

6TL0B4X4J8  
18-09343

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0B4X4J8

|  |                                      |  |                                    |  |   |  |  |
|--|--------------------------------------|--|------------------------------------|--|---|--|--|
| Document Number Override                       |                                      | Primary Crash Document #                     |                                    | Agency Crash Number<br><b>18-09343</b> |   | Investigating Officer/Deputy<br><b>DEPUTY E. KNULL</b> |  |
| Crash Date<br><b>08/25/2018</b>                |                                      | Crash Time<br><b>11:33 AM</b>                |                                    | Date Arrived<br><b>08/25/2018</b>      |   | Time Arrived<br><b>11:45 AM</b>                        |  |
| Date Notified<br><b>08/25/2018</b>             |                                      | Time Notified<br><b>11:33 AM</b>             |                                    | Total Units<br><b>02</b>               |   | Total Injured<br><b>00</b>                             | Total Killed<br><b>00</b>                |
| <input type="checkbox"/> On Emergency          | <input 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<br><b>NO</b>        |   | Tags   |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    |  |   | <input type="checkbox"/> Amended                       | <input type="checkbox"/> Secondary Crash |

Description

|                |                                       |
|----------------|---------------------------------------|
| <p>Diagram</p> | Reconstruction By                     |
|                | Photos By                             |
|                | Additional Information<br><b>NONE</b> |

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

BOTH UNIT 1 AND UNIT 2 WERE SB ON USH 12 IN THE 4 LANES. UNIT 1 IN LANE 2 ATTEMPTED TO MERGE INTO LANE 1 AND DID NOT SEE UNIT 2 IN HER BLIND SPOT. UNIT 1 STRUCK UNIT 2. BOTH VEHICLES SUSTAINED MINOR FUNCTIONAL DAMAGE. NO INJURIES REPORTED. BOTH VEHICLES REMOVED FROM THE SCENE BY EACH RESPECTIVE OPERATOR.

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## Location

|  |                                 |                                   |
|--|---------------------------------|-----------------------------------|
| INTERSECTION<br>ON USH12 EB<br>AT PRIVATE PROPERTY<br>IN THE TOWN OF SUMPTER<br>IN SAUK COUNTY | Latitude<br><b>43.393242213</b> | Longitude<br><b>-89.771487969</b> |
|  | X Coordinate<br><b>275541.5</b> | Y Coordinate<br><b>4808216</b>    |
|  | Structure Type                  |                                   |

## Crash Scene

|  |   |   |
|--|---|---|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>       | First Harmful Event Location<br><b>ON ROADWAY</b>                     |   |
| Manner of Collision<br><b>05--SIDESWIPE/SAME DIRECTION</b> | Light Condition<br><b>DAYLIGHT</b>                                    |   |
| Road Surface Condition(s)<br><b>DRY</b>                    | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>NONE</b>                       |   |   |
| Weather Condition(s)<br><b>CLEAR</b>                       |   |   |
| Animal Type  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>  | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |   |
| Tribal Land  | Access Control<br><b>NO CONTROL</b>                                   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                       | Junction Location<br><b>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

## Unit Summary

|                          |   |   |  |                                |  |
|--------------------------|---|---|--|--------------------------------|--|
| <b>01</b><br><b>UNIT</b> | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b> |  |
|                          | Vehicle Type<br><b>PASSENGER CAR</b>                                | Operating As Endorsements                             |  |                                |  |
|                          | Total Occs<br><b>1</b>  | Train/Bus # Injured                                   | Total # Citations Issued<br><b>0</b>           | Total Trailers<br><b>0</b>     | Total HazMat Types<br><b>0</b>                       |
|                          | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>SOUTHBOUND</b>              | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit<br><b>55</b>       | Total Lanes<br><b>4</b>                              |
|                          | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> |                                | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |
|                          | Traffic Way<br><b>DIVIDED HWY W/O TRAFFIC BARRIER</b>               |   | Traffic Control<br><b>NO CONTROL</b>           |                                | Traffic Control Inoperative/Missing<br><b>NO</b>     |
|                          | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>CURVE LEFT</b>            |                                | Road Grade<br><b>DOWNHILL</b>                        |
|                          | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |                                |  |

