

6TL0C22XVQ

18-09003

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 18-09003		Investigating Officer/Deputy SERGEANT E. VANDENHEUVEL	
Crash Date 08/17/2018		Crash Time 11:00 AM		Date Arrived 08/17/2018		Time Arrived 11:04 AM	
Date Notified 08/17/2018		Time Notified 11:01 AM		Total Units 02		Total Injured 00	Total Killed
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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 type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Location

ON LINN ST/ STH136 EB 560 FT W OF LINN ST/ STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY		Latitude 43.47476126	Longitude -89.7710232	Lat/LongSource TLT/ILT	Access Control
		X Coordinate 275880.4062	Y Coordinate 4817269	On Roadway Link ID# 6399906	On Roadway Link Offset 560
		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 02--FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Environment Factor(s) NONE	
Roadway Factor(s) BACKUP DUE TO REGULAR CONGESTION, WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)		Weather Condition(s) CLOUDY	
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	
Work Zone Crash Location ACTIVITY AREA		Work Zone Crash Type LANE SHIFT/CROSSOVER	
Workers Present NO		Law Enforcement Present NO	
Work Zone Speed Limit 25	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 25	

Unit Summary

01
UNIT

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	
Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

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01	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 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01	Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use Driver Address	
	Individual Type INDIVIDUAL		Last Name WALLER		First Name ROBERT	
	Middle Initial A		Suffix		Street Address 2503 DUNHAM WOODS ROAD	
	Street Address 2		PO Box		City HARVARD	
	State IL		Zip Code 60033		Country of Residence UNITED STATES	
	DOB [REDACTED]		Sex M		Race W	
	Hair GRAY		Eyes BLUE		Height 507	
	Weight 185		Phone Number (815) 943-4525 EXT.		Driver's License Number [REDACTED]	
	State IL		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL RESTRICTED DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2020	
	Equipment		On Duty Accident		Safety Equipment SHOULDER & LAP BELT	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance		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 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				
	License Plate Number 7382177	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES	
	Vehicle Identification Number JN8AZ08W74W311886		Year 2004	Make NISSAN	
	Model MURANO	Body Style UT - SPORT UTILITY VEHICLE		Color ONG - ORANGE	
	Initial Contact Point 12--FRONT	Vehicle Damage			
	Extent Of Damage MINOR DAMAGE	Vehicle Factors			
	Towed Due To Damage NOT TOWED	NOT APPLICABLE			
Vehicle Removed By OPERATOR	Driver Prior Action Other				
What Driver Was Doing GOING STRAIGHT	Driver Actions FOLLOWING TOO CLOSE		Driver Distractions UNKNOWN IF DISTRACTED		
UNIT VEHICLE	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL	Company Name			
	Last Name WALLER	First Name ROBERT	Middle A	Suffix	Date of Birth
	Street Address 2503 DUNHAM WOODS ROAD	Street Address2		PO Box	
	City HARVARD	St IL	Zip Code 60033	Country of Residence UNITED STATES	
	Telephone Number (815) 943-4525 EXT.				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
01	Insurance Company LIBERTY-MUTUAL-INS-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver	
	Organization Type	Last Name	First Name	Policy Holder Company	

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UNIT HOLDER	INDIVIDUAL	WALLER	ROBERT
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Unit Summary

02	Unit Status	IN TRANSIT	Vehicle Operating As Classification	D CLASS	Unit Type	TRUCK
	Vehicle Type	UTILITY TRUCK/PICKUP TRUCK			Operating As Endorsements	
UNIT	Total Occs	1	Train/Bus # Injured		Total # Citations Issued	0
	Insurance?	YES	Direction Of Travel	EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Total Trailers
02	Most Harmful Event: Collision With		MOTOR VEH IN TRANSPORT		Special Function	NO SPECIAL FUNCTION
	Traffic Way		TWO-WAY, NOT DIVIDED		Traffic Control	NO CONTROL
Surface Type		BLACKTOP (BITUMINOUS)		Road Curvature	STRAIGHT	
Truck Bus or HazMat		NO				

02	Role	DRIVER		Citations Issued	0	<input type="checkbox"/> Use Driver Address	Individual Type	INDIVIDUAL	
	Last Name	WILLIAMS		First Name	KENNETH		Middle Initial	R	
UNIT	Street Address	N5981 BERGER RD		Street Address 2			PO Box		
	City	RIO		State	WI	Zip Code	53960		
INDIVIDUAL	DOB	Sex	M	Race	W	Hair	BROWN	Eyes	BROWN
	Height	509		Weight	250		Phone Number	(920) 763-4397 EXT.	
02	Driver's License Number			State	WI	License Jurisdiction	STATE		
	License Type	NON-CDL DRIVER'S LICENSE		License Status	VALID LICENSE		DL Expire Year	2024	
02	Equipment	On Duty Accident		Safety Equipment					
	Seat Position	1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT					
INDIVIDUAL	Helmet Use	Helmet Compliance							
	Eye Protection	Tint Compliance							
02	Injury	Injury Severity		NO APPARENT INJURY		Airbag			NON DEPLOYED
	Ejected	NOT EJECTED		Ejection Path		NOT EJECTED/NOT APPLICA		Trapped/Extricated	
INDIVIDUAL	Medical Transport	NOT TRANSPORTED		EMS Agency Identifier			EMS Run #		
	Hospital			Date of Death			Time of Death		
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 272185F		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GCRKSE32BZ212977		Year 2011	Make CHEVROLET	
	Model SILVERADO		Body Style PK - PICKUP	Color BLK - BLACK	
	Initial Contact Point 6--REAR		Vehicle Damage 6--REAR		
02 02 UNIT VEHICLE	Extent Of Damage MINOR DAMAGE		Towed Due To Damage NOT TOWED		
	Vehicle Removed By OPERATOR		Vehicle Factors NOT APPLICABLE		
	What Driver Was Doing SLOW/STOPPING		Driver Prior Action Other	Bus Use NOT A BUS	
	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 WILLIAMS	First Name KENNETH	Middle R	Suffix	Date of Birth [REDACTED]
	Street Address N5981 BERGER RD	Street Address2	PO Box		
	City RIO	St WI	Zip Code 53960	Country of Residence UNITED STATES	
	Telephone Number (920) 763-4397 EXT.				
01	Event MOTOR VEH IN TRANSPORT				

02

Event

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UNIT HOL 02 DEK 04	Event		
	Event		
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
	Organization Type INDIVIDUAL	Last Name WILLIAMS	First Name KENNETH
		Policy Holder Company	

Description

Diagram	Reconstruction By
<p style="text-align: center;">STH 136/LINN ST</p> <p style="text-align: center;">NOT TO SCALE</p> <p style="text-align: center;">VEHICLES MOVED PRIOR TO ARRIVAL</p>	Photos By
	Additional Information NONE

UNIT 2 WAS EASTBOUND ON LINN ST AND HAD SLOWED/STOPPED FOR A VEHICLE MAKING A TURN IN FRONT OF HIS TRUCK. UNIT 1 WAS EASTBOUND ON LINN ST BEHIND UNIT 2 AND DID NOT NOTICE THAT UNIT 2 HAD SLOWED/STOPPED IN FRONT OF HIS SUV. FRONT OF UNIT 1 STRUCK THE REAR OF UNIT 2. VERY MINOR DAMAGE BOTH VEHICLES, FRONT PLATE BRACKET OF UNIT 1 DISPLACED INWARD AND THE REAR BUMPER OF UNIT 2 HAD SCRATCHES IN THE PLASTIC TRIM FROM THE PLATE MOUNTING BRACKETS OF UNIT 1. NO INJURIES REPORTED OR OBSERVED. BOTH VEHICLES MOVED ONTO PRIVATE PROPERTY PRIOR TO ARRIVAL.

Signature

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

Law Enforcement Agency

Agency Space
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Officer Rank SGT	Officer Last Name VANDENHEUVEL	Officer First Name E	Officer Middle Name M	Suffix
DOT Officer ID 7	DNR Officer ID		Officer Badge Number	
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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