

6TL09JDKW6
18-10490

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 18-10490	Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 09/21/2018		Crash Time 07:05 AM	Date Arrived 09/21/2018	Time Arrived 07:15 AM	
Date Notified 09/21/2018		Time Notified 07:06 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>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 2 WAS STOPPED AT THE TRAFFIC SIGNAL(YELLOW) FACING E/B ON CTH PF. UNIT 1 WAS TRAVELING E/B ON CTH PF AND REAR ENDED UNIT 2. AFTER IMPACT BOTH UNITS PROCEEDED THROUGH THE INTERSECTION AND PARKED ON THE EASTBOUND SHOULDER OF CTH PF.

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Location

ON CTHPF EB 0.79 MI N OF USH12 WB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.293058398	Longitude -89.759270448
	X Coordinate 276162.9375	Y Coordinate 4797056.5
	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) WET	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 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 2	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 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 TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

01 UNIT	Vehicle			
	License Plate Number 632WML	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2T3DFREV4EW228756	Make TOYOTA	Year 2014	Model RAV4 LIMIT
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage 12--FRONT		
Extent Of Damage MINOR DAMAGE				

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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 FOLLOWING TOO CLOSE, FAILURE TO CONTROL				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name ANTHONY J RENGER (608) 415-2114		Owner Address E5293 OHIO RD LOGANVILLE, WI 53943 , 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 ANTHONY RENGER		
UNIT	INDIVIDUAL	Individual				
		Driver SAMANTHA SUSAN RENGER (608) 415-2114		Citations Issued 0	Sex FEMALE	
		Address E5293 OHIO RD LOGANVILLE, WI 53943 , US		Date of Birth [REDACTED]	Race WHITE	
		Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Equipment		On Duty Crash		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment 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					
UNIT	INDIVIDUAL	Individual					
		Passenger ANTHONY JOSEPH ROGERS (608) 415-7317		Citations Issued 0	Sex MALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address 603 GREENFIELD DR DEFOREST, WI 53532 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		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		
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		

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Action			
		Action Other			
	01	002	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 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 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 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 TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
		Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 676TZH	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number WDBKK49F72F268530	Make MERCEDES BENZ	Year 2002	Model SLK 230
		Color BLK - BLACK	Body Style RD - ROADSTER		Bus Use NOT A BUS
		Initial Contact Point 6--REAR	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	6--REAR		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		

WISCONSIN MOTOR VEHICLE
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UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
		Driver Distractions NOT DISTRACTED	
		Owner Name JEFFREY J THIEDING (608) 963-6452	Owner Address E5294 OHIO RD LOGANVILLE, WI 53943 , US
02	02	Sequence Of Events	
		01	Event MOTOR VEH IN TRANSPORT
		02	Event
		03	Event
04	Event		
UNIT	INDIVIDUAL	Policy Holder	
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual JEFFREY THIEDING
UNIT	INDIVIDUAL	Individual	
		Driver JEFFREY J THIEDING (608) 963-6452	Citations Issued 0
UNIT	INDIVIDUAL	Date of Birth [REDACTED]	Sex MALE
		Address E5294 OHIO RD LOGANVILLE, WI 53943 , US	Race WHITE
UNIT	INDIVIDUAL	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
		Equipment	On Duty Crash
UNIT	INDIVIDUAL	Safety Equipment	SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Use
UNIT	INDIVIDUAL	Helmet Compliance	Eye Protection
		Tint Compliance	Injury
UNIT	INDIVIDUAL	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL
UNIT	INDIVIDUAL	Trapped/Extricated NOT TRAPPED	Medical Transport NOT TRANSPORTED
		EMS Agency Identifier	EMS Run #
UNIT	INDIVIDUAL	Hospital	Date of Death
		Time of Death	Non Motorist
		Striking Unit #	Prior Action
		Location	To/From School

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UNIT	INDIVIDUAL	Action		
		Action Other		
02	003	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		