

6TL0B7D6Q3
18-11068

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 18-11068	Investigating Officer/Deputy DEPUTY A. SUKOWATEY	
Crash Date 10/05/2018		Crash Time 05:34 PM	Date Arrived 10/05/2018	Time Arrived 05:38 PM	
Date Notified 10/05/2018		Time Notified 05:35 PM	Total Units 02	Total Injured 02	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> <p>Not to Scale</p> <p>US HWY 12</p> <p>Turnaround labled for Law Enforcement and Maintenance trucks only</p> <p>Unit 1</p> <p>Unit 2</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.

THE OPERATOR OF UNIT ONE WAS NORTHBOUND ON US HWY 12 IN THE RIGHT LANE WHEN HE ATTEMPTED TO CROSS THE LEFT LANE AND MAKE AN ILLEGAL U-TURN THROUGH THE MEDIAN. THE OPERATOR OF UNIT 2 STRUCK THE DRIVERS SIDE WHEEL AREA OF UNIT ONE AS UNIT ONE CROSSED INTO HIS LANE, CAUSING UNIT ONE TO SPIN OUT OF CONTROL AND COME TO REST SIDEWAYS ACROSS BOTH LANES OF TRAFFIC. UNIT 2 CAME TO REST IN THE MEDIAN OF US HWY 12.

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Location

ON USH12 WB 0.40 MI S OF STH33 WB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.504989134	Longitude -89.781417367
	X Coordinate 275151.96875	Y Coordinate 4820654
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY, RAIN			
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	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 10/05/2018	Time Initial Lane/Rd Closed 05:35 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 10/05/2018	Time All Lanes Open 07:07 PM	Date Scene Cleared 10/05/2018	Time Scene Cleared 07:07 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 2	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 4		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	Vehicle						
	License Plate Number 8407431		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES		
Vehicle Identification Number 4T1BF28B24U371776		Make TOYOTA	Year 2004	Model AVALON			

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UNIT	VEHICLE	Color WHI - WHITE	Body Style 4D - 4DR	Bus Use NOT A BUS
		Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING	
		What Driver Was Doing CHANGING LANES	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions FAILED TO KEEP IN DESIGNATED LANE		
		Driver Distractions UNKNOWN IF DISTRACTED		
01	01	Owner Name WILFRED L ROTTMAN	Owner Address 4729 MOHAWK RD ROCKFORD, IL 61107 , US	
		Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT		
		Event LEFT TURN		
		Event		
		Event		
UNIT	02	Policy Holder		
		Insurance Company AUTO-OWNERS-INS-CO	Individual WILFRED ROTTMAN	
UNIT	INDIVIDUAL	Individual		
		Driver WILFRED L ROTTMAN	Citations Issued 1	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address 4729 MOHAWK RD ROCKFORD, IL 61107 , US	Driver License Number [REDACTED] STATE: ILLINOIS 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		

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01	UNIT	INDIVIDUAL	Eye Protection		Tint Compliance			
			Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag NON DEPLOYED		
			Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
			Medical Transport EMS GROUND		EMS Agency Identifier 6000123		EMS Run #	
			Hospital ST CLARE HOSP		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				
01	UNIT	INDIVIDUAL	Drug Type					
			Individual Condition APPEARED NORMAL					
			Individual					
			Passenger BETTY L ECKMAN		Citations Issued 0		Sex MALE	
			Date of Birth [REDACTED]		Race WHITE			
Address 4729 MOHAWK RD ROCKFORD, IL 61107 , US		Driver License Number						
01	UNIT	INDIVIDUAL	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 DEPLOYED-FRONT		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED				

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UNIT	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						
01	Violations						
	UTC Number AD980364	Issue To? 001	Statute Number 346.13(1)	Seq Num 001	Description UNSAFE LANE DEVIATION		

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 NORTHBOUND		<input type="checkbox"/> Pre CrashTire Mark		Speed Limit 65	Total Lanes 4
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER				Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type CONCRETE				Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO							
		02	02	Vehicle					
				License Plate Number 449YYS		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 2G4WS52M5V1412861				Make BUICK		Year 1997	Model CENTURY CU		
Color GLD - GOLD				Body Style 4D - 4DR			Bus Use NOT A BUS		

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UNIT	VEHICLE	Initial Contact Point 12--FRONT	Vehicle Damage	
		Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Driver Distractions NOT DISTRACTED		
		Owner Name JONATHAN HILBERT LEATHERBERRY (608) 393-6418	Owner Address 426 LOCUST ST BARABOO, WI 53913 , US	
02	02	Sequence Of Events		
		01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
UNIT	04	Event		
		Policy Holder		
UNIT	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual JONATHAN LEATHERBERRY	
		Driver JONATHAN HILBERT LEATHERBERRY (608) 393-6418	Citations Issued 0	Sex MALE
		Address 426 LOCUST ST BARABOO, WI 53913 , 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	SHOULDER & LAP BELT			
Helmet Use	Helmet Compliance			
Eye Protection	Tint Compliance			

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02	003	Injury	Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-FRONT			
		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			
	UNIT	INDIVIDUAL	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		
02	003	Drug Type						
		Individual Condition APPEARED NORMAL						