

6TL0B17158
18-09836

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0B17158

Document Number Override		Primary Crash Document #		Agency Crash Number 18-09836		Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 09/05/2018		Crash Time 08:05 AM		Date Arrived 09/05/2018		Time Arrived 08:16 AM	
Date Notified 09/05/2018		Time Notified 08:07 AM		Total Units 02		Total Injured 00	Total Killed 00
<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 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> <p style="text-align: center;">sth 136</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 2 WAS STOPPED/SLOWING BEHIND A SEMI WAITING TO ENTER A ROUNDABOUT. UNIT 1 WAS TRAVELING BEHIND UNIT 2. UNIT 1 STATED SHE WAS LISTENING TO HER DRIVING DIRECTIONS ON HER CELL PHONE. UNIT 1 SAID SHE LOOKED UP AND WAS UNABLE TO STOP IN TIME. UNIT 1 STRUCK UNIT 2 IN THE REAR AREA. 9109

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Location

ON LINN ST/ STH33 WB 106 FT E OF USH12 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474781782	Longitude -89.768364196
	X Coordinate 276095.5625	Y Coordinate 4817264
	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) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) RAIN		
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

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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<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 UPHILL
	Truck Bus or HazMat NO				

01 UNIT	Vehicle			
	License Plate Number ADD6605	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G4HR54K32U165436	Make BUICK	Year 2002	Model LESABRE
	Color BRZ - BRONZE	Body Style SD - SEDAN		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12--FRONT		

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UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other			
	Driver Actions FOLLOWING TOO CLOSE			
	Driver Distractions DISTRACTION/INATTENTION			
01	01	Owner Name EMILY MAUREEN ELDRIDGE (608) 393-8153		Owner Address 557 QUARRY ST BARABOO, WI 53913 , US
		Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	04	Policy Holder		
		Insurance Company SKYBLUE INSURANCE	Individual EMILY ELDRIDGE	
UNIT	01	Individual		
		Driver EMILY MAUREEN ELDRIDGE (608) 393-8153	Citations Issued 0	Sex FEMALE
			Date of Birth [REDACTED]	Race WHITE
		Address 557 QUARRY ST BARABOO, WI 53913 , 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 Compliance		
	Helmet Use	Tint Compliance		
	Eye Protection			
01	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED

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UNIT 01 001	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		
	Drug Type				
	Individual Condition APPEARED NORMAL				

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 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<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 UPHILL		
	Truck Bus or HazMat NO				

UNIT 02	Vehicle			
	License Plate Number AAL1734	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FMCU0G73FUC21870	Make FORD	Year 2015	Model ESCAPE SE
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 6--REAR	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER		

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
		What Driver Was Doing SLOW/STOPPING		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION				
02	02	Driver Distractions NOT DISTRACTED				
		Owner Name FERN V ROSE (608) 448-5507		Owner Address S2250 EVERGREEN DR BARABOO, WI 53913 , US		
Sequence Of Events						
UNIT	01	Event MOTOR VEH IN TRANSPORT				
		Event				
		Event				
		Event				
UNIT	02	Policy Holder				
		Insurance Company STATE-FARM-GENERAL-INS-CO		Individual FERN ROSE		
		Individual				
		Driver RAYMOND A MOLKENTIN III (608) 448-5507		Citations Issued 0	Sex MALE	
UNIT	INDIVIDUAL	Date of Birth [REDACTED]		Race WHITE		
		Address S2250 EVERGREEN DR BARABOO, WI 53913 , 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 Compliance		
02	002	Helmet Use		Tint Compliance		
		Eye Protection		Airbag NON DEPLOYED		
		Injury	Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICABL		
		Ejected NOT EJECTED		Trapped/Extricated NOT TRAPPED		

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UNIT	INDIVIDUAL	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		
		Drug Type					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger FERN V ROSE (608) 393-9015		Citations Issued 0	Sex FEMALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address S2250 EVERGREEN DR BARABOO, WI 53913 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		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 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		

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UNIT	INDIVIDUAL	Action		
		Action Other		
02	003	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		