

6TL08F2KV2
18-09234

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 18-09234	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 08/22/2018		Crash Time 03:00 PM	Date Arrived 08/22/2018	Time Arrived 03:15 PM	
Date Notified 08/22/2018		Time Notified 03:07 PM	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 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/ STH33 WB 154 FT E OF USH12 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.47478367	Longitude -89.7681860	Lat/LongSource TLT/ILT
	X Coordinate 276109.9687	Y Coordinate 4817263.5	On Roadway Link ID# 4564249
	Override <input type="checkbox"/>	Tribal Land	Access Control NO STRUCTURE
			On Roadway Link Offset 154
			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		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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Work Zone Crash Location ADVANCE WARNING 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	
Vehicle Type PASSENGER CAR		Unit Type AUTOMOBILE	
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 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	
01	Truck Bus or HazMat NO					
UNIT INDIVIDUAL 01 INDIVIDUAL 01 INDIVIDUAL 01	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address	
	Individual Type INDIVIDUAL		Last Name CROSS		First Name MCKARYN	
	Middle Initial SCOTTLYN		Suffix		Street Address 718 BASCOM HILL DR	
	Street Address 2		PO Box		City BARABOO	
	State WI		Zip Code 53913		Country of Residence UNITED STATES	
	DOB [REDACTED]		Sex F		Race A	
	Hair BROWN		Eyes BROWN		Height 508	
	Weight 150		Phone Number (608) 219-2324 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 2018	
	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		MedicalTransport NOT TRANSPORTED	
EMS Agency Identifier		EMS Run #		Hospital		
Date of Death		Time of Death		Non Motorist		
Striking Unit #		Location		To/FromSchool		
Prior Action		Action		Action Other		
Drug & Alcohol		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					
	License Plate Number CROSS3	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
	Vehicle Identification Number 1LNHM82W35Y615556		Year 2005	Make LINCOLN		
	Model TOWN CAR S	Body Style 4D - 4DR	Color CRM - CREAM (IVORY)			
	Initial Contact Point 12--FRONT	Vehicle Damage 12--FRONT				
	Extent Of Damage MINOR DAMAGE	Vehicle Factors NOT APPLICABLE				
	Towed Due To Damage NOT TOWED	Vehicle Removed By				
What Driver Was Doing GOING STRAIGHT	Driver Prior Action Other		Bus Use NOT A BUS			
Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER	Driver Distractions NOT DISTRACTED					
<input type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address				
Organization Type INDIVIDUAL	Company Name					
Last Name CROSS	First Name CARLA	Middle M	Suffix	Date of Birth		
Street Address S374 GERKEN LN	Street Address2		PO Box			
City ELROY	St WI	Zip Code 53929	Country of Residence UNITED STATES			
Telephone Number (608) 219-2324 EXT.						
01	01	Event MOTOR VEH IN TRANSPORT				
01	02	Event				
01	03	Event				
01	04	Event				
01	01	UTC Number BB336938	Issue To? 001	Statute Number 346.89(1)	Seq Num 001	Description INATTENTIVE DRIVING

Insurance Company

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UNIT	HOLDER	01	TOFSON INS		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver
			Organization Type INDIVIDUAL	Last Name CROSS	First Name CARLA	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 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 Crash Tire Mark	Speed Limit 25	Total Lanes 2	
UNIT	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, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
UNIT	02	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO					

UNIT	02	INDIVIDUAL	02	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
				Last Name STEINMETZ		First Name BROOKLYNN		Middle Initial MIKAYLA	Suffix		
UNIT	02	INDIVIDUAL	02	Street Address 1420 DRAPER STREET #202		Street Address 2		PO Box			
				City BARABOO		State WI	Zip Code 53913	Country of Residence UNITED STATES			
UNIT	02	INDIVIDUAL	02	DOB	Sex F	Race W	Hair BROWN	Eyes GREEN	Height 508	Weight 135	Phone Number (608) 219-2324 EXT.
				Driver's License Number		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES			
UNIT	02	INDIVIDUAL	02	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2026			
				Equipment		On Duty Accident	Safety Equipment SHOULDER & LAP BELT				
UNIT	02	INDIVIDUAL	02	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		Helmet Compliance					
				Helmet Use		Tint Compliance					
UNIT	02	INDIVIDUAL	02	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED				
				Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
UNIT	02	INDIVIDUAL	02	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
				Hospital		Date of Death		Time of Death			
UNIT	02	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 325YPH		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2G1WG5E37C1319905		Year 2012	Make CHEVROLET		
	Model IMPALA LT		Body Style 4D - 4DR	Color GLD - GOLD		
	Initial Contact Point 6--REAR		Vehicle Damage 6--REAR			
Extent Of Damage MINOR DAMAGE		Vehicle Factors				
Towed Due To Damage NOT TOWED		NOT APPLICABLE				
Vehicle Removed By						
What Driver Was Doing RIGHT TURN		Driver Prior Action Other		Bus Use NOT A BUS		
Driver Actions NO CONTRIBUTING ACTION		Driver Distractions NOT DISTRACTED				
<input type="checkbox"/> Vehicle Owner Same As Operator			<input type="checkbox"/> Use Operator Address			
Organization Type INDIVIDUAL		Company Name				
Last Name STEINMETZ		First Name JENNIFER	Middle L	Suffix	Date of Birth [REDACTED]	
Street Address S374 GERKEN LANE		Street Address2		PO Box		
City ELROY	St WI	Zip Code 53929	Country of Residence UNITED STATES			
Telephone Number						
UNIT VEHICLE	01 Event MOTOR VEH IN TRANSPORT					
	02 Event					

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UNIT HOL DER	03	Event		
	04	Event		
	02	Insurance Company PEKIN-INS-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver
	01	Organization Type INDIVIDUAL	Last Name STEINMETZ	First Name JENNIFER

Description

Diagram <p>Kwik Trip</p> <p>Not To Scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

ON 08-22-18 UNIT 2 WAS WESTBOUND ON LINN STREET MAKING A RIGHT TURN INTO THE KWIK TRIP GAS STATION IN WEST BARABOO. UNIT 1 WAS DIRECTLY BEHIND UNIT 2. UNIT 1 REAR-ENDED UNIT 2. BOTH UNITS THEN PULLED INTO THE GAS STATION PARKING LOT. NO INJURIES REPORTED.

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 DEP	Officer Last Name SUTHERLAND	Officer First Name T	Officer Middle Name	Suffix

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DOT Officer ID 9195	DNR Officer ID	Officer Badge Number 9195	
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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