

6TL09PBQ98
18-10104

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 18-10104	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 09/11/2018		Crash Time 03:10 PM	Date Arrived 09/11/2018	Time Arrived 03:18 PM	
Date Notified 09/11/2018		Time Notified 03:11 PM	Total Units 02	Total Injured 02	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 2 IS A RURAL MAIL CARRIER AND WAS PARKED ON THE WEST SHOULDER OF CTH PF FACING SOUTH, SORTING MAIL. UNIT 1 WAS SOUTHBOUND ON CTH PF. UNIT 1 OPERATOR STATED HE THOUGHT HE HAD ROOM TO AVOID CONTACTING UNIT 2. UNIT 1 CRASHED INTO THE RIGHT REAR OF UNIT 2. UNIT 1 OVERTURNED AND CAME TO REST IN THE CENTER OF CTH PF ON IT'S ROOF. UNIT 2 AS A RESULT OF THE CRASH TRAVELING DOWN AN EMBANKMENT OF THE WEST SIDE OF THE ROAD WITH THE FRONT END COMING TO REST IN A CULVERT/DRAINAGE AREA.

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Location

ON CTHPF SB 0.26 MI N OF N LIMIT RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.472476567	Longitude -89.847026679
	X Coordinate 269724.3125	Y Coordinate 4817222.5
	Structure Type	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location SHOULDER RIGHT		
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) 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	
Closure Type FULL CLOSURE	Reasons for Closure		
Date Initial Lane/Rd Closed 09/11/2018	Time Initial Lane/Rd Closed 03:18 PM	TOW TRUCK	
Date All Lanes Open 09/11/2018	Time All Lanes Open 03:45 PM	Date Scene Cleared 09/11/2018	Time Scene Cleared 03:45 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 2	Total Trailers 0	
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Total HazMat Types 0	
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE	Special Function NO SPECIAL FUNCTION	Speed Limit 55	Total Lanes 2	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL	Emergency Motor Vehicle Use NOT APPLICABLE		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Traffic Control Inoperative/Missing NO		
	Truck Bus or HazMat NO	Road Grade LEVEL			
	Vehicle				
	License Plate Number 509NLF	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number JTDKB20UX83454381	Make TOYOTA	Year 2008	Model PRIUS		

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UNIT	VEHICLE	Color WHI - WHITE	Body Style 4D - 4DR	Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage	
		Extent Of Damage DISABLING DAMAGE	ALL AREAS	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions FAILED TO KEEP IN DESIGNATED LANE		
		Driver Distractions UNKNOWN IF DISTRACTED		
		Owner Name JARED SANFORD HILLING (608) 432-2644	Owner Address 110 N MAPLE ST NORTH FREEDOM, WI 53951 , US	
		Sequence Of Events		
UNIT	VEHICLE	01 Event PARKED MOTOR VEHICLE		
		02 Event		
		03 Event		
		04 Event		
UNIT	INDIVIDUAL	Individual		
		Driver JARED SANFORD HILLING (608) 432-2644	Citations Issued 2	Sex MALE
			Date of Birth [REDACTED]	Race INDIAN
		Address 110 N MAPLE ST NORTH FREEDOM, WI 53951 , 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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UNIT	INDIVIDUAL	01	001	Injury	Injury Severity SUSPECTED MINOR 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			
UNIT	INDIVIDUAL	01	001	Drug Type					
		Individual Condition APPEARED NORMAL							
		Violations							
UNIT	INDIVIDUAL	03	001	UTC Number AD978873	Issue To? 001	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MOTOR VEHICLE W/O INSURANCE	
		02	001	UTC Number AD978874	Issue To? 001	Statute Number 346.34(1)(a)3	Seq Num 001	Description DEVIATING FROM LANE OF TRAFFIC	

Unit Summary

UNIT	INDIVIDUAL	02	Unit Status LEGALLY PARKED		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 SOUTHBOUND		<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 705TKD	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 1A4GP45R06B656540	Make CHRYSLER	Year 2006	Model TOWN & AMP
			Color BLU - BLUE	Body Style VN - VAN	Bus Use NOT A BUS	
			Initial Contact Point 6--REAR	Vehicle Damage		
			Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER, 11--LEFT FRONT CORNER, 12--FRONT		
			Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING		
			What Driver Was Doing LEGALLY PARKED	Vehicle Factors		
UNIT VEHICLE	02	02	Driver Prior Action Other	NOT APPLICABLE		
			Driver Actions NO CONTRIBUTING ACTION			
			Driver Distractions NOT DISTRACTED			
		Owner Name THOMAS H THIEL (608) 522-4850	Owner Address E7962 MAPLE HILL RD NORTH FREEDOM, WI 53951 , US			
Sequence Of Events						
UNIT INDIVIDUAL	01	01	Event MOTOR VEH IN TRANSPORT			
	02	02	Event			
	03	03	Event			
	04	04	Event			
Policy Holder						
		Insurance Company NATIONAL-GENERAL-INS-CO	Individual THOMAS THIEL			
Individual						
		Occupant Of Motor Vehicle Not In Transport THOMAS H THIEL (608) 522-4850	Citations Issued 0	Sex MALE		
			Date of Birth [REDACTED]	Race WHITE		
		Address E7962 MAPLE HILL RD NORTH FREEDOM, WI 53951 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment	On Duty Crash			

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02	002	Safety Equipment		NONE USED - VEHICLE OCCUPANT				
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		NONE USED - VEHICLE OCCUPANT				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
		Injury		Injury Severity SUSPECTED MINOR INJURY		Airbag UNKNOWN		
		Ejected UNKNOWN		Ejection Path UNKNOWN		Trapped/Extricated UNKNOWN		
		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
		UNIT	INDIVIDUAL	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				
02	002							