18-08208

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

#### SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Agency Crash Number Investigating Officer/Deputy Document Number Override Primary Crash Document # 18-08208 **DEPUTY B. STODDARD** Date Arrived Time Arrived Crash Date Crash Time 07/29/2018 07/29/2018 03:15 PM 03:52 PM Date Notified Time Notified Total Units Total Injured Total Killed 07/29/2018 03:16 PM 02 00 00 Reporting ✓ Hit and Run Lane Closure Work Zone **Trailer or Towed** On Emergency Threshold Tags School Bus Related Government **Active School Zone** NO Property Crash Type Secondary Amended Reportable DT4000 (STANDARD CRASH) Crash Description Diagram Reconstruction By Photos By Additional Information NONE **USH 12** U1 U2 Not to Scale ✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 2 WAS EASTBOUND ON USH 12 AND SLOWING IN CONGESTED TRAFFIC. UNIT 1 WAS EASTBOUND ON USH 12. UNIT 1 CRASHED INTO THE REAR OF UNIT 2. UNIT 2 OPERATOR SPOKE WITH UNIT 1 OPERATOR. WHEN UNIT 2 OPERATOR TOLD UNIT 1 OPERATOR SHE WAS CALLING THE POLICE THEN UNIT 1 OPERATOR LEFT THE ACCIDENT SCENE. UNIT 1 OPERATOR DESCRIBED AS LATE 205, MW, WIRED FRAMED GLASSES, WITH SOUTHERN ACCENT. UNIT 1 DESCRIBED AS OLDER WHITE/CREAM COLORED CADILLAC OR LINCOLN WITH POSSIBLE PLATE: 911WLW. NO VEHICLE PLATE MATCHING DESCRIPTION FOUND RUNNING PLATE THROUGH OTHER STATES.

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5

UNIT

2

UNIT

Location									
ON USH12 EB					Latitude			Longitu	de
56 FT W					43.271455412			-89.756640342	
OF STH60 EB IN THE TOWN OF PRAIRIE DU SAC				X Coordinate		Y Coord	linate		
IN THE TOWN OF PRAIRIE DU SAC				276297.125 4794650.5			50.5		
					Structure	Гуре			
					NO STR	UCTURE			
Crash Scene									
First Harmful Event					First Harm	ful Event L	ocation		
MOTOR VEH IN TRA	ANSPO	DRT			ON ROA	DWAY			
Manner of Collision					Light Cond				
02FRONT TO REA					DAYLIG				
Road Surface Condition(	(s)				Roadway	Factor(s)			
DRY									
Environment Factor(s)									
NONE					BACKU	DUE TO	REGULAR	CONGES	STION
Weather Condition(s)									
CLEAR									
Animal Type						o Trafficwa CWAY - O			
Crash Classification - Lo	cation					-	-		
PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
Tribal Land					Access Co				Special Study
					NO CON	TROL			, ,
Within Interchange Area		Junction Location		Intersectio	n Type				
NO		NON-JUNCTION		NOT AN	INTERSE	CTION			
Unit Summary									
Unit Status				erating As C	lassification		Unit Type		
HIT AND RUN			D CLASS				AUTOMO		
Vehicle Type							Operating A	As Endorse	ments
PASSENGER CAR Total Occs		Train/Bus # Injured	Total # Cita	tions Issued		Total Trai	ilore	Total Ha	zMat Types
2			10tai # Cita 0			0		0	Linat Types
Insurance?		Direction Of Travel	-	QueshTine		Speed Lir	mit	Total Lar	les
UNKNOWN		EASTBOUND	Pre	Pre CrashTire Speed Mark 55			2		
Most Harmful Event: Col	llision V		Special Fur	Special Function		Emergency Motor Vehicle Use			
MOTOR VEH IN TRA	ANSPO	DRT	UNKNOW	UNKNOWN			UNKNOWN		
Traffic Way							Traffic Control Inoperative/Missing		
TWO-WAY, NOT DIV	/IDED			NO CONTROL		NO			
Surface Type			Road Curva				9		
BLACKTOP (BITUM	INOUS	5)	STRAIGH	STRAIGHT		LEVEL			
Truck Bus or HazMat									
Vehicle License Plate Num	ber		Plate Type			St	Country of Is	suance	
License Plate Null	ibei		Plate Type	5		51			
Vehicle Identification	on Num	ber	Make			Year	Model		
<b>6</b>					rear				
Color			Body Style	Body Style		Bus Use			
					NOT A BUS				
Initial Contact Poin	nt		Vehicle Da	amage					
UNKNOWN Extent Of Damage									
Extent Of Damage			UNKNOW	WN					

