

6TL0C22XVR  
18-09508

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 <b>18-09508</b>	Investigating Officer/Deputy <b>SERGEANT E. VANDENHEUVEL</b>	
Crash Date <b>08/28/2018</b>		Crash Time <b>02:55 PM</b>	Date Arrived <b>08/28/2018</b>	Time Arrived <b>03:12 PM</b>	
Date Notified <b>08/28/2018</b>		Time Notified <b>03:00 PM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

BOTH UNITS WERE NORTHBOUND ON LYNDON ROAD. A TREE HAD FALLEN ACROSS THE ROAD BLOCKING MOST OF THE ROADWAY. UNIT 2 WAS SLOWING OR STOPPED IN THE ROAD DUE TO THE FALLEN TREE. UNIT 1 WAS BEHIND UNIT 2. OPERATOR OF UNIT 1 STATED THAT AFTER SHE CRESTED A HILL AND BEGAN TRAVELING DOWNHILL IN HEAVY RAIN SHE OBSERVED UNIT 2 AND DID NOT IMMEDIATELY DISCERN THAT UNIT 2 WAS STOPPED OR SLOWED ON THE ROAD. UNIT 1 WAS UNABLE TO STOP AND HYDRO-PLANED ON THE WET ROAD AND STRUCK UNIT 2 FRONT TO REAR.

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Location

ON LYNDON RD 0.32 MI N OF CTHP NB IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude <b>43.595201868</b>	Longitude <b>-89.847551969</b>
	X Coordinate <b>270148.8125</b>	Y Coordinate <b>4830854.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>		
Manner of Collision <b>02--FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>		
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC), OBSTRUCTION IN ROADWAY</b>		
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>RAIN</b>			
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>		
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>		
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study	
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>	Reasons for Closure		
Date Initial Lane/Rd Closed <b>08/28/2018</b>	Time Initial Lane/Rd Closed <b>03:12 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>08/28/2018</b>	Time All Lanes Open <b>03:38 PM</b>	Date Scene Cleared <b>08/28/2018</b>	Time Scene Cleared <b>03:57 PM</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>				
	<b>Vehicle</b>				
	License Plate Number <b>ADR7237</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1GNEK13Z32J173984</b>	Make <b>CHEVROLET</b>	Year <b>2002</b>	Model <b>TAHOE</b>		

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UNIT	VEHICLE	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Actions <b>FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b>		
		Driver Distractions <b>LOOKED BUT DID NOT SEE</b>		
		Owner Name <b>SARAH M DAVIS (608) 495-9372</b>	Owner Address <b>101 E BROADWAY ROCK SPRINGS, WI 53961 , US</b>	
<b>Sequence Of Events</b>				
UNIT	01	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>GEICO-ADVANTAGE-INSURANCE-CO</b>	Individual <b>SARAH DAVIS</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>SARAH M DAVIS (608) 495-9372</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>101 E BROADWAY ROCK SPRINGS, WI 53961 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use	Helmet Compliance		

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UNIT	01	Eye Protection		Tint Compliance			
		001	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>NON DEPLOYED</b>		
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000123</b>		EMS Run #		
	Hospital <b>REEDSBURG AREA MED CTR</b>	Date of Death		Time of Death			
	INDIVIDUAL	01	<b>Non Motorist</b>		Striking Unit #	Prior Action	
			Location				
			To/From School				
			Action				
			Action Other				
<b>Drug &amp; Alcohol</b>			Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results			
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results			
01	001	Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Violations</b>					
01	001	UTC Number <b>BC936402</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(a)</b>	Seq Num <b>001</b>	Description <b>OPERATING AFTER SUSPENSION</b>	

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements			
		Total Occs <b>2</b>		Train/Bus # Injured		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>		Direction Of Travel <b>NORTHBOUND</b>		<input type="checkbox"/> <b>Pre CrashTire Mark</b>		Speed Limit <b>45</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>				Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>				Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>	
		Truck Bus or HazMat <b>NO</b>							
		<b>Vehicle</b>							

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UNIT	VEHICLE	02	02	License Plate Number <b>933ZEU</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		02	02	Vehicle Identification Number <b>1FMEU73877UB02205</b>	Make <b>FORD</b>	Year <b>2007</b>	Model <b>EXPLORER</b>	
				Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>		
				Initial Contact Point <b>6--REAR</b>	Vehicle Damage			
				Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>6--REAR</b>			
				Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			
				What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors			
				Driver Prior Action Other	<b>NOT APPLICABLE</b>			
UNIT	VEHICLE	02	02	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		02	02	Driver Distractions <b>NOT DISTRACTED</b>				
				Owner Name <b>KATHERINE K THRONDSO (608) 844-7130</b>	Owner Address <b>E9532 OAK HILL RD WISCONSIN DELLS, WI 53965 , US</b>			
<b>Sequence Of Events</b>								
		01	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		02	02	Event				
		03	03	Event				
		04	04	Event				
UNIT	INDIVIDUAL	<b>Policy Holder</b>						
				Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>KATHERINE THRONDSO</b>			
UNIT	INDIVIDUAL	<b>Individual</b>						
				Driver <b>KATHERINE K THRONDSO (608) 844-7130</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
					Date of Birth [REDACTED]	Race <b>WHITE</b>		
				Address <b>E9532 OAK HILL RD WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>	On Duty Crash					

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02	002	Safety Equipment		SHOULDER & LAP BELT			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance			
		Helmet Use		Tint Compliance			
		Eye Protection		Airbag NON DEPLOYED			
		<b>Injury</b> Injury Severity NO APPARENT INJURY		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
		Ejected NOT EJECTED		EMS Agency Identifier		EMS Run #	
		Medical Transport NOT TRANSPORTED		Date of Death		Time of Death	
		Hospital		Location		To/From School	
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		02	002	Action			
Action Other							
<b>Drug &amp; Alcohol</b>	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							
Individual Condition APPEARED NORMAL							
<b>Individual</b>							
Passenger TRAVIS C THRONDSO (608) 844-7130				Citations Issued 0	Sex MALE		
Address E9532 OAK HILL RD WISCONSIN DELLS, WI 53965 , US				Date of Birth [REDACTED]	Race WHITE		
Equipment		On Duty Crash	Safety Equipment				
Seat Position 2--FRONT SEAT-MIDDLE		SHOULDER & LAP BELT		Helmet Compliance			
Helmet Use							

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02	003	Eye Protection		Tint Compliance				
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>			
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <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 <b>NO</b>		Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results		
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results				
02	003	Drug Type						
		Individual Condition <b>APPEARED NORMAL</b>						