

6TL0B17159
18-10066

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 18-10066		Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 09/10/2018		Crash Time 04:30 PM		Date Arrived 09/10/2018		Time Arrived 04:47 PM	
Date Notified 09/10/2018		Time Notified 04:31 PM		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>	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 OPERATING A FARM TRACTOR WITH 4 WAY FLASHERS ON ATTEMPTING TO TURN LEFT (WEST) ONTO HILLPOINT ROAD. UNIT 1 STATED ANOTHER CAR PASSED THE TRACTOR PREVIOUS TO THE TURN WITH NO ISSUE. UNIT 1 STATED SHE SAW NO BLINKER OR INDICATION THE TRACTOR WAS TURNING LEFT. THE TRACTOR HAD 4 WAY HAZARDS OPERATING AT THE TIME OF THE CRASH BUT THE TRACTOR IS NOT EQUIPPED WITH TURN SIGNALS. UNIT 1 WAS PASSING THE TRACTOR ON THE LEFT AS THE TRACTOR WAS MAKING HIS LEFT TURN. THE FRONT DRIVERS SIDE AND REAR PASSENGER SIDE OF THE CAR STRUCK IN THE SOUTHBOUND LANE. THE TRACTOR CONTINUED ON COMING TO REST AGAINST A POLE SHED DOOR CAUSING DAMAGE TO THE SLIDING DOOR.
TRACTOR OPERATOR LEROY E. JUDD 608-727-4423

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Location

ON STH154 WB 19 FT S OF VILLAGE ST IN THE TOWN OF WASHINGTON IN SAUK COUNTY	Latitude 43.423671722	Longitude -90.11239624
	X Coordinate 248056.671875	Y Coordinate 4812570.5
	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) 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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

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 NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2
	Most Harmful Event: Collision With OTHER NON-COLLISION		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				

01 UNIT VEHICLE	Vehicle			
	License Plate Number ABN9964	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KNDPM3AC5H7063613	Make KIA MOTORS CORPORA	Year 2017	Model SPORTAGE
	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 5--RIGHT REAR CORNER	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR		

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By SHIELDS TOWING		
		What Driver Was Doing OVERTAKE LEFT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION			
01	01	Driver Distractions NOT DISTRACTED			
		Owner Name COURTNEE NICOLE PHILLIPS (608) 604-3257	Owner Address 436 S PARK ST RICHLAND CENTER, WI 53581 , US		
Sequence Of Events					
UNIT	INDIVIDUAL	01	Event OTHER NON-MOTORIST		
		02	Event		
		03	Event		
		04	Event		
Policy Holder					
UNIT	INDIVIDUAL	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual COURTNEE PHILLIPS		
		Driver COURTNEE NICOLE PHILLIPS (608) 604-3257	Citations Issued 0	Sex FEMALE	
UNIT	INDIVIDUAL	Date of Birth [REDACTED]	Race WHITE		
		Address 436 S PARK ST RICHLAND CENTER, WI 53581 , US	Driver License Number [REDACTED] STATE: WISCONSIN 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 NO APPARENT 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 NOT TOWED		Vehicle Removed By OWNER		
		What Driver Was Doing LEFT TURN		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION				
02	02	Driver Distractions NOT DISTRACTED				
		Owner Name LEROY E JUDD (608) 727-4423		Owner Address S5888 ELI VALLEY RD LOGANVILLE, WI 53943 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	Driver LEROY E JUDD (608) 727-4423		Citations Issued 0	Sex MALE	
		Address S5888 ELI VALLEY RD LOGANVILLE, WI 53943 , US		Date of Birth [REDACTED]	Race WHITE	
		Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES		
		Equipment	On Duty Crash	Safety Equipment		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	NONE USED - VEHICLE OCCUPANT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	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					

Property Owner

PROP OWNER 01	Individual JONAS L GRABER (608) 699-6395		Address S6750 HILLPOINT RD HILLPOINT, WI 53937 , US	
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Fixed Objects Struck

01	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	02	OTHER FIXED OBJECT		0