

6TL0BMQKTS

18-09234

Wisconsin Motor Vehicle
Crash ReportSAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override 6TL08F2KV2		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 checked="" 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/Long Source TLT/ILT	Access Control
				X Coordinate 276109.9687	Y Coordinate 4817263.5	On Roadway Link ID# 4564249	On Roadway Link Offset 154
				Override <input type="checkbox"/>	Tribal Land	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		Unit Type AUTOMOBILE	
Vehicle Type PASSENGER CAR		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	
	Truck Bus or HazMat NO					
01	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address	
	Individual Type INDIVIDUAL					
01	Last Name CROSS		First Name MCKARYN		Middle Initial SCOTTLYN	
	Suffix					
01	Street Address 718 BASCOM HILL DR		Street Address 2		PO Box	
	City BARABOO		State WI		Zip Code 53913	
01	Country of Residence UNITED STATES					
	DOB [REDACTED]		Sex F		Race A	
01	Hair BROWN		Eyes BROWN		Height 508	
	Weight 150		Phone Number (608) 219-2324 EXT.			
01	Driver's License Number [REDACTED]		State WI		License Jurisdiction STATE	
	Country of Issuance UNITED STATES					
01	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2018	
	Equipment		On Duty Accident			
01	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		Safety Equipment SHOULDER & LAP BELT			
	Helmet Use		Helmet Compliance			
01	Eye Protection		Tint Compliance			
	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
01	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
01	Hospital		Date of Death		Time of Death	
	Non Motorist		Striking Unit #		Location	
01	Prior Action		To/From School			
	Action		Action Other			
01	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		
01	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		
	Drug Type				
UNIT VEHICLE	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	Driver Prior Action Other			
	Vehicle Removed By	Bus Use NOT A BUS			
	What Driver Was Doing GOING STRAIGHT	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
	<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 718 BASCOM HILL DRIVE	Street Address2		PO Box		
City BARABOO	St WI	Zip Code 53913	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	HOL	DER	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		
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
UNIT	02	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 [REDACTED]	Sex F	Race W	Hair BROWN	Eyes GREEN	Height 508	Weight 135	Phone Number (608) 219-2324 EXT.
				Driver's License Number [REDACTED]		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 NOT APPLICABLE			
Towed Due To Damage NOT TOWED		Driver Prior Action Other			
Vehicle Removed By		Bus Use NOT A BUS			
What Driver Was Doing RIGHT TURN		Driver Distractions NOT DISTRACTED			
Driver Actions NO CONTRIBUTING ACTION					
<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					

02

UNIT
VEHICLE

01 Event
MOTOR VEH IN TRANSPORT

02 Event

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

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

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.

CHANGED ADDRESS FOR OWNER OF UNIT 1.

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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
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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