|                          |                |   |   |                     |   |
|--------------------------|----------------|---|---|---------------------|---|
| <b>01</b><br><b>UNIT</b> | <b>Vehicle</b> |   |   |                     |   |
|                          | <b>01</b>      | License Plate Number<br><b>459FTD</b>                     | Plate Type<br><b>AUT - AUTOMOBILE</b>         | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                          |                | Vehicle Identification Number<br><b>JTNKARJE7JJ566863</b> | Make<br><b>TOYOTA</b>                         | Year<br><b>2018</b> | Model<br><b>COROLLA IM</b>                  |
|                          | <b>VEHICLE</b> | Color<br><b>RED - RED</b>                                 | Body Style<br><b>HB - HATCHBACK</b>           |                     | Bus Use<br><b>NOT A BUS</b>                 |
|                          |                | Initial Contact Point<br><b>9--LEFT SIDE MIDDLE</b>       | Vehicle Damage                                |                     |   |
|                          |                | Extent Of Damage<br><b>MINOR DAMAGE</b>                   | <b>8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE</b> |                     |   |

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|                           |  |   |  |   |  |  |  |
|---------------------------|--|---|--|---|--|--|--|
| UNIT                      | VEHICLE  | Towed Due To Damage<br><b>NOT TOWED</b>                         |  | Vehicle Removed By<br><b>OPERATOR</b>   |  |  |  |
|                           |  | What Driver Was Doing<br><b>CHANGING LANES</b>                  |  | Vehicle Factors   |  |  |  |
|                           |  | Driver Prior Action Other                                       |  | <b>NOT APPLICABLE</b>   |  |  |  |
|                           |  | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                 |  |   |  |  |  |
|                           |  | Driver Distractions<br><b>NOT DISTRACTED</b>                    |  |   |  |  |  |
| 01                        | 01   | Owner Name<br><b>MIKKI A MADDOX<br/>(608) 963-4511</b>          |  | Owner Address<br><b>1326 SILVER DR<br/>BARABOO, WI 53913 , US</b>                     |  |  |  |
| <b>Sequence Of Events</b> |  |   |  |   |  |  |  |
|                           | 01   | Event<br><b>MOTOR VEH IN TRANSPORT</b>                          |  |   |  |  |  |
|                           | 02   | Event   |  |   |  |  |  |
|                           | 03   | Event   |  |   |  |  |  |
|                           | 04   | Event   |  |   |  |  |  |
| UNIT                      | <b>Policy Holder</b>                               |   |  |   |  |  |  |
|                           | Insurance Company<br><b>AMERICAN-FAMILY-INS-CO</b> |   |  | Individual<br><b>MIKKI MADDOX</b>   |  |  |  |
| UNIT                      | INDIVIDUAL   | <b>Individual</b>   |  |   |  |  |  |
|                           |  | Driver<br><b>MIKKI A MADDOX<br/>(608) 963-4511</b>              |  | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                     |  |  |
|                           |  |   |  | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                     |  |  |
|                           |  | Address<br><b>1326 SILVER DR<br/>BARABOO, WI 53913 , US</b>     |  | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |  |  |
|                           |  | <b>Equipment</b>  |  | Safety Equipment  |  |  |  |
|                           |  | On Duty Crash   |  | <b>SHOULDER &amp; LAP BELT</b>  |  |  |  |
|                           |  | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b> |  | Helmet Compliance   |  |  |  |
|                           |  | Helmet Use  |  | Tint Compliance   |  |  |  |
|                           |  | Eye Protection  |  |   |  |  |  |
| 01                        | 001  | <b>Injury</b>   |  | Airbag  |  |  |  |
|                           |  | Injury Severity<br><b>NO APPARENT INJURY</b>                    |  | <b>NON DEPLOYED</b>   |  |  |  |
|                           |  | Ejected<br><b>NOT EJECTED</b>                                   |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b>                                     | Trapped/Extricated<br><b>NOT TRAPPED</b> |  |  |

