

6TL097RB1W
18-07829

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 18-07829		Investigating Officer/Deputy DEPUTY J. EYALIS	
Crash Date 07/20/2018		Crash Time 10:51 AM		Date Arrived 07/20/2018		Time Arrived 11:03 AM	
Date Notified 07/20/2018		Time Notified 10:51 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>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.

UNIT 1 AND UNIT 2 WERE W/B ON HWY 33. UNIT 2 WAS SLOWING IN TRAFFIC AS A VEHICLE WAS TURNING SOUTH ON ABELMAN RD. UNIT 1 OPERATOR WAS NOT PAYING ATTENTION AND PICKING HIS NOSE. UNIT 1 WAS NOT ABLE TO STOP IN TIME AND STRUCK UNIT 2. FRONT RIGHT PORTION OF UNIT 1 STRUCK REAR LEFT PORTION OF UNIT 2.

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Location

ON STH23 WB 105 FT E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.532918581	Longitude -89.916617322
	X Coordinate 264330.8125	Y Coordinate 4824130.5
	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) WET	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) CLOUDY, RAIN		
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 YES	Junction Location INTERSECTION-RELATED	Intersection Type FOUR-WAY 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 NO CONTROL	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 391XDS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5Y2SL65827Z404148	Make PONTIAC	Year 2007	Model VIBE
	Color TRQ - TURQUOISE	Body Style 4H - HATCHBACK 4 DOOR		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage		
Extent Of Damage FUNCTIONAL DAMAGE	1--RIGHT FRONT CORNER, 12--FRONT			

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions FOLLOWING TOO CLOSE		
01	01	Driver Distractions DISTRACTION/INATTENTION		
		Owner Name BRIAN HOLLENDYKE (608) 415-9320	Owner Address 401 S MARIETTA ST # 9 VERONA, WI 53593 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	04	Policy Holder		
		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual BRIAN HOLLENDYKE	
UNIT	INDIVIDUAL	Individual		
		Driver BRIAN HOLLENDYKE (608) 415-9320	Citations Issued 1	Sex MALE
			Date of Birth	Race WHITE
		Address 401 S MARIETTA ST # 9 VERONA, WI 53593 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		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			
01	001	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 AI387793	Issue To? 001	Statute Number 346.14(1m)	Seq Num 001

Unit Summary

UNIT	02	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? 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 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 236YNS	Plate Type AUT - AUTOMOBILE	St WI
		Vehicle Identification Number 1Y1SK5287XZ445159	Make CHEVROLET	Year 1999	Model PRIZM/LSI	
		Color TAN - TAN	Body Style 4D - 4DR	Bus Use NOT A BUS		

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UNIT	VEHICLE	Initial Contact Point NON-COLLISION	Vehicle Damage	
		Extent Of Damage MINOR DAMAGE	6--REAR, 7--LEFT REAR CORNER	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
		What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Driver Distractions NOT DISTRACTED		
		Owner Name RAE EDWARDS (608) 434-2599	Owner Address 731 SUNSET BLVD # 49 WISCONSIN DELLS, WI 53965 , US	
02	02	Sequence Of Events		
		01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
		04	Event	
UNIT	INDIVIDUAL	Policy Holder		
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual RAE EDWARDS	
UNIT	INDIVIDUAL	Individual		
		Driver RAE EDWARDS (608) 434-2599	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
		Address 731 SUNSET BLVD # 49 WISCONSIN DELLS, WI 53965 , 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			

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02 UNIT INDIVIDUAL 02	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		
Drug Type							
Individual Condition APPEARED NORMAL							