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		Towed Due To Dama	ge	Vehicle Removed By	
		NOT TOWED		OPERATOR	
		What Driver Was Doi	ng	Vehicle Factors	
		UNKNOWN			
		Driver Prior Action Ot	her	UNKNOWN	
		Driver Actions			
	ш	UNKNOWN			
E	VEHICLE				
UNIT	Ĭ				
	Ч				
	-				
		Driver Distractions UNKNOWN IF DIS	TRACTED		
			SIRACIED		
0	0				
_	-				
		Owner Name		Owner Address	
				3 3	
	ę	Sequence Of E	vents		
	0	Event MOTOR VEH IN T	RANSPORT		
		Event			
	02				
	03	Event			
	0				
	04	Event			
		Individual		Citations Issued	0
	_	Driver		0	Sex
	A			Date of Birth	Race
<b>L</b>	DIVIDUAL			Date of Birth	
UNIT	Ξ	Address		Driver License Number	
	IND				
	=	, ,			
		Equipment	On Duty Crash	Safety Equipment	
		Seat Position		RESTRAINT USE UNKNOWN	
			_EFT SIDE (DRIVER/MOTORCY	RESTRAINT USE UNKNOWN	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
0	001	Injury	Injury Severity	Airbag	
	0	Ejected	NO APPARENT INJURY	NOT APPLICABLE           Ejection Path	Trapped/Extricated
		NOT APPLICABL	F	NOT EJECTED/NOT APPLICABL	
		Medical Transport	_	EMS Agency Identifier	EMS Run #
		NOT TRANSPOR	TED		

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#### SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

