

6TL09KMLZ2
18-09675

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 18-09675	Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 09/01/2018		Crash Time 01:17 PM	Date Arrived 09/01/2018	Time Arrived 01:22 PM	
Date Notified 09/01/2018		Time Notified 01:18 PM	Total Units 02	Total Injured 01	Total Killed 00
<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 NO	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 AND 2 WERE E/B ON STH 23/33. UNIT 2 WAS SLOWING TO TURN ONTO STH 23 AND HAD TO WAIT FOR A W/B SEMI TO PASS BEFORE GOING. UNIT 2 DRIVER STATED HE LOOKED IN HIS REAR VIEW MIRROR AND SAW UNIT 1 NOT SLOWING DOWN AND THEN IT RAN INTO HIS CAR. UNIT 1 DRIVER STATED SHE DID NOT SEE THAT UNIT 2 WAS TURNING AND SHE RAN INTO HIM.

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Location

INTERSECTION ON STH33 EB AT STH23 WB IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.532226646	Longitude -89.891745401
	X Coordinate 266337.9375	Y Coordinate 4823983.5
	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	Roadway Factor(s) NONE		
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type CLOSURE-ONE DIRECTION	Reasons for Closure		
Date Initial Lane/Rd Closed 09/01/2018	Time Initial Lane/Rd Closed 01:35 PM	FIRE/EMS	
Date All Lanes Open 09/01/2018	Time All Lanes Open 01:50 PM	Date Scene Cleared 09/01/2018	Time Scene Cleared 02:10 PM

Unit Summary

UNIT 01	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 type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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		
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number 504ZHE	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
01	Vehicle Identification Number 2G4WS52J651131612	Make BUICK	Year 2005	Model CENTURY CU		

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UNIT	VEHICLE	Color GLD - GOLD	Body Style 4D - 4DR	Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
		Driver Distractions UNKNOWN IF DISTRACTED		
01	01	Owner Name CAROLE JEAN GIBSON (608) 415-8287	Owner Address 400 LAVALLE ST REEDSBURG, WI 53959 , US	
		Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
04	03	Event		
		Event		
UNIT	INDIVIDUAL	Policy Holder		
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual CAROLE GIBSON	
UNIT	INDIVIDUAL	Driver CAROLE JEAN GIBSON (608) 415-8287	Citations Issued 1	Sex FEMALE
			Date of Birth [REDACTED]	Race WHITE
		Address 400 LAVALLE ST REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Use	
		Helmet Compliance		

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UNIT	INDIVIDUAL	01	001	Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		Non Motorist	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		Drug & Alcohol	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				
01	001	Drug Type				
Individual Condition APPEARED NORMAL						
Violations						
01	UTC Number AE137940	Issue To? 001	Statute Number 346.89(1)	Seq Num 001	Description INATTENTIVE DRIVING	

Unit Summary

UNIT	02	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? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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		
		Truck Bus or HazMat NO				
		Vehicle				

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UNIT VEHICLE	02	02	License Plate Number 736JPD	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 1G4HD57206U223700	Make BUICK	Year 2006	Model LUCERNE CX
			Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	Bus Use NOT A BUS	
			Initial Contact Point 6--REAR	Vehicle Damage		
			Extent Of Damage DISABLING DAMAGE	4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER, UNDERCARRIAGE		
			Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE		
			What Driver Was Doing LEFT TURN	Vehicle Factors		
UNIT VEHICLE			Driver Prior Action Other	NOT APPLICABLE		
			Driver Actions NO CONTRIBUTING ACTION			
			Driver Distractions NOT DISTRACTED			
02	02	Owner Name STEVEN F VOLK	Owner Address 607 MIDWAY DR REEDSBURG, WI 53959 , US			
Sequence Of Events						
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
UNIT INDIVIDUAL	Individual					
		Driver STEVEN F VOLK	Citations Issued 0	Sex MALE		
			Date of Birth [REDACTED]	Race WHITE		
		Address 607 MIDWAY DR REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
	Equipment	On Duty Crash	Safety Equipment			
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT				

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02	002	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 APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport EMS GROUND		EMS Agency Identifier 6001024	EMS Run #		
		Hospital REEDSBURG AREA MED CTR		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		02	002	Drug & Alcohol		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							