

6TL09B7D98
18-08959

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 18-08959		Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 08/15/2018		Crash Time 05:50 PM		Date Arrived 08/15/2018		Time Arrived 06:00 PM	
Date Notified 08/15/2018		Time Notified 05:54 PM		Total Units 02		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input checked="" 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

Location

ON LINN ST/ STH136 EB 407 FT W OF LINN ST/ STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY		Latitude 43.47476223	Longitude -89.7704450	Lat/Long Source GPS	Access Control
		X Coordinate 275927.1875	Y Coordinate 4817267.5	On Roadway Link ID# 5399906	On Roadway Link Offset 407
		Override <input type="checkbox"/>	Tribal Land		Structure Type

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		Environment Factor(s) NONE	
Roadway Factor(s) WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)		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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type T-INTERSECTION	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK	
Date Initial Lane/Road Closed 08/15/2018	Time Initial Lane/Road Closed 06:00 PM		
Date All Lanes Open 08/15/2018	Time All Lanes Open 06:38 PM	Date Scene Cleared 08/15/2018	Time Scene Cleared 06:45 PM
Work Zone Crash Location ACTIVITY AREA		Work Zone Crash Type INTERMITTENT OR MOVING WORK	
Workers Present NO		Law Enforcement Present NO	
Work Zone Speed Limit 25	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 25	

Unit Summary

Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements

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UNIT 01	Total Occs 01	Train/Bus # Injured	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 02
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, DIVIDED, UNPROTECTE		Traffic Control STOP SIGN	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade UNKNOWN	
	Truck Bus or HazMat NO				
	UNIT 01 INDIVIDUAL 01	Role DRIVER		Citations Issued 01	<input type="checkbox"/> Use Driver Address
Last Name HARDY		First Name MICHAEL		Middle Initial GARY	
Street Address 534 N CENTRAL AVE		Street Address 2		PO Box	
City RICHLAND CENTER		State WI	Zip Code 53581	Country of Residence UNITED STATES	
DOB [REDACTED]		Sex M	Race W	Hair BROWN	Eyes BLUE
Height 510		Weight 175	Phone Number (608) 383-3292 EXT.		
Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2021	
Equipment		On Duty Accident	Safety Equipment		
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT			
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT 01 INDIVIDUAL 01	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death
	Non Motorist	Striking Unit #	Location		To/From School
	Prior Action		Action		
	Action Other				
Drug & Alcoh	Individual Condition APPEARED NORMAL				

Suspected Alcohol Use

Suspected Drug Use

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UNIT INDIVIDUAL	NO		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					
UNIT VEHICLE	License Plate Number 265ZUH	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
	Vehicle Identification Number 1GNDT13S072130975		Year 2007	Make CHEVROLET		
	Model TRAILBLAZE	Body Style UT - SPORT UTILITY VEHICLE		Color SIL - SILVER (ALUMINUM)		
	Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage				
	Extent Of Damage FUNCTIONAL DAMAGE	11--LEFT FRONT CORNER, 12--FRONT				
	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Factors				
	Vehicle Removed By BILLS TOWING	NOT APPLICABLE				
	What Driver Was Doing LEFT TURN	Driver Prior Action Other		Bus Use NOT A BUS		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY	Driver Distractions NOT DISTRACTED				
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address			
	Organization Type INDIVIDUAL	Company Name				
	Last Name HARDY	First Name MICHAEL	Middle GARY	Suffix	Date of Birth	
	Street Address 534 N CENTRAL AVE	Street Address2		PO Box		
	City RICHLAND CENTER	St WI	Zip Code 53581	Country of Residence UNITED STATES		
Telephone Number (608) 383-3292 EXT.						
01	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
01	01	UTC Number AE141898	Issue To? 001	Statute Number 346.18(3)	Seq Num 001	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN

Insurance Company

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UNIT ORDER 01	STATE-FARM-GENERAL-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
	Organization Type INDIVIDUAL	Last Name HARDY	First Name MICHAEL	Policy Holder Company

Unit Summary

UNIT 02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR		Operating As Endorsements	
UNIT 02	Total Occs 01	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE
UNIT 02	Traffic Way TWO-WAY, DIVIDED, UNPROTECTE		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	Role DRIVER	Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name SEILER	First Name CORY	Middle Initial ALAN	Suffix
UNIT INDIVIDUAL 02	Street Address 1420 SOUTH BLVD W # 19		Street Address 2	
	City BARABOO		State WI	Zip Code 53913
	DOB [REDACTED]	Sex M	Race W	Country of Residence UNITED STATES
UNIT INDIVIDUAL 02	Hair BROWN	Eyes BROWN	Height 510	Weight 240
	Phone Number (608) 547-0605 EXT.	Driver's License Number [REDACTED]		State WI
	License Jurisdiction STATE	Country of Issuance UNITED STATES	DL Expire Year 2022	
UNIT INDIVIDUAL 02	License Type NON-CDL DRIVER'S LICENSE	License Status VALID LICENSE		
	Equipment	On Duty Accident	Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC	SHOULDER & LAP BELT		
UNIT INDIVIDUAL 02	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
	Injury	Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED	
UNIT INDIVIDUAL 02	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
	Hospital	Date of Death	Time of Death	
UNIT INDIVIDUAL 02	Non Motorist	Striking Unit #	Location	To/From School
	Prior Action	Action		

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UNIT INDIVIDUAL					Action Other	
	Drug & Alcohol	Individual Condition APPEARED NORMAL				
	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					
	License Plate Number 312YHY		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1G6CD53B7P4208149		Year 1993	Make CADILLAC		
	Model DEVILLE		Body Style 4D - 4DR	Color WHI - WHITE		
	Initial Contact Point 12--FRONT		Vehicle Damage			
02 02	Extent Of Damage DISABLING DAMAGE		1--RIGHT FRONT CORNER, 12--FRONT			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Factors			
	Vehicle Removed By BILLS TOWING		NOT APPLICABLE			
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other	Bus Use NOT A BUS		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		Driver Distractions NOT DISTRACTED			
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address			
	Organization Type INDIVIDUAL		Company Name			
	Last Name SEILER	First Name CORY	Middle ALAN	Suffix	Date of Birth [REDACTED]	
	Street Address 1420 SOUTH BLVD W # 19		Street Address2		PO Box	
	City BARABOO	St WI	Zip Code 53913	Country of Residence UNITED STATES		
	Telephone Number (608) 547-0605 EXT.					
	01	Event MOTOR VEH IN TRANSPORT				
		02 Event				

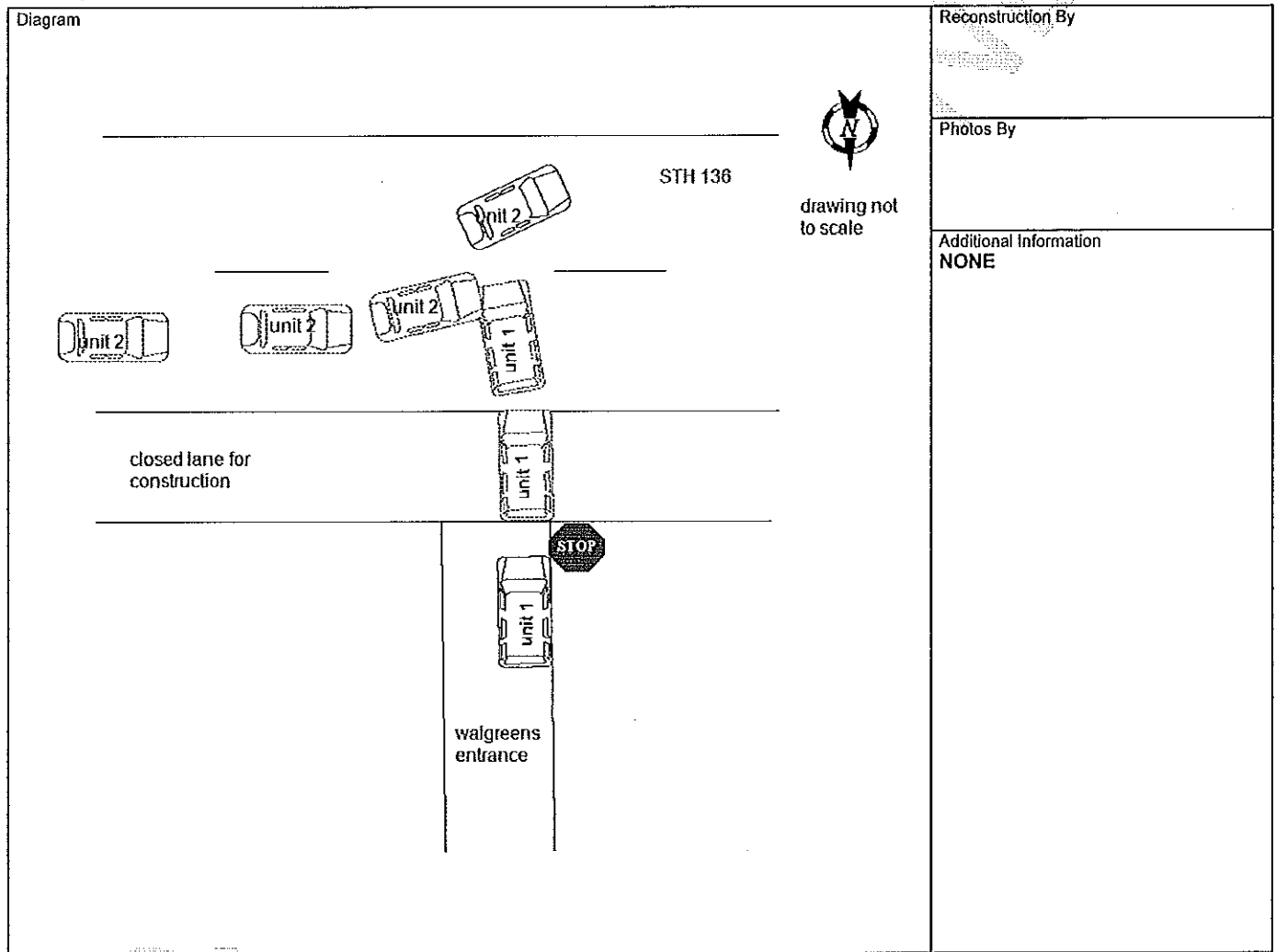
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UNIT POLICER	03	Event		
	04	Event		
	02	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMPAN	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
	01	Organization Type INDIVIDUAL	Last Name SEILER	First Name CORY
		Policy Holder Company		

Description



UNIT 2 WAS TRAVELING WEST BOUND ON STH 136. UNIT 1 WAS ENTERING STH 136 FROM THE WALGREENS ENTRANCE TO TRAVEL EAST. UNIT 1 FAILED TO YIELD RIGHT OF WAY TO UNIT 2 AND STRUCK UNIT 2. UNIT 1 REMOVED HIS VEHICLE FROM THE TRAFFIC LANE AND PLACED IT AT WALGREENS. UNIT 2 WAS STOPPED IN THE EAST BOUND LANE DUE TO DAMAGE. UNIT 1 WAS ISSUED A CITATION FOR FAILURE TO YIELD RIGHT OF WAY FROM A STOP SIGN.

Signature

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Law Enforcement Agency

Agency Space

Officer Rank Officer Last Name Officer First Name Officer Middle Name Suffix

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DEP	MEEKER	ANDREW		
DOT Officer ID 9158	DNR Officer ID	Officer Badge Number 9158		
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205	

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