		Hospital			Date of Death		Time of Death	
	l		Striking Unit #	Prior Action		Location		To/From School
		Non Motorist						
		Action						
	_							
	INDIVIDUAL							
UNIT	ē							
5	2							
	Z							
	•	Action Other						
		Alashal	Suspected Alcohol U	Jse	Suspected Drug Us	e		
	D	orug & Alcohol						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN			Drug Test Type		Drug Test Desults	
		TEST NOT GIVEN	ı		Drug Test Type		Drug Test Results	
-	Σ	Drug Type						
2	001							
		Individual Condition						
		NOT OBSERVED						
		المبياة بالمانية						
	l	ndividual Passenger			Citations Issued		Sex	
		ndividual Passenger			Citations Issued		Sex	
							Sex Race	
F					0			
UNIT					0	nber		
UNIT		Passenger			<b>0</b> Date of Birth	ıber		
UNIT		Passenger Address			<b>0</b> Date of Birth	nber		
UNIT		Passenger Address	On Duty Crash		<b>0</b> Date of Birth	nber		
UNIT		Passenger Address	On Duty Crash		0 Date of Birth Driver License Num Safety Equipment			
UNIT		Passenger Address , , , <b>Equipment</b> Seat Position			0 Date of Birth Driver License Num			
UNIT		Passenger Address , , , Equipment Seat Position 3FRONT SEAT-	On Duty Crash	IN ENGINEER	0 Date of Birth Driver License Num Safety Equipment RESTRAINT US	E UNKNOWN		
UNIT		Passenger Address , , , <b>Equipment</b> Seat Position			0 Date of Birth Driver License Num Safety Equipment	E UNKNOWN		
UNIT		Passenger Address , , , Equipment Seat Position 3FRONT SEAT-		IN ENGINEER	0 Date of Birth Driver License Num Safety Equipment RESTRAINT US Helmet Compliance	E UNKNOWN		
UNIT		Passenger Address , , , Equipment Seat Position 3FRONT SEAT-I Helmet Use	RIGHT SIDE (TRA	IN ENGINEER	0 Date of Birth Driver License Num Safety Equipment RESTRAINT US Helmet Compliance	E UNKNOWN		
	INDIVIDUAL	Passenger Address , , , Equipment Seat Position 3FRONT SEAT-I Helmet Use Eye Protection	RIGHT SIDE (TRA		0 Date of Birth Driver License Num Safety Equipment RESTRAINT US Helmet Compliance Tint Compliance	E UNKNOWN		
01 UNIT		Passenger Address , , , Equipment Seat Position 3FRONT SEAT-I Helmet Use Eye Protection Injury	RIGHT SIDE (TRA		0 Date of Birth Driver License Num Safety Equipment RESTRAINT US Helmet Compliance Tint Compliance Airbag NOT APPLICAB	E UNKNOWN	Race	
	INDIVIDUAL	Passenger Address , , , Equipment Seat Position 3FRONT SEAT-I Helmet Use Eye Protection Eye Protection Ejected	RIGHT SIDE (TRA		0 Date of Birth Driver License Num Safety Equipment RESTRAINT US Helmet Compliance Tint Compliance Airbag NOT APPLICAB Ejection Path	E UNKNOWN	Race         Trapped/Extricated	
	002 INDIVIDUAL	Passenger Address , , , Equipment Seat Position 3FRONT SEAT-I Helmet Use Eye Protection Injury	RIGHT SIDE (TRA		0 Date of Birth Driver License Num Safety Equipment RESTRAINT US Helmet Compliance Tint Compliance Airbag NOT APPLICAB Ejection Path	E UNKNOWN	Race	
	002 INDIVIDUAL	Passenger Address , , , Equipment Seat Position 3FRONT SEAT-I Helmet Use Eye Protection Ejected NOT APPLICABL	RIGHT SIDE (TRA		0 Date of Birth Driver License Num Safety Equipment RESTRAINT US Helmet Compliance Tint Compliance Airbag NOT APPLICAB Ejection Path NOT EJECTED/	E UNKNOWN	Race         Trapped/Extricated         NOT APPLICABLE	
	002 INDIVIDUAL	Passenger Address , , , Equipment Seat Position 3FRONT SEAT-I Helmet Use Eye Protection Injury Ejected NOT APPLICABL Medical Transport	RIGHT SIDE (TRA		0 Date of Birth Driver License Num Safety Equipment RESTRAINT US Helmet Compliance Tint Compliance Airbag NOT APPLICAB Ejection Path NOT EJECTED/	E UNKNOWN	Race         Trapped/Extricated         NOT APPLICABLE	
	002 INDIVIDUAL	Passenger Address , , , Equipment Seat Position 3FRONT SEAT-I Helmet Use Eye Protection Injury Ejected NOT APPLICABL Medical Transport NOT TRANSPOR	RIGHT SIDE (TRA		0 Date of Birth Driver License Num Safety Equipment RESTRAINT US Helmet Compliance Tint Compliance Airbag NOT APPLICAB Ejection Path NOT EJECTED/ EMS Agency Identi	E UNKNOWN	Race         Trapped/Extricated         NOT APPLICABLE         EMS Run #	To/From School

