

6TL09JDKW5
18-10320

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 18-10320	Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 09/17/2018		Crash Time 04:45 AM	Date Arrived 09/17/2018	Time Arrived 04:50 AM	
Date Notified 09/17/2018		Time Notified 04:50 AM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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;">USH 14</p> <p style="text-align: center;">DRAWING NOT TO SCALE</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 1 WAS TRAVELING W/B ON USH 14. UNIT 2 WAS TRAVELING E/B ON USH 14. UNIT 2 TRAVELED LEFT OF CENTER LEAVING ITS DESIGNATED LANE AND SIDE SWIPED UNIT 1. AFTER IMPACT UNIT 2 LEFT THE SCENE AND CONTINUED E/B ON USH 14. UNIT 1 PULLED OVER ONTO THE SHOULDER AND CONTACTED LAW ENFORCEMENT. UNKNOWN VEHICLE DESCRIPTION FOR UNIT 2 AND THE OPERATOR OF UNIT 1 BELIEVED THE DENSE FOG IN THE AREA WAS A CONTRIBUTING FACTOR IN THE CRASH.

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Location

ON USH14 WB 0.72 MI S OF RAINBOW RD IN THE VILLAGE OF SPRING GREEN IN SAUK COUNTY	Latitude 43.171983121	Longitude -90.04582493
	X Coordinate 252425.75	Y Coordinate 4784418
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) FOG		
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

UNIT 01	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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire 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					

UNIT 01	Vehicle				
	License Plate Number ABL8597	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 4S4BREKC5B2418558	Make SUBARU	Year 2011	Model OUTBACK	
	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	
	Initial Contact Point 10--LEFT SIDE FRONT	Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE	9--LEFT SIDE MIDDLE			

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION			
01	01	Driver Distractions NOT DISTRACTED			
		Owner Name TERESA L FORBES (616) 935-5433		Owner Address 302 SAMUEL DR # 108 MADISON, WI 53717 , US	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual TERESA FORBES	
UNIT	INDIVIDUAL	Driver TERESA L FORBES (616) 935-5433		Citations Issued 0	Sex FEMALE
		Address 302 SAMUEL DR # 108 MADISON, WI 53717 , US		Date of Birth [REDACTED]	Race
		Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment		On Duty Crash	
01	001	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	
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 HIT AND RUN	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? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire 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				

UNIT 02	Vehicle			
	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number	Make	Year	Model
	Color	Body Style		Bus Use NOT A BUS
	Initial Contact Point UNKNOWN	Vehicle Damage		
	Extent Of Damage UNKNOWN	UNKNOWN		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors UNKNOWN	
	Driver Prior Action Other			
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE, UNKNOWN			
02	Driver Distractions UNKNOWN IF DISTRACTED			
	Owner Name		Owner Address	
Sequence Of Events				
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Individual			
	Driver UNKNOWN		Citations Issued 0	Sex
	Address , ,		Date of Birth	Race
			Driver License Number	
02	Equipment		On Duty Crash	Safety Equipment
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT APPLICABLE
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #

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UNIT INDIVIDUAL 02 002	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		Suspected Drug Use		
	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 NOT OBSERVED					