

6TL0B3P3DD
18-10734

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 18-10734	Investigating Officer/Deputy DEPUTY S. PARKHURST	
Crash Date 09/27/2018		Crash Time 04:50 PM	Date Arrived 09/27/2018	Time Arrived 05:15 PM	
Date Notified 09/27/2018		Time Notified 04:55 PM	Total Units 02	Total Injured 01	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 WAS EASTBOUND ON CTH X AND SLOWING TO TURN SOUTH ONTO CTH W. UNIT 1 WAS TRAVELING EASTBOUND AND GOING TO CONTINUE EASTBOUND ON CTH X. UNIT 1 STRUCK THE REAR OF UNIT 2. UNIT 2 CAME TO REST IN THE NORTHERN DITCH. UNIT 1 CAME TO REST IN THE INTERSECTION.

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Location

ON CTHW SB 71 FT S OF CTHX SB IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.481341743	Longitude -89.634502297
	X Coordinate 286945.75	Y Coordinate 4817641
	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	Intersection Type T-INTERSECTION	
Closure Type LANE CLOSURE	Reasons for Closure LAW ENFORCEMENT, TOW TRUCK		
Date Initial Lane/Rd Closed 09/27/2018	Time Initial Lane/Rd Closed 04:50 PM		
Date All Lanes Open 09/27/2018	Time All Lanes Open 05:56 PM	Date Scene Cleared 09/27/2018	Time Scene Cleared 05:56 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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Total HazMat Types 0	
	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 SAG(BOTTOM)		
	Truck Bus or HazMat NO				
	Vehicle				
		License Plate Number 317JDD	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KMHWF35H54A015050	Make HYUNDAI	Year 2004	Model SONATA GLS	

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UNIT	VEHICLE	Color GRY - GRAY	Body Style 4D - 4DR	Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage	
		Extent Of Damage DISABLING DAMAGE	12--FRONT	
		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 YIELD RIGHT-OF-WAY		
		Driver Distractions CARELESS/INATTENTION		
		Owner Name DEANNE L ROESSLER (608) 727-2800	Owner Address E5664 CTH W LOGANVILLE, WI 53943 , US	
		Sequence Of Events		
UNIT	VEHICLE	01 Event MOTOR VEH IN TRANSPORT		
		02 Event		
		03 Event		
		04 Event		
UNIT	INDIVIDUAL	Individual		
		Driver MARCUS M PENNIE (617) 516-4059	Citations Issued 2	Sex MALE
			Date of Birth [REDACTED]	Race BLACK
		Address 200 ASH ST BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		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		

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UNIT VEHICLE	02	02	License Plate Number 754WHS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number JTEBU5JR8E5180616	Make TOYOTA	Year 2014	Model 4RUNNER SR
			Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
			Initial Contact Point 6--REAR	Vehicle Damage		
			Extent Of Damage FUNCTIONAL DAMAGE	6--REAR		
			Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Removed By MIKES TOWING		
			What Driver Was Doing SLOW/STOPPING	Vehicle Factors		
			Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	02	02	Driver Actions NO CONTRIBUTING ACTION			
			Driver Distractions NOT DISTRACTED			
			Owner Name KRAEMER COMPANY LLC	Owner Address 820 WATCHER AVE PO BOX 235 PLAIN, WI 53577 , US		
UNIT INDIVIDUAL	Sequence Of Events					
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
Policy Holder						
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO			Organization/Company KRAEMER COMPANY LLC		
Individual						
	Driver DOUGLAS GRANT BETTINGER (608) 588-4320			Citations Issued 0		Sex MALE
				Date of Birth [REDACTED]		Race WHITE
	Address 1212 JACOB DR PRAIRIE DU SAC, WI 53578 , US			Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
	Equipment		On Duty Crash			

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02	002	Safety Equipment		SHOULDER & LAP BELT				
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance				
		Helmet Use		Tint Compliance				
		Eye Protection		Airbag NON DEPLOYED				
		Injury		Injury Severity NO APPARENT INJURY		Ejection Path NOT EJECTED/NOT APPLICABL		
		Ejected NOT EJECTED		Trapped/Extricated NOT TRAPPED		EMS Agency Identifier EMS Run #		
		Medical Transport NOT TRANSPORTED		Date of Death		Time of Death		
		Hospital		Striking Unit #		Prior Action		
		Non Motorist		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							