

6TL0B8M7TL
18-09931

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 18-09931		Investigating Officer/Deputy DEPUTY B. MEARS	
Crash Date 09/07/2018		Crash Time 01:41 PM		Date Arrived 09/07/2018		Time Arrived 01:46 PM	
Date Notified 09/07/2018		Time Notified 01:41 PM		Total Units 02		Total Injured 01	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 checked="" 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 STOPPED ON STH 23 WAITING TO TURN LEFT ONTO DELLWOOD RD. UNIT #2 OPERATOR WAS EB ON STH 23 APPROACHNG UNIT #1 WHEN THE OPERATOR OF UNIT #2 STARTED TO BRAKE AND MOVE TO THE RIGHT TO AVOID STRIKING UNIT #1. UNIT SLID ABOUT 75 FT WHERE THE LFT FRONT CORNER OF UNIT #2 STRUCK THE RT REAR RT CORNER OF UNIT #1. UNIT #1 WAS PUSHED FORWARD ABOUT 40 FEET WHERE IT STOPPED FACING EAST. UNIT #2 OPERATOR STOPPED BUT UNIT WAS MOVED OFF THE ROADWAY. UNIT #1 OPERATOR COMPLAINED OF SORE NECK/JAW/SHOULDER AND WAS SEEN BY DELTON AMBULANCE, BUT REFUSED TRANSPORT. UNITS WERE TOWED AND OPERATOR OF UNIT #2 WAS CITED FOR INNATENTIVE DRIVING.

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Location

ON STH23 EB 63 FT S OF LAKE ST IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.5631028	Longitude -89.838654791
	X Coordinate 270745.15625	Y Coordinate 4827265
	Structure Type	

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-RELATED	Intersection Type OTHER

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	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 55	Total Lanes 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	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

01 UNIT	Vehicle			
	License Plate Number 4NGDG	Plate Type AUT - AUTOMOBILE	St TX	Country of Issuance UNITED STATES
	Vehicle Identification Number JA4AP3AU4GZ027124	Make MITSUBISHI	Year 2016	Model WAGON
	Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 6--REAR	Vehicle Damage		
Extent Of Damage DISABLING DAMAGE	5--RIGHT REAR CORNER, 6--REAR			

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER		
		What Driver Was Doing LEFT TURN	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION			
01	01	Driver Distractions NOT DISTRACTED			
		Owner Name JACKI C SMITH-SCHAAFSSMA (305) 240-1494	Owner Address S1919 WHITETAIL DR PO BOX 570 LAKE DELTON, WI 53940 , US		
Sequence Of Events					
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
Policy Holder					
UNIT	INDIVIDUAL	Insurance Company GEICO-GENERAL-INS-CO	Individual JACKI SMITH-SCHAAFSSMA		
		Driver JACKI C SMITH-SCHAAFSSMA (305) 240-1494	Citations Issued 0	Sex FEMALE	
UNIT	INDIVIDUAL	Date of Birth [REDACTED]	Race WHITE		
		Address S1919 WHITETAIL DR PO BOX 570 LAKE DELTON, WI 53940 , US	Driver License Number [REDACTED] STATE: TEXAS COUNTRY: UNITED STATES		
01	001	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
		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

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
02	02	Driver Distractions DISTRACTION/INATTENTION, OUTSIDE THE VEHICLE (INCLUDES UNSPECIFIED EXTERNAL DISTRACTIONS)			
		Owner Name KANGAROO TAXI DELLS ROO LLC (608) 432-4627		Owner Address 101 PROGRESSIVE DR PO BOX 629 WISCONSIN DELLS, WI 53965 , US	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company COVERRA		Organization/Company DELLS ROO LLC	
UNIT	INDIVIDUAL	Driver ALVARO DOWGLAS MUNOZ (608) 844-3393		Citations Issued 01	Sex MALE
		Address 161 W HIAWATHA DR WISCONSIN DELLS, WI 53965 , US		Date of Birth [REDACTED]	Race HISPANIC
				Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment		On Duty Crash	
02	002	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection		Airbag NON DEPLOYED	
		Injury		Injury Severity NO APPARENT INJURY	
Ejected NOT EJECTED		Trapped/Extricated NOT TRAPPED			

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	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
	Hospital	Date of Death	Time of Death	
UNIT	Non Motorist	Striking Unit #	Prior Action	
		Location	To/From School	
INDIVIDUAL	Action			
	Action Other			
02	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
002	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
	Drug Type			
002	Individual Condition			
	APPEARED NORMAL			
01	Violations			
	UTC Number AD980866	Issue To? 002	Statute Number 346.89(1)	Seq Num 001
01	Description INATTENTIVE DRIVING			
	Carrier			
02	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source DRIVER		
	Name KANGAROO TAXI USDOT# 2347907	Address 101 PROGRESSIVE DR PO BOX 629 WISCONSIN DELLS, WI 53965 , US		
01	GVWR 10,000 LBS OR LESS	Vehicle Configuration BUS/LARGE VAN (SEATS FOR 9-15 OCCUPANTS, INC	Cargo Body Type BUS/LARGE VAN (SEATS FOR 9-15 OCCUPA	
	US DOT # 2347907	Carrier Type INTRASTATE CARRIER	Permitted Load NOT APPLICABLE	
TRUCK	<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit
	<input type="checkbox"/> Escort Vehicle Present			
BUS	Measured Height	Measured Length	Measured Width	Measured Weight