

6TL09T1TMC  
18-09596

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>18-09596</b>	Investigating Officer/Deputy <b>DEPUTY J. BODDEN</b>	
Crash Date <b>08/30/2018</b>		Crash Time <b>04:50 AM</b>	Date Arrived <b>08/30/2018</b>	Time Arrived <b>05:05 AM</b>	
Date Notified <b>08/30/2018</b>		Time Notified <b>04:53 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <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 <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> <p>Cth H</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.

UNIT 1 WAS TRAVELING SOUTHBOUND ON CTH H. UNIT 2 WAS TRAVELING NORTHBOUND. UNIT 2 WAS ABLE TO SEE THE TREE IN THE ROADWAY AND STOPPED. UNIT 1 WAS UNABLE TO SEE THE TREE AND STOP BEFORE STRIKING THE TREE. DEBRIS FROM UNIT 1 STRUCK UNIT 2 CAUSING DAMAGE TO THE WINDSHIELD OF UNIT 2. UNIT 1 SUSTAINED FRONT END DISABLING DAMAGE. NO INJURIES REPORTED.

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Location

ON CTHH WB 1191 FT W OF OLD 12 IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.62568593</b>	Longitude <b>-89.811393156</b>
	X Coordinate <b>273182.3125</b>	Y Coordinate <b>4834141</b>
	Structure Type	

Crash Scene

First Harmful Event <b>TREE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>

Unit Summary

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>TREE</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>CURVE LEFT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>01</b>	<b>Vehicle</b>			
		License Plate Number <b>176WUV</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2G1WC5E33E1164557</b>	Make <b>CHEVROLET</b>	Year <b>2014</b>	Model <b>IMPALA LIM</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT, TOP, UNDERCARRIAGE</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>					

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>PLATTS WRECKER</b>		
		What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>GERALD M LUND (608) 403-1403</b>		Owner Address <b>3198 7TH CT GRAND MARSH, WI 53936 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>TREE</b>			
		02	Event			
		03	Event			
		04	Event			
<b>Policy Holder</b>						
Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>GERALD LUND</b>				
<b>Individual</b>						
Driver <b>KRISTI L LUND (608) 403-1403</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>		
Address <b>3198 7TH CT GRAND MARSH, WI 53936 , US</b>		Date of Birth [REDACTED]		Race <b>WHITE</b>		
Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES				
<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				
Eye Protection		Tint Compliance				
01	001	<b>Injury</b>		Airbag		
		Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>		

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UNIT           01           001	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	
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</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>1</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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>TREE</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>CURVE RIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT           02	<b>Vehicle</b>				
	License Plate Number <b>930MJL</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FMZU73E0YUB20568</b>	Make <b>FORD</b>	Year <b>2000</b>	Model <b>EXPLORER X</b>	
	Color <b>DGR - GREEN, DARK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>TOP</b>	Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>TOP</b>			

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		What Driver Was Doing <b>STOP IN TRAFFIC</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	02	Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>DIANE MARIE WILLIAMSON (608) 534-3970</b>		Owner Address <b>S203 CTH HH LYNDON STATION, WI 53944 , US</b>	
<b>Sequence Of Events</b>					
UNIT	01	Event <b>TREE</b>			
		Event			
		Event			
		Event			
UNIT	04	<b>Policy Holder</b>			
		Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>		Individual <b>DIANE WILLIAMSON</b>	
UNIT	INDIVIDUAL	Driver <b>DIANE MARIE WILLIAMSON (608) 534-3970</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Address <b>S203 CTH HH LYNDON STATION, WI 53944 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
				Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>		On Duty Crash	
02	002	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
		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>	

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<b>UNIT</b>  <b>INDIVIDUAL</b>       <b>02</b> <b>002</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		
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					