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|             |                   |  |                                    |                                 |          |                |
|-------------|-------------------|--|------------------------------------|---------------------------------|----------|----------------|
| <b>UNIT</b> | <b>INDIVIDUAL</b> | Medical Transport<br><b>NOT TRANSPORTED</b>    | EMS Agency Identifier              | EMS Run #                       |          |                |
|             |                   | Hospital                                       | Date of Death                      | Time of Death                   |          |                |
|             |                   | <b>Non Motorist</b>                            | Striking Unit #                    | Prior Action                    | Location | To/From School |
|             |                   | Action   |                                    |                                 |          |                |
|             |                   | Action Other                                   |                                    |                                 |          |                |
|             |                   | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |          |                |
|             |                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |          |                |
|             |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |          |                |
|             |                   | Drug Type                                      |                                    |                                 |          |                |
|             |                   | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |          |                |

## Unit Summary

|             |           |   |   |  |  |                                |
|-------------|-----------|---|---|--|--|--------------------------------|
| <b>UNIT</b> | <b>02</b> | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                 |  |                                |
|             |           | Vehicle Type<br><b>PASSENGER CAR</b>                                | Operating As Endorsements                             |  |  |                                |
|             |           | Total Occs<br><b>2</b>  | Train/Bus # Injured                                   | Total # Citations Issued<br><b>0</b>           | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|             |           | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>SOUTHBOUND</b>              | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit<br><b>55</b>                             | Total Lanes<br><b>4</b>        |
|             |           | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|             |           | Traffic Way<br><b>DIVIDED HWY W/O TRAFFIC BARRIER</b>               |   | Traffic Control<br><b>NO CONTROL</b>           | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|             |           | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>CURVE LEFT</b>            | Road Grade<br><b>DOWNHILL</b>                        |                                |
|             |           | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |  |                                |

|   |                |   |  |                     |   |
|---|----------------|---|--|---------------------|---|
| <b>UNIT</b>                             | <b>VEHICLE</b> | <b>Vehicle</b>  |  |                     |   |
|   |                | License Plate Number<br><b>107PWE</b>                     | Plate Type<br><b>AUT - AUTOMOBILE</b>        | St<br><b>MN</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|   |                | Vehicle Identification Number<br><b>4T4BE46K88R046742</b> | Make<br><b>TOYOTA</b>                        | Year<br><b>2008</b> | Model<br><b>CAMRY</b>                       |
|   |                | Color<br><b>BLU - BLUE</b>                                | Body Style<br><b>4D - 4DR</b>                |                     | Bus Use<br><b>NOT A BUS</b>                 |
|   |                | Initial Contact Point<br><b>2--RIGHT SIDE FRONT</b>       | Vehicle Damage<br><b>2--RIGHT SIDE FRONT</b> |                     |   |
| Extent Of Damage<br><b>MINOR DAMAGE</b> |                |   |  |                     |   |

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|---------------------------|------------|---|---|--|
| UNIT                      | VEHICLE    | Towed Due To Damage<br><b>NOT TOWED</b>                         | Vehicle Removed By<br><b>OPERATOR</b>   |  |
|                           |            | What Driver Was Doing<br><b>GOING STRAIGHT</b>                  | Vehicle Factors   |  |
|                           |            | Driver Prior Action Other                                       | <b>NOT APPLICABLE</b>   |  |
|                           |            | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                 |   |  |
| 02                        | 02         | Driver Distractions<br><b>NOT DISTRACTED</b>                    |   |  |
|                           |            | Owner Name<br><b>JAMES B ZIGLER<br/>(763) 370-0111</b>          | Owner Address<br><b>23185 169TH ST<br/>BIG LAKE, MN 55309 , US</b>                    |  |
| <b>Sequence Of Events</b> |            |   |   |  |
| UNIT                      | INDIVIDUAL | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b>  |  |
|                           |            | 02  | Event   |  |
|                           |            | 03  | Event   |  |
|                           |            | 04  | Event   |  |
| <b>Policy Holder</b>      |            |   |   |  |
| UNIT                      | INDIVIDUAL | Insurance Company<br><b>STATE-FARM-GENERAL-INS-CO</b>           | Individual<br><b>JAMES ZIGLER</b>   |  |
|                           |            | Driver<br><b>CAL J ZIGLER<br/>(612) 562-2665</b>                | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>                                 |
|                           |            | Address<br><b>23185 169TH ST<br/>BIG LAKE, MN 55309 , US</b>    | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                               |
|                           |            |   | Driver License Number<br>[REDACTED]<br><b>STATE: MINNESOTA COUNTRY: UNITED STATES</b> |  |
| 02                        | 002        | <b>Equipment</b>  | On Duty Crash   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
|                           |            | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b> |   |  |
|                           |            | Helmet Use  |   | Helmet Compliance                                  |
|                           |            | Eye Protection  |   | Tint Compliance                                    |
|                           |            | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b>  | Airbag<br><b>NON DEPLOYED</b>                      |
|                           |            | Ejected<br><b>NOT EJECTED</b>                                   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b>                                     | Trapped/Extricated<br><b>NOT TRAPPED</b>           |
|                           |            |   |   |  |

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|      |            |   |  |  |   |          |                |
|------|------------|---|--|--|---|----------|----------------|
| UNIT | INDIVIDUAL | Medical Transport<br><b>NOT TRANSPORTED</b>                             |  | EMS Agency Identifier                        | EMS Run #   |          |                |
|      |            | Hospital  |  | Date of Death                                | Time of Death                                     |          |                |
|      |            | <b>Non Motorist</b>   |  | Striking Unit #                              | Prior Action                                      | Location | To/From School |
|      |            | Action  |  |  |   |          |                |
|      |            | Action Other  |  |  |   |          |                |
|      |            | <b>Drug &amp; Alcohol</b>   |  | Suspected Alcohol Use<br><b>NO</b>           | Suspected Drug Use<br><b>NO</b>                   |          |                |
|      |            | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                             |  | Alcohol Test Type                            | Alcohol Test Results                              |          |                |
|      |            | Drug Test Given<br><b>TEST NOT GIVEN</b>                                |  | Drug Test Type                               | Drug Test Results                                 |          |                |
|      |            | Drug Type   |  |  |   |          |                |
|      |            | Individual Condition<br><b>APPEARED NORMAL</b>                          |  |  |   |          |                |
| UNIT | INDIVIDUAL | <b>Individual</b>   |  |  |   |          |                |
|      |            | Passenger<br><b>ALYSSA XIONG</b><br><b>(651) 206-1685</b>               |  | Citations Issued<br><b>0</b>                 | Sex<br><b>FEMALE</b>                              |          |                |
|      |            | Address<br><b>5440 UNITY AVE NORTH</b><br><b>CRYSTAL, MN 55429 , US</b> |  | Date of Birth<br>[REDACTED]                  | Race<br><b>ASIAN</b>                              |          |                |
|      |            | On Duty Crash   |  | Safety Equipment                             |   |          |                |
|      |            | <b>Equipment</b>  |  | <b>SHOULDER &amp; LAP BELT</b>               |   |          |                |
|      |            | Seat Position<br><b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>        |  | Helmet Compliance                            |   |          |                |
|      |            | Helmet Use  |  | Tint Compliance                              |   |          |                |
|      |            | Eye Protection  |  | Airbag<br><b>NON DEPLOYED</b>                |   |          |                |
|      |            | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b> | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b> |          |                |
|      |            | Ejected<br><b>NOT EJECTED</b>   |  | Trapped/Extricated<br><b>NOT TRAPPED</b>     |   |          |                |
| 02   | 002        | Medical Transport<br><b>NOT TRANSPORTED</b>                             |  | EMS Agency Identifier                        | EMS Run #   |          |                |
|      |            | Hospital  |  | Date of Death                                | Time of Death                                     |          |                |
|      |            | <b>Non Motorist</b>   |  | Striking Unit #                              | Prior Action                                      | Location | To/From School |

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|             |                   |  |                                    |                                 |
|-------------|-------------------|--|------------------------------------|---------------------------------|
| <b>UNIT</b> | <b>INDIVIDUAL</b> | Action   |                                    |                                 |
|             |                   | Action Other                                   |                                    |                                 |
| <b>02</b>   | <b>003</b>        | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|             |                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |
|             |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |
|             |                   | Drug Type                                      |                                    |                                 |
|             |                   | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |