

6TL0B8M7TM
18-09966

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 18-09966	Investigating Officer/Deputy DEPUTY B. MEARS	
Crash Date 09/08/2018		Crash Time 08:55 AM	Date Arrived 09/08/2018	Time Arrived 09:24 AM	
Date Notified 09/08/2018		Time Notified 09:00 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>*NOT TO SCALE*</p>	Reconstruction By
	Photos By DEPUTY MEARS
	Additional Information PHOTOS

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

UNIT #1 WAS EB ON CTH BD AND UNIT #2 WAS EB BEHIND IT, IN THE RT HAND THROUGH LANE. UNIT #1 OPERATOR PULLED OVER SLIGHTLY TO THE RIGHT BUT STILL IN THE LANE OF TRAFFIC AND BRAKED SUDDENLY. UNIT #2 OPERATOR STATED SHE DROVE AROUND UNIT #1, PARTIALLY IN THE RIGHT LANE AND PARTIALLY IN THE LEFT TURN LANE. UNIT #2 OPERATOR SAID THAT WHEN SHE ALMOST GOT AROUND UNIT #1, UNIT #1 TURNED LEFT INTO HER UNIT. OPERATORS WERE NOT INJURED AND MOVED OFF THE ROAD, WITH FUNCTIONAL DAMAGE. UNIT 1 OPERATOR WAS CITED FOR UNSAFE TURN. OPERATORS REMOVED THE UNITS.

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Location

ON CTHBD EB 817 FT N OF COOP LN IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.527396903	Longitude -89.777963922
	X Coordinate 275514.28125	Y Coordinate 4823133.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION	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 DRIVEWAY ACCESS-RELATED	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 VAN				Operating As Endorsements		
	Total Occs 01	Train/Bus # Injured	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4		
	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, WITH A CONTINUOUS L		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	01 UNIT VEHICLE	Vehicle					
		License Plate Number 307UZZ		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1C4GP45R44B599911		Make CHRYSLER	Year 2004	Model TOWN & AMP			
Color BLK - BLACK		Body Style VN - VAN		Bus Use NOT A BUS			
Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT					
Extent Of Damage FUNCTIONAL DAMAGE							

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing LEFT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions IMPROPER TURN, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, OTHER CONTRIBUTING ACTION				
01	01	Driver Distractions NOT DISTRACTED			
		Owner Name BARBARA A STAYTON (608) 427-3427	Owner Address 17 OAK CIRCLE CAMP DOUGLAS, WI 54618 , US		
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	Individual BARBARA STAYTON		
UNIT	01	Individual			
		Driver ROXANNE R STAYTON TURNER (608) 495-2074	Citations Issued 01	Sex FEMALE	
		Address 101 MARKS WAY NEW LISBON, WI 53950 , US	Date of Birth [REDACTED]	Race WHITE	
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Equipment	On Duty Crash	Safety Equipment	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		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	

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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				
01	001	Violations			
		UTC Number AD980867	Issue To? 001	Statute Number 346.34(1)(a)2	Seq Num 001

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
		Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements				
		Total Occs 01	Train/Bus # Injured	Total # Citations Issued 00	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 4	
		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, WITH A CONTINUOUS L	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL			
		Truck Bus or HazMat NO					
		02	02	Vehicle			
				License Plate Number 653BJT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1GNFK16T31J168374	Make CHEVROLET			Year 2001	Model K1500 SUBU		
Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE			Bus Use NOT A BUS			

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UNIT	VEHICLE	Initial Contact Point 4--RIGHT SIDE REAR	Vehicle Damage	
		Extent Of Damage FUNCTIONAL DAMAGE	4--RIGHT SIDE REAR	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Driver Distractions NOT DISTRACTED		
		Owner Name KAREN A WILCOX (608) 432-4332	Owner Address 110 COUNTRY LN # 2 WISCONSIN DELLS, WI 53965 , US	
02	02	Sequence Of Events		
		01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
UNIT	04	Event		
		Policy Holder		
UNIT	INDIVIDUAL	Insurance Company WEST-BEND-MUTUAL-INS-CO	Individual KAREN WILCOX	
		Driver KAREN A WILCOX (608) 432-4332	Citations Issued 0	Sex FEMALE
			Date of Birth [REDACTED]	Race WHITE
		Address 110 COUNTRY LN # 2 WISCONSIN DELLS, WI 53965 , 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		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		

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02	002	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
		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	
02	002	Drug Type					
		Individual Condition APPEARED NORMAL					