

6TL09B7D9D  
18-10407

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 <b>18-10407</b>	Investigating Officer/Deputy <b>DEPUTY A. MEEKER</b>	
Crash Date <b>09/18/2018</b>		Crash Time <b>11:48 PM</b>	Date Arrived <b>09/19/2018</b>	Time Arrived <b>12:06 AM</b>	
Date Notified <b>09/18/2018</b>		Time Notified <b>11:52 PM</b>	Total Units <b>02</b>	Total Injured <b>04</b>	Total Killed <b>00</b>
<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 <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>A. MEEKER #9158</b>
	Additional Information <b>PHOTOS</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

DRIVER OF UNIT 1 WAS CRESTING THE HILL ON COUNTY HWY P WHICH BEGINS A 45 MPH ZONE. UNIT 2 WAS ALREADY IN THE SLOWER SPEED ZONE DECELERATING WHEN UNIT 1 APPROACHED FROM THE REAR TOO FAST. UNIT 1 MADE CONTACT WITH UNIT 2. UNIT 1 GLANCED OFF UNIT 2 TOWARDS THE DITCH, STRUCK THE CULVERT AND ROLLED OVER 2-3 TIMES BEFORE COMING TO A REST. DRIVER OF UNIT 1 WAS ISSUED CITATIONS FOR FOLLOWING TOO CLOSELY AND UNREASONABLE AND IMPRUDENT SPEED.

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Location

<b>ON E9891 CTHP EB 1026 FT E OF HERWIG RD (HOUSE/BUILDING E9891)</b>  <b>IN THE TOWN OF DELTON IN SAUK COUNTY</b>	Latitude <b>43.590368324</b>	Longitude <b>-89.833489273</b>
	X Coordinate <b>271265.6875</b>	Y Coordinate <b>4830279</b>
	Structure Type <b>HOUSE/BUILDING</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>		<b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>09/18/2018</b>	Time Initial Lane/Rd Closed <b>11:57 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>09/19/2018</b>	Time All Lanes Open <b>12:46 AM</b>	Date Scene Cleared <b>09/18/2018</b>	Time Scene Cleared <b>12:46 AM</b>

Unit Summary

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>PASSENGER CAR</b>					Operating As Endorsements		
		Total Occs <b>03</b>	Train/Bus # Injured	Total # Citations Issued <b>02</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>			
		Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>			
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>HILLCREST</b>			
		Truck Bus or HazMat <b>NO</b>							
		<b>01</b>	<b>01</b>	<b>Vehicle</b>					
				License Plate Number <b>ACE9943</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>3FAHP07127R183706</b>				Make <b>FORD</b>	Year <b>2007</b>	Model <b>FUSION</b>			

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UNIT	VEHICLE	Color <b>RED - RED</b>	Body Style <b>SD - SEDAN</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>10--LEFT SIDE FRONT</b>	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>ALL AREAS</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>PLATTS WRECKER</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>EXCEED SPEED LIMIT, FOLLOWING TOO CLOSE</b>		
		Driver Distractions <b>UNKNOWN IF DISTRACTED</b>		
		Owner Name <b>STEPHANIE D KNUTH (608) 415-9862</b>	Owner Address <b>E8050 N REEDSBURG RD REEDSBURG, WI 53959 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event <b>CULVERT</b>		
		Event <b>OVERTURN/ROLLOVER</b>		
		Event		
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>TRENTEN ANDRES</b>	
		Driver <b>TRENTEN M ANDRES (608) 415-9862</b>	Citations Issued <b>2</b>	Sex <b>MALE</b>
UNIT	INDIVIDUAL	Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Address <b>E8050 N REEDSBURG RD REEDSBURG, WI 53959 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	Helmet Compliance	

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01	UNIT	INDIVIDUAL	Eye Protection		Tint Compliance				
			<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>		
			Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
			Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000123</b>		EMS Run #		
			Hospital <b>REEDSBURG AREA MED CTR</b>		Date of Death		Time of Death		
			<b>Non Motorist</b>		Striking Unit #	Prior Action		Location	To/From School
			Action						
			Action Other						
			<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
			Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>PRELIMINARY BREATH TEST (P</b>		Alcohol Test Results <b>00</b>		
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results					
01	UNIT	INDIVIDUAL	Drug Type				Individual Condition <b>APPEARED NORMAL</b>		
			<b>Individual</b>						
			Passenger <b>KALEB T RHODES (999) 999-9999</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>	
			Address <b>435 N PARK ST REEDSBURG, WI 53959 , US</b>			Date of Birth [REDACTED]		Race <b>WHITE</b>	
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>						
01	UNIT	INDIVIDUAL	<b>Equipment</b>		On Duty Crash			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
			Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>						
			Helmet Use		Helmet Compliance				
			Eye Protection		Tint Compliance				
			<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>					

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UNIT INDIVIDUAL	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000123</b>	EMS Run #		
	Hospital <b>SPECTRUM HEALTH-REED CITY CA</b>		Date of Death	Time of Death		
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
	Action					
	Action Other					
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
UNIT INDIVIDUAL	<b>Individual</b>					
	Passenger <b>CHLOE R SMITH (608) 548-1933</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
			Date of Birth [REDACTED]	Race <b>WHITE</b>		
	Address <b>E8315 STATE RD 23 AND 33 REEDSBURG, WI 53959 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
	<b>Equipment</b>		On Duty Crash	Safety Equipment		
	Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>		<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #			
Hospital		Date of Death	Time of Death			
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School	

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UNIT	INDIVIDUAL	Action					
		Action Other					
	01	003	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type		Drug Test Results	
			Drug Type				
			Individual Condition <b>APPEARED NORMAL</b>				
	02	01	<b>Violations</b>				
			UTC Number <b>AE141919</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Seq Num <b>001</b>	Description <b>UNREASONABLE AND IMPRUDENT SPEED</b>
			UTC Number <b>AE141920</b>	Issue To? <b>001</b>	Statute Number <b>346.14(1m)</b>	Seq Num <b>001</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>

Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>			
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>					Operating As Endorsements		
		Total Occs <b>01</b>		Train/Bus # Injured		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>		Direction Of Travel <b>EASTBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>45</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>			Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>			Road Grade <b>HILLCREST</b>	
		Truck Bus or HazMat <b>NO</b>							

UNIT	02	<b>Vehicle</b>					
		License Plate Number <b>NG9611</b>		Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1C6RR7PT1DS632917</b>		Make <b>RAM</b>		Year <b>2013</b>	Model <b>1500</b>
		Color <b>BLK - BLACK</b>		Body Style <b>PK - PICKUP</b>			Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>6--REAR</b>		Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>6--REAR</b>			

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>JAKE"S</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	02	Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>SARAH B HILL (608) 393-0256</b>		Owner Address <b>235 S GROVE ST REEDSBURG, WI 53959 , US</b>	
<b>Sequence Of Events</b>					
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	04	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>SARAH HILL</b>	
UNIT	INDIVIDUAL	Driver <b>SARAH B HILL (608) 393-0256</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Address <b>235 S GROVE ST REEDSBURG, WI 53959 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
		Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
		<b>Equipment</b>		On Duty Crash	
02	004	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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<b>UNIT</b> <b>INDIVIDUAL</b>       <b>02</b> <b>004</b>	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000123</b>	EMS Run #		
	Hospital <b>REEDSBURG AREA MED CTR</b>	Date of Death	Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
	Action				
	Action Other				
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				