING			
01	001	Drug Type								
Individual Condition APPEARED NORMAL										

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER VAN					Operating As Endorsements		
		Total Occs 3	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0			
		Insurance? NO	Direction Of Travel EASTBOUND	<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			
		Truck Bus or HazMat NO							

Vehicle

02	02	License Plate Number 174TBL	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2P4GP44G8XR104417	Make PLYMOUTH	Year 1999	Model GRAND VOYA
		Color PLE - PURPLE	Body Style VN - VAN	Bus Use NOT A BUS	

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UNIT VEHICLE	Initial Contact Point 12--FRONT	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By GEORGES AUTO BODY		
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Driver Distractions UNKNOWN IF DISTRACTED			
	Owner Name BOBBY KEMP	Owner Address N7284 FARWELL RD BEAVER DAM, WI 53916 , US		
02 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	Driver TARA BURNHAM (608) 462-7420	Citations Issued 0	Sex FEMALE	
		Date of Birth	Race WHITE	
	Address 525 PINE 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			
02 002	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT	

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UNIT	INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated TRAPPED/EXTRICATED		
		Medical Transport EMS AIR		EMS Agency Identifier 6001285		EMS Run #		
		Hospital UW HEALTH-AMERICAN CENTER		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						
02	002	Individual Condition NOT OBSERVED						
		Individual						
		Passenger CHAD STONE (608) 462-7420			Citations Issued 0		Sex MALE	
		Date of Birth			Race WHITE			
		Address 525 PINE AVE HILLSBORO, WI 54634 , US			Driver License Number 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	003	Injury		Injury Severity SUSPECTED SERIOUS INJUR		Airbag NON DEPLOYED
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED		
Medical Transport EMS GROUND				EMS Agency Identifier 6000150		EMS Run #		
Hospital UW HEALTH-AMERICAN CENTER				Date of Death		Time of Death		

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Prior Action	Location	To/From School		
		Action							
02	003	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							
		UNIT	INDIVIDUAL	Individual					
				Passenger REGINA WENTLAND (608) 475-2052			Citations Issued 0		Sex FEMALE
				Address 444 E UNION ST LONE ROCK, WI 53556 , US			Date of Birth		Race WHITE
				Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES		
Equipment				On Duty Crash		Safety Equipment			
Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI				SHOULDER & LAP BELT					
Helmet Use				Helmet Compliance					
Eye Protection				Tint Compliance					
02	004			Injury		Injury Severity SUSPECTED SERIOUS INJUR		Airbag NOT APPLICABLE	
				Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated TRAPPED/EXTRICATED	
		Medical Transport EMS GROUND		EMS Agency Identifier 6000554		EMS Run #			
		Hospital UW HEALTH-AMERICAN CENTER		Date of Death		Time of Death			
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School		

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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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		02	004			