

6TL09PBQ90
18-08208

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 18-08208		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 07/29/2018		Crash Time 03:15 PM		Date Arrived 07/29/2018		Time Arrived 03:52 PM	
Date Notified 07/29/2018		Time Notified 03:16 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 style="text-align: center;">Not to Scale</p>	<p>Reconstruction By</p>
	<p>Photos By</p>
	<p>Additional Information NONE</p>

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 20S. M/W. 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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Location

ON USH12 EB 56 FT W OF STH60 EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.271455412	Longitude -89.756640342
	X Coordinate 276297.125	Y Coordinate 4794650.5
	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) DRY	BACKUP DUE TO REGULAR CONGESTION	
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

Unit Summary

UNIT 01	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
	Vehicle Type PASSENGER CAR	Operating As Endorsements				
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function UNKNOWN	Emergency Motor Vehicle Use UNKNOWN		
	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					
	UNIT 01 VEHICLE 01	Vehicle				
		License Plate Number		Plate Type	St	Country of Issuance
Vehicle Identification Number		Make	Year	Model		
Color		Body Style		Bus Use NOT A BUS		
Initial Contact Point UNKNOWN		Vehicle Damage				
Extent Of Damage UNKNOWN		UNKNOWN				

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing UNKNOWN		Vehicle Factors			
	Driver Prior Action Other		UNKNOWN			
	Driver Actions UNKNOWN					
	Driver Distractions UNKNOWN IF DISTRACTED					
01	01	Owner Name		Owner Address		
				, ,		
Sequence Of Events						
UNIT	01	Event MOTOR VEH IN TRANSPORT				
		Event				
		Event				
		Event				
UNIT	INDIVIDUAL	Individual				
		Driver		Citations Issued 0	Sex	
		Address , ,		Date of Birth	Race	
				Driver License Number		
		Equipment		On Duty Crash	Safety Equipment	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		RESTRAINT USE UNKNOWN		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		01	001	Injury		Airbag NOT APPLICABLE
				Injury Severity NO APPARENT INJURY		
Ejected NOT APPLICABLE				Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #			

WISCONSIN MOTOR VEHICLE
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UNIT	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		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	
	Drug Type					
	Individual Condition NOT OBSERVED					
	UNIT	Individual				
Passenger		Citations Issued 0		Sex		
		Date of Birth		Race		
Address , ,		Driver License Number				
Equipment		On Duty Crash		Safety Equipment		
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		RESTRAINT USE UNKNOWN				
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
Injury		Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE		
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT APPLICABLE		
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	

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Action			
		Action Other			
	01	002	Drug & 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
			Drug Type		
			Individual Condition		
			NOT OBSERVED		

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE				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 EASTBOUND	<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					

UNIT	02	Vehicle			
		License Plate Number 209JBN	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FMCU9G93DUA30310	Make FORD	Year 2013	Model ESCAPE SE
		Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 6--REAR	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT 02	VEHICLE 02	Driver Actions NO CONTRIBUTING ACTION			
		Driver Distractions NOT DISTRACTED			
		Owner Name KATHY DULANEY (608) 212-1578		Owner Address 2165 MUIR FIELD RD APT 5 MADISON, WI 53719 , US	
Sequence Of Events					
UNIT 04	INDIVIDUAL 01	Event MOTOR VEH IN TRANSPORT			01
		Event			
		Event			
		Event			
Policy Holder					
UNIT 02	INDIVIDUAL 003	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual KATHY DULANEY	
		Individual			
UNIT 02	INDIVIDUAL 003	Driver KATHY DULANEY (608) 212-1578		Citations Issued 0	
		Address 2165 MUIR FIELD RD APT 5 MADISON, WI 53719 , US		Date of Birth	
UNIT 02	INDIVIDUAL 003	Sex FEMALE		Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		Race WHITE	
UNIT 02	INDIVIDUAL 003	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Use	Helmet Compliance	
UNIT 02	INDIVIDUAL 003	Eye Protection	Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
UNIT 02	INDIVIDUAL 003	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
UNIT 02	INDIVIDUAL 003	Hospital		Date of Death	Time of Death
		Non Motorist	Striking Unit #	Prior Action	Location

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UNIT	INDIVIDUAL	Action			
		Action Other			
	02	003	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		