		Action					
	_						
	INDIVIDUAL						
UNIT	ē						
	Z						
		Action Other					
	Ľ	Drug & Alcohol	pected Alcohol Use	Suspected Drug Use			
	_	Alcohol Test Given		Alcohol Test Type		Alcohol Tes	at Results
		TEST NOT GIVEN					
		Drug Test Given		Drug Test Type		Drug Test F	Results
		TEST NOT GIVEN					
0	002	Drug Type					
	-						
		Individual Condition					
		NOT OBSERVED					
·	Unit	t Summary Status		Vehicle Operating As Classifica	ition	Unit Type	
		RANSIT		D CLASS		AUTOMO	BILE
02		cle Type					As Endorsements
0					Total # Citations Issued Total Traile		
	Total Occs Train/Bus # Injured			Total # Citations IssuedTotal Trail00		allers	Total HazMat Types 0
	Insurance? Direction Of Travel		Pre CrashTire	Speed L	imit	Total Lanes	
E	YES EASTBOUND		EASTBOUND	Mark	Mark 55		2
UNIT		Harmful Event: Collision W		Special Function NO SPECIAL FUNCTION		Emergency NOT APP	Motor Vehicle Use
		TOR VEH IN TRANSPO		Traffic Control			trol Inoperative/Missing
		D-WAY, NOT DIVIDED		NO CONTROL		NO	
		асе Туре		Road Curvature		Road Grade	
		ACKTOP (BITUMINOUS	5)	STRAIGHT		LEVEL	
	NO	k Bus or HazMat					
		Vehicle					
		License Plate Number		Plate Type	St	Country of Is	suance
		209JBN		AUT - AUTOMOBILE	WI	UNITED S	TATES
02	02	Vehicle Identification Number		Make FORD	Year <b>2013</b>	Model	
l T	0	1FMCU9G93DUA3031 Color	0	Body Style	2013	Bus Use	SE
		WHI - WHITE		UT - SPORT UTILITY VEHICLE		NOT A BU	S
1.	Щ			Vehicle Damage			
UNIT	Ę	6REAR Extent Of Damage		5RIGHT REAR CORNER			
	VEHICLE	MINOR DAMAGE		5RIGHT REAR CORNER	<b>1, 0REAR</b> ,	/LEF1 KE/	
	_	Towed Due To Damage		Vehicle Removed By			
		NOT TOWED		OPERATOR			
		INVESTIDATE NAMES DATES		Vehicle Factors			
		What Driver Was Doing STOP IN TRAFFIC Driver Prior Action Other		Vehicle Factors NOT APPLICABLE			

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UNIT	VEHICLE	Driver Actions NO CONTRIBUTII	NG ACTION			
		Driver Distractions	D			
02	02					
		Owner Name		Owner Address		
		KATHY DULANE (608) 212-1578	Ŷ	2165 MUIR FIELD RD APT 5 MADISON, WI 53719, US		
		. ,				
	ę	Sequence Of E	vents			
	0	Event MOTOR VEH IN T	RANSPORT			
	02	Event				
	03	Event				
		Event				
	04					
⊑	I	Policy Holder		1		
UNIT		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual KATHY DULANEY		
	I	ndividual				
		Driver KATHY DULANE	v	Citations Issued	Sex	
	AL	(608) 212-1578	T	0 Date of Birth	FEMALE Race	
F	DO				WHITE	
UNIT	INDIVIDUAL	Address 2165 MUIR FIELD	RD APT 5	Driver License Number		
	Z	MADISON, WI 53719 , US		STATE: WISCONSIN COUNTRY: UNITED STATES		
			On Duty Crash	Safety Equipment		
		Equipment				
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT Helmet Compliance		
		Helmet Use				
		Eye Protection		Tint Compliance		
02	003	Injury	Injury Severity <b>NO APPARENT INJURY</b>	Airbag NON DEPLOYED		
	_	Ejected		Ejection Path	Trapped/Extricated	
		NOT EJECTED		NOT EJECTED/NOT APPLICABL		
		Medical Transport NOT TRANSPOR	ſED	EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
				1		
		Non Motorist	Striking Unit # Prior Action	Location	To/From School	
Wisco	nsin N	Notor Vehicle Crash	This repo	ort does not include any CJIS data.	Crash Date 07/29/2018	

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UNIT	INDIVIDUAL	Action Action Other			
	D	Brug & Alcohol Suspected Alcohol Use	Suspected Drug Use		
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
02	003	Drug Type			
		Individual Condition			
		APPEARED NORMAL			