6TL097RB27 18-09535

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913**

Crash Date 08/28/2018 Date Arrived 08/28/2018 Date Notified 08/28/2018 Time Notified 09:02 PM Total Units 09:02 PM On Emergency Hit and Run Lane Closure Work Zone Trailer or Towed Reporting Threshold Reporting Threshold Reporting Threshold Tags	Document Number Overrio	de Primary Crash	Document #	Agency Crash N	umber	Investigating Off		
Date Notified Da				18-09535			TALIS	
Date Notified 08/28/2018 09:02 PM 01 00 01 Total Injured 00 01 01 00 01 01 00 01 01 00 01 00 01 00 01 00 01 00 01 00 00								
09:02 PM 01 00 01 On Emergency Hit and Run Lane Closure Work Zone Trailer or Towed Reporting Threshold Government Property Active School Zone NO Reportable Crash Type DT4000 (STANDARD CRASH) Diagram Reconstruction By Reconstruction By Additional Information FATAL CRASH SUPPLEMENT.							Total Kille	 ed
Government Property Active School Zone NO Crash Type DT4000 (STANDARD CRASH) Escription Reconstruction By Reportable Additional Information FATAL CRASH SUPPLEMENT						-		
Reportable Crash Type DT4000 (STANDARD CRASH) Amended Secondar Crash escription Reconstruction By Photos By LT. HODGES Additional Information FATAL CRASH SUPPLEMENT	On Emergency	Hit and Run	Lane Clos	ure Wo	ork Zone	Trailer or	Towed	
Reportable DT4000 (STANDARD CRASH) Both Standard Crash Crash Reconstruction By Photos By LT. HODGES Additional Information FATAL CRASH SUPPLEMENT		Active S	chool Zone		ted	Tags		
Reconstruction By Photos By LT. HODGES Additional Information FATAL CRASH SUPPLEMENT	Reportable		ANDARD CRASH	1)		Amended		Secondary Crash
Reconstruction By Photos By LT. HODGES Additional Information FATAL CRASH SUPPLEMENT	escription =	l						1
						Ad FA	ditional Info	ormation ASH SUPPLEMENT,
					NOT TO) SCALE		
NOT TO SCALE								

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

Loc	ation ====									
ON	WISCONSIN ST/ STH	113 SB				Latitude			Longitud	de
450 FT S					43.37068	37632		-89.626	6954202	
OF PALISADE ST					X Coordin	ate		Y Coord	dinate	
IN THE VILLAGE OF MERRIMAC IN SAUK COUNTY					287168.59375 4805332					
""	ACK COCKI I					Structure Type				
						NO STR	UCTURE			
Cra	sh Scene									
First	Harmful Event					First Harm	nful Event I	_ocation		
IMM	IERSION, FULL OR P.	ARTIAL				ON ROA	DWAY			
Manı	ner of Collision					Light Con				
NO	COLLISION W/VEHIC	LE IN TRANSPORT				DARK/L	IGHTED			
Road	d Surface Condition(s)					Roadway	Factor(s)			
WE	Т									
Envi	ronment Factor(s)									
NON	NE					NONE				
Wea	ther Condition(s)					_				
RAI	N									
Anim	nal Type					Relation T	o Trafficwa	av		
	, , , ,							N ROAD		
Cras	h Classification - Location	1				Crash Cla	ssification	- Jurisdiction		
	BLIC PROPERTY							RISDICTION		
Triba	al Land					NO CON				Special Study
	in Interchange Area	Junction Location			Intersection					
NO		NON-JUNCTION			_	INTERSE	CTION			
	ure Type		R	Reaso	ons for Clos	ure				
	L CLOSURE	T: 1:::11 /D101		A 1A/	ENEODO	EMENT T	OW TOU	ICK FIRE/EN	10	
08/2	Initial Lane/Rd Closed 28/2018	Time Initial Lane/Rd Close 09:02 PM	sea L	.Avv	ENFORC	EWIENI, I	OW IRU	ICK, FIRE/EN	13	
	All Lanes Open	Time All Lanes Open 12:55 AM			Scene Clear	red		me Scene Clea 2:55 AM	red	
	29/2018	12:55 AW	U	18/29	/2018		14	Z:33 AIVI		
	t Summary Status		l Vahiala	. On a	erating As C	loosification		Lust		
	Status 'RANSIT		D CLA		erating As C	lassification	1	Unit Type AUTOMO	DII E	
Vehicle Type			DCLA	100				Operating A		ments
	ORT) UTILITY VEHICI	LE						oporating /	o Endordor	monto
	l Occs	Train/Bus # Injured	Total #	Citat	tions Issued	ı	Total Tra	ilers	Total Haz	Mat Types
2			0				0		0	
	rance?	Direction Of Travel		Pre	CrashTire	:	Speed Li	mit	Total Lan	es
YES		SOUTHBOUND			Mark			T-	5	
	t Harmful Event: Collision IERSION, FULL OR P		Special NO SI		ction	TION		NOT APP		
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing		
TWC	· · · · · · · · · · · · · · · · · · ·			STOP SIGN			NO			
	ace Type			Road Curvature			Road Grade			
	ACKTOP (BITUMINOU	JS)	STRA	STRAIGHT			DOWNHILL			
NO	k Bus or HazMat									
	Vehicle									
	License Plate Number		Plate ⁻	Type			St	Country of Is	suance	
	AAA3679		AUT	- AU	ТОМОВІІ	_E	WI	UNITED ST		
01	Vehicle Identification Nu		Make				Year	Model		
0	KL7CJLSB4FB1213	92	CHE\	vKU	LEI	2015 TRAX 1LT				

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			Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS						
⊨	Е	Initial Contact Point	Vehicle Damage							
	CL	12FRONT	ALL AREAS							
UNIT	VEHICL	Extent Of Damage								
	VE	DISABLING DAMAGE	VI. 1 D							
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING							
		What Driver Was Doing	Vehicle Factors							
		GOING STRAIGHT								
		Driver Prior Action Other	UNKNOWN							
		Driver Actions								
	Щ	OTHER CONTRIBUTING ACTION								
UNIT	VEHICL									
5	EH									
	>									
		Driver Distractions								
		UNKNOWN IF DISTRACTED								
0	01									
		Owner Name	Owner Address							
		SCOTT L KIRKPATRICK	3009 DIANNE DR							
		(608) 215-7474	MIDDLETON, WI 53562, US							
		Sequence Of Events Event								
	01	IMMERSION, FULL OR PARTIAL								
	02	Event								
		Event								
	03	LVGIII								
	04	Event								
		Policy Holder								
LINO		Policy Holder Insurance Company Individual								
5		PROGRESSIVE-CASUALTY-INS-CO	SCOTT KIRKPATRICK							
		Individual								
		Driver	Citations Issued	Sex						
	۱۲	SCOTT L KIRKPATRICK	0	MALE						
)U		Date of Birth	Race WHITE						
	VIE	Address	Driver License Number							
-	INDIVIDUAL	3009 DIANNE DR	STATE: WISCONSIN COUNTRY: UNITED STATES							
	=	MIDDLETON, WI 53562 , US	STATE. WISCONSIN COUNTRY. OF	WIED STATES						
	l	On Duty Crash	Safety Equipment							
		Equipment								
		Seat Position	SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmat Compliance							
		Helmet Use	Helmet Compliance							

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		Eye Protection			Tint Compliance						
5	001	Injury	Injury Severity FATAL INJURY		Airbag NON DEPLOYED						
		Ejected			Ejection Path		Trapped/Extricated				
		NOT EJECTED			'	NOT APPLICABL	NOT TRAPPED				
		Medical Transport			EMS Agency Iden		EMS Run #				
		NOT TRANSPOR	TED								
		Hospital			Date of Death		Time of Death				
					08/29/2018		00:15				
			Striking Unit #	Prior Action	1	Location		To/From School			
		Non Motorist									
		Action	•	1		1		1			
LIND	INDIVIDUAL	Action Other									
			Suspected Alcohol	Use	Suspected Drug U	se					
	E	Drug & Alcohol	NO		NO						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN	I		,,,,,						
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	I								
۶	001	Drug Type									
		Individual Condition									
		NOT OBSERVED									
		Individual									
		Passenger			Citations Issued		Sex				
	_	CARRIE B KIRKP	ATRICK		0		FEMALE				
	UAL	(608) 215-7474			Date of Birth		Race				
_	ᆸ						WHITE				
LNO	INDINID	Address			Driver License Number						
ر	9	3009 DIANNE DR			OTATE WIGOODIGIN COUNTRY LIMITED OTATED						
	=	MIDDLETON, WI	53562 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash			Safety Equipment						
					ONOUR DED & LAB DELT						
		Seat Position 3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER			SHOULDER & LAP BELT						
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
			Injuma Correction								
5	002	Injury	Injury Severity	IN II IDV	Airbag						
_	J	Ejected	NO APPARENT	INJURI	NON DEPLOYED Ejection Path Trapped/Extricated						
		NOT EJECTED									
					NOT EJECTED/NOT APPLICABL NOT TRAPPED						

Crash Time 08:45 PM

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Crash Date 08/28/2018

Crash Time 08:45 PM

		Medical Transport NOT TRANSPOR	TED		EMS Agency Identi	fier	EMS Run #	
		Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location	1	To/From School
		Action						I
LINO	INDIVIDUAL							
		Action Other						
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us	se		
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	
6	005	Drug Type						
		Individual Condition APPEARED NOR	MAL					