

6TL0B8M7TP
18-10908

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 18-10908		Investigating Officer/Deputy DEPUTY B. MEARS	
Crash Date 10/02/2018		Crash Time 07:55 AM		Date Arrived 10/02/2018		Time Arrived 08:18 AM	
Date Notified 10/02/2018		Time Notified 07:57 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 checked="" 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	

Location			
ON LINN ST/ STH136 EB 225 FT W OF LINN ST/ STH33 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY		Latitude 43.47476338	Longitude -89.7697573
		Lat/LongSource TLT/ILT	Access Control
		X Coordinate 275982.8125	Y Coordinate 4817265.5
		On Roadway Link ID# 5399906	On Roadway Link Offset 225
		Override <input type="checkbox"/>	Tribal Land
			Structure Type NO STRUCTURE

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	Environment Factor(s) NONE
Roadway Factor(s) BACKUP DUE TO REGULAR CONGESTION, WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)	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
Work Zone Crash Location ACTIVITY AREA	Work Zone Crash Type WORK ON SHOULDER OR MEDIAN
Workers Present NO	Law Enforcement Present NO
Work Zone Speed Limit 35	Advisory/Regulatory Speed Limit REGULATORY
	Normal Posted Speed Limit 35

Unit Summary	
Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS
Vehicle Type (SPORT) UTILITY VEHICLE	Unit Type AUTOMOBILE
	Operating As Endorsements
Total Occs 02	Train/Bus # Injured
Total # Citations Issued 0	Total Trailers 0
Total HazMat Types 0	Total Lanes 01
Insurance? YES	Direction Of Travel EASTBOUND
<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION
	Emergency Motor Vehicle Use NOT APPLICABLE

01 UNIT

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01	Traffic Way DIVIDED HWY MEDIAN W/BARRIER		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 INDIVIDUAL 01 UNIT INDIVIDUAL 01 UNIT INDIVIDUAL 01	Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use Driver Address	
	Individual Type INDIVIDUAL		Last Name LOOYE		First Name SCOTT	
	Middle Initial MARTIN		Suffix		Street Address E4016 SECTION 11 RD	
	Street Address 2		PO Box		City LA VALLE	
	State WI		Zip Code 53941		Country of Residence UNITED STATES	
	DOB [REDACTED]		Sex M		Race W	
	Hair BLOND		Eyes GREEN		Height 601	
	Weight 175		Phone Number (608) 415-9933 EXT.		Driver's License Number [REDACTED]	
	State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2025	
	Equipment		On Duty Accident		Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT		Helmet Use	
	Helmet Use		Helmet Compliance		Eye Protection	
	Eye Protection		Tint Compliance		Injury	
Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED		Ejected NOT EJECTED		
Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED		
EMS Agency Identifier		EMS Run #		Hospital		
Date of Death		Time of Death		Non Motorist		
Striking Unit #		Location		To/From School		
Prior Action		Action		Action Other		
Action Other		Individual Condition APPEARED NORMAL		Drug & Alcoh		
Suspected Alcohol Use		Suspected Drug Use				

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UNIT	INDIVIDUAL	NO		NO		
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results		
UNIT	INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		
		Drug Type				
01	INDIVIDUAL	Role PASSENGER	Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
		Last Name CLEMENTS	First Name LEXI		Middle Initial RAE	Suffix
UNIT	INDIVIDUAL	Street Address E8874 COUNTY ROAD H		Street Address 2		
		City WISCONSIN DELLS	State WI	Zip Code 53965	Country of Residence UNITED STATES	
UNIT	INDIVIDUAL	DOB [REDACTED]	Sex F	Race W	Hair BROWN	Eyes GREEN
			Height 504	Weight 125	Phone Number (608) 412-1177 EXT.	
UNIT	INDIVIDUAL	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES
		License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2025
UNIT	INDIVIDUAL	Equipment	On Duty Accident	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE	SHOULDER & LAP BELT			
UNIT	INDIVIDUAL	Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
UNIT	INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #	
		Hospital	Date of Death		Time of Death	
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location		To/From School
		Prior Action	Action			
UNIT	INDIVIDUAL	Action Other				
		Drug & Alcohol	Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	Suspected Alcohol Use NO		Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results		
UNIT	INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		

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UNIT 01 VEHICLE 01 INDIVIDUAL	Drug Type					
	License Plate Number ABE2618		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number SALFS24N48H015483			Year 2008	Make LAND ROVER	
	Model LR2 SE TEC		Body Style UT - SPORT UTILITY VEHICLE		Color GLD - GOLD	
	Initial Contact Point 6--REAR		Vehicle Damage 6--REAR			
	Extent Of Damage FUNCTIONAL DAMAGE					
	Towed Due To Damage NOT TOWED		Vehicle Factors NOT APPLICABLE			
	Vehicle Removed By OPERATOR					
	What Driver Was Doing SLOW/STOPPING		Driver Prior Action Other		Bus Use NOT A BUS	
	Driver Actions NO CONTRIBUTING ACTION		Driver Distractions NOT DISTRACTED			
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL		Company Name			
	Last Name LOOYE		First Name SCOTT		Middle MARTIN	Suffix [REDACTED]
	Street Address E4016 SECTION 11 RD		Street Address2		PO Box	
	City LA VALLE		St WI	Zip Code 53941	