

6TL0BC3B1X  
18-07618

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>18-07618</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>07/15/2018</b>		Crash Time <b>12:32 PM</b>	Date Arrived <b>07/15/2018</b>	Time Arrived <b>01:02 PM</b>	
Date Notified <b>07/15/2018</b>		Time Notified <b>12:42 PM</b>	Total Units <b>02</b>	Total Injured <b>00</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 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 <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.

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 2 WAS STOPPED AT A STOP SIGN. THE OPERATOR OF UNIT 2 STATED HE STARTED TO GO INTO MOTION TO CROSS USH 14 HOWEVER, HE OBSERVED A MOTORCYCLE TRAVELING ON USH 14 SO HE STOPPED ONCE AGAIN. AT THAT TIME, THE OPERATOR OF UNIT 1 REAR-ENDED HIM. THE OPERATOR OF UNIT 1 STATED THE SAME THING. NO REPORTED INJURIES.

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Location

ON RAINBOW RD 64 FT W OF USH14 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.179507248</b>	Longitude <b>-90.056038362</b>
	X Coordinate <b>251626.046875</b>	Y Coordinate <b>4785284</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>CLEAR</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>INTERSECTION</b>	Intersection Type <b>FOUR-WAY 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>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>2</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>1</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>35</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>STOP SIGN</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>709MJV</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1GNFK16R7XJ470666</b>	Make <b>CHEVROLET</b>	Year <b>1999</b>	Model <b>K1500 SUBU</b>	
	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</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</b>			
Extent Of Damage <b>DISABLING DAMAGE</b>					

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions			
01	Driver Distractions <b>NOT DISTRACTED</b>			
	Owner Name <b>WARREN REGNIER (847) 308-1672</b>		Owner Address <b>12620 255TH CT TREVOR, WI 53179 , US</b>	
<b>Sequence Of Events</b>				
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
04	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ALLSTATE-INS-CO</b>		Individual <b>WARREN REGNIER</b>	
01	<b>Trailer/Towed</b>			
	Trailer Plate # <b>RV10356</b>	Plate Type <b>RVT - REC</b>	Make <b>JAYCO</b>	State <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Individual <b>WARREN W REGNIER (847) 308-1672</b>		Address <b>12620 255TH CT TREVOR, WI 53179 , US</b>
UNIT TRAILER/ TOWED	Unit Type <b>RECREATIONAL</b>	Vehicle Identification Number <b>1UJBJ02R341EL0691</b>		
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>WARREN REGNIER (847) 308-1672</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>12620 255TH CT TREVOR, WI 53179 , US</b>		Date of Birth	Race <b>WHITE</b>
	<b>Equipment</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>				

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01	001	Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>	Injury Severity <b>NO APPARENT 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 #		
		Hospital		Date of Death	Time of Death		
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		01	001	<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>							
<b>Individual</b>							
Passenger <b>KARRALINN REGNIER (847) 308-1672</b>				Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
Address <b>12620 255TH CT TREVOR, WI 53179 , US</b>				Driver License Number			
<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 Use		Helmet Compliance					
Eye Protection		Tint Compliance					
01	002	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>			

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UNIT           01           002	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
	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 Summary**

UNIT           02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>3</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 CrashTire Mark</b>	Speed Limit <b>35</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>STOP SIGN</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>					

02     02	<b>Vehicle</b>					
	License Plate Number <b>MB4669</b>		Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3C6UR5DL1EG223909</b>		Make <b>RAM</b>		Year <b>2014</b>	Model <b>NO DATA FO</b>
	Color <b>WHI - WHITE</b>		Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>6--REAR</b>					

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UNIT	VEHICLE	Vehicle Damage			
		Extent Of Damage <b>MINOR DAMAGE</b>	5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other <b>NOT APPLICABLE</b>			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
		Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>CHARLES QUINN</b>	Owner Address <b>7310 HWY 11 EAST GRATIOT, WI 53541 , US</b>		
02	02	<b>Sequence Of Events</b>			
		01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		02	Event		
		03	Event		
UNIT	INDIVIDUAL	04	Event		
		<b>Policy Holder</b>			
		Insurance Company <b>GEICO-ADVANTAGE-INSURANCE-CO</b>	Individual <b>CHARLES QUINN</b>		
		<b>Individual</b>			
UNIT	INDIVIDUAL	Driver <b>PRESTON QUINN (608) 695-1100</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth		Race <b>WHITE</b>	
		Address <b>155 MILKY WAY MADISON, WI 53718 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<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			

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02	UNIT	INDIVIDUAL	003	<b>Injury</b>	Injury Severity <b>NO APPARENT 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 #		
			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		
003	Drug Type						
Individual Condition	<b>APPEARED NORMAL</b>						
02	UNIT	INDIVIDUAL	<b>Individual</b>				
			Passenger <b>MCKENNA QUINN (608) 695-1100</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
			Address <b>155 MILKY WAY MADISON, WI 53718 , US</b>	Driver License Number			
02	UNIT	EQUIPMENT	<b>Equipment</b>	On Duty Crash	Safety Equipment		
			Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>	<b>BOOSTER SEAT</b>			
			Helmet Use	Helmet Compliance			
			Eye Protection	Tint Compliance			
			004	<b>Injury</b>	Injury Severity <b>NO APPARENT 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	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	<b>Individual</b>				
Passenger <b>TEAGAN QUINN (608) 695-1100</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
			Date of Birth		Race <b>WHITE</b>	
Address <b>155 MILKY WAY MADISON, WI 53718 , US</b>			Driver License Number			
<b>Equipment</b>		On Duty Crash		Safety Equipment		
Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>			<b>BOOSTER SEAT</b>			
Helmet Use			Helmet Compliance			
Eye Protection			Tint Compliance			
<b>Injury</b>		Injury Severity <b>NO APPARENT 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 #	
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		
02	005	<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>		