

6TL0B17152
18-08881

Wisconsin Motor Vehicle Crash Report

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

6TL0B17152

Document Number Override		Primary Crash Document #	Agency Crash Number 18-08881	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 08/13/2018		Crash Time 03:26 PM	Date Arrived 08/13/2018	Time Arrived 03:40 PM	
Date Notified 08/13/2018		Time Notified 03:26 PM	Total Units 03	Total Injured 02	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 type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Location

ON LINN ST/ STH136 EB 246 FT W OF LINN ST/ STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.47478630	Longitude -89.7698369	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 275976.4687	Y Coordinate 4817268.5	On Roadway Link ID# 5399906	On Roadway Link Offset 246
	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) NONE		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 LANE CLOSURE	
Workers Present NO		Law Enforcement Present NO	
Work Zone Speed Limit 35	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 35	

Unit Summary

01
UNIT

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 EASTBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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	
01	Truck Bus or HazMat NO					
UNIT INDIVIDUAL 01	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address	
	Individual Type INDIVIDUAL					
	Last Name HALE		First Name MATTHEW		Middle Initial M	Suffix
	Street Address 709 JACQUELYN DR		Street Address 2		PO Box	
	City BARABOO		State WI	Zip Code 53913	Country of Residence UNITED STATES	
	DOB [REDACTED]	Sex M	Race W	Hair BLOND	Eyes BLUE	Height 511
	Weight 220	Phone Number (608) 393-8585 EXT.				
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2018	
	Equipment	On Duty Accident		Safety Equipment		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		NONE USED - VEHICLE OCCUPANT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	Injury	Injury Severity SUSPECTED MINOR INJURY		Airbag NON DEPLOYED		
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
Non Motorist	Striking Unit #		Location		To/From School	
Prior Action		Action				
		Action Other				
Drug & Alcohol	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		
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		
	Drug Type				
	License Plate Number 511YEC	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2G2WP552281113918	Year 2008	Make PONTIAC		
	Model GRAND PRIX	Body Style 4D - 4DR	Color GRY - GRAY		
	Initial Contact Point 12--FRONT	Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE	12--FRONT			
	Towed Due To Damage NOT TOWED	Vehicle Factors			
Vehicle Removed By OWNER	NOT APPLICABLE				
What Driver Was Doing GOING STRAIGHT	Driver Prior Action Other	Bus Use NOT A BUS			
Driver Actions FOLLOWING TOO CLOSE	Driver Distractions CARELESS/INATTENTION				
<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address			
Organization Type INDIVIDUAL	Company Name				
Last Name HALE	First Name MATTHEW	Middle M	Suffix	Date of Birth	
Street Address 709 JACQUELYN DR	Street Address2		PO Box		
City BARABOO	St WI	Zip Code 53913	Country of Residence UNITED STATES		
Telephone Number (608) 393-8585 EXT.					
01	01	Event MOTOR VEH IN TRANSPORT			
01	02	Event			
01	03	Event			
01	04	Event			
01	01	UTC Number AE753422	Issue To? 001	Statute Number 346.89(1)	
				Seq Num 001	
				Description INATTENTIVE DRIVING	

Insurance Company

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UNIT POLYDER 01	KEMPER-INDEPENDENCE-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver
	Organization Type INDIVIDUAL	Last Name HALE	First Name MATTHEW	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 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Total HazMat Types 0
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
UNIT 02	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL
	Truck Bus or HazMat NO			

UNIT 02	Role DRIVER	Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name CORNING	First Name ARLENE	Middle Initial M	Suffix
UNIT INDIVIDUAL 02	Street Address E8954 HILLTOP RD		PO Box	
	City NORTH FREEDOM	State WI	Zip Code 53951	Country of Residence UNITED STATES
UNIT INDIVIDUAL 02	DOB [REDACTED]	Sex F	Race W	Hair BROWN
				Eyes BROWN
UNIT INDIVIDUAL 02		Height 500	Weight 160	Phone Number (608) 963-6181 EXT.
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE
UNIT INDIVIDUAL 02	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE	DL Expire Year 2021
	Equipment	On Duty Accident	Safety Equipment	
UNIT INDIVIDUAL 02	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
UNIT INDIVIDUAL 02	Eye Protection		Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
UNIT INDIVIDUAL 02	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
UNIT INDIVIDUAL 02	Hospital		Date of Death	Time of Death
	Non Motorist	Striking Unit #	Location	To/From School
UNIT 02	Prior Action		Action	

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UNIT	INDIVIDUAL	Action Other	
		Action Other	
UNIT	INDIVIDUAL	Drug & Alcohol	Individual Condition APPEARED NORMAL
		Suspected Alcohol Use NO	Suspected Drug Use NO
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type
		Alcohol Test Results	
UNIT	INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type
		Drug Test Results	
UNIT	INDIVIDUAL	Drug Type	
UNIT	INDIVIDUAL	Role PASSENGER	Citations Issued 0
		<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
UNIT	INDIVIDUAL	Last Name SCHLOUGH	First Name CASSIDY
		Middle Initial RICHARD	Suffix
UNIT	INDIVIDUAL	Street Address E8954 HILLTOP RD	Street Address 2
		PO Box	
UNIT	INDIVIDUAL	City NORTH FREEDOM	State WI
		Zip Code 53951	Country of Residence UNITED STATES
UNIT	INDIVIDUAL	DOB [REDACTED]	Sex M
		Race W	Hair BLACK
UNIT	INDIVIDUAL	Eyes BROWN	Height 600
		Weight 250	Phone Number (608) 477-5318 EXT.
UNIT	INDIVIDUAL	Driver's License Number [REDACTED]	State WI
		License Jurisdiction STATE	Country of Issuance UNITED STATES
UNIT	INDIVIDUAL	License Type NON-CDL DRIVER'S LICENSE	License Status REVOKED
		DL Expire Year	
UNIT	INDIVIDUAL	Equipment	On Duty Accident
		Safety Equipment	
UNIT	INDIVIDUAL	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance
UNIT	INDIVIDUAL	Eye Protection	Tint Compliance
UNIT	INDIVIDUAL	Injury	Injury Severity POSSIBLE INJURY
		Airbag NON DEPLOYED	
UNIT	INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICA
		Trapped/Extricated NOT TRAPPED	
UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
		EMS Run #	
UNIT	INDIVIDUAL	Hospital	Date of Death
		Time of Death	
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #
		Location	To/From School
UNIT	INDIVIDUAL	Prior Action	Action
		Action Other	

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UNIT INDIVIDUAL							
	Drug & Alcoh		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 AAW8283			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G11C5SL9FF339399				Year 2015	Make CHEVROLET	
	Model MALIBU 1LT			Body Style 4D - 4DR		Color BLU - BLUE	
	Initial Contact Point 6--REAR			Vehicle Damage 6--REAR, 12--FRONT			
UNIT VEHICLE	Extent Of Damage MINOR DAMAGE			Towed Due To Damage NOT TOWED			
	Vehicle Removed By OWNER			Vehicle Factors NOT APPLICABLE			
	What Driver Was Doing STOP IN TRAFFIC			Driver Prior Action Other		Bus Use NOT A BUS	
	Driver Actions NO CONTRIBUTING ACTION			Driver Distractions NOT DISTRACTED			
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator				<input type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL			Company Name			
	Last Name CORNING		First Name ARLENE		Middle M	Suffix	Date of Birth [REDACTED]
	Street Address E8954 HILLTOP RD			Street Address2		PO Box	
	City NORTH FREEDOM		St WI	Zip Code 53951		Country of Residence UNITED STATES	
	Telephone Number (608) 963-6181 EXT.						
01	Event MOTOR VEH IN TRANSPORT						

02

Event

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UNIT POL DER	03	Event		
	04	Event		
	02	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver
		Organization Type INDIVIDUAL	Last Name CORNING	First Name ARLENE
			Policy Holder Company	

Unit Summary

UNIT 03	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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2
	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	
03	Truck Bus or HazMat NO				

UNIT INDIVIDUAL 04	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name HEIDEMANN		First Name LOIS		Middle Initial ELAINE
	Street Address N1966 KOHN RD		Street Address 2		PO Box
	City LODI		State WI	Zip Code 53555	Country of Residence UNITED STATES
	DOB [REDACTED]	Sex F	Race W	Hair BLOND	Eyes BLUE
				Height 505	Weight 135
					Phone Number (608) 228-1888 EXT.
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2021
	Equipment	On Duty Accident	Safety Equipment		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	

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UNIT INDIVIDUAL	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action			Action				
				Action Other				
	Drug & Alcoh	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 527AVW			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 4T1BF1FK7FU948558				Year 2015	Make TOYOTA		
Model CAMRY			Body Style SD - SEDAN		Color RED - RED			
Initial Contact Point 6--REAR			Vehicle Damage 6--REAR					
Extent Of Damage MINOR DAMAGE			Vehicle Factors					
Towed Due To Damage NOT TOWED			NOT APPLICABLE					
Vehicle Removed By OWNER			Driver Prior Action Other					
What Driver Was Doing STOP IN TRAFFIC			Bus Use NOT A BUS			Driver Actions NO CONTRIBUTING ACTION		
			Driver Distractions NOT DISTRACTED					
<input checked="" type="checkbox"/> Vehicle Owner Same As Operator				<input type="checkbox"/> Use Operator Address				
Organization Type INDIVIDUAL			Company Name					
Last Name HEIDEMANN		First Name LOIS		Middle ELAINE	Suffix	Date of Birth		
Street Address N1966 KOHN RD			Street Address2		PO Box			
City LODI		St WI	Zip Code 53555		Country of Residence UNITED STATES			
Telephone Number (608) 228-1888 EXT.								
01	Event MOTOR VEH IN TRANSPORT							

UNIT
VEHICLE
02

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UNIT
HOL
DER

03	Event		
04	Event		
03	Insurance Company AMERICAN-FAMILY-INS-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver
03	Organization Type INDIVIDUAL	Last Name HEIDEMANN	First Name LOIS
03			Policy Holder Company

Description

Diagram	Reconstruction By
<p>private drive to walgreens</p> <p>sth 136</p> <p>not scale</p>	Photos By
	Additional Information NONE

UNIT 1 WAS EAST ON STH 136. UNIT 1 STATED HE SAW A FRIEND DRIVING BY WESTBOUND NEAR THE HIGHWAY SHOP AND WAS TRYING TO WAVE AT HIM AND GET HIS ATTENTION. UNIT 1 STATED HE LOOKED UP AND WAS UNABLE TO STOP IN TIME. UNIT 1 STRUCK THE REAR OF UNIT 2. DUE TO THE IMPACT UNIT 2'S FRONT END HIT UNIT 3. BOTH UNIT 2 AND 3 WERE STOPPED IN TRAFFIC WAITING FOR WESTBOUND TRAFFIC TO CLEAR. 9109

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 HANSON	Officer First Name I	Officer Middle Name T	Suffix

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DOT Officer ID 9109	DNR Officer ID	Officer Badge Number 9109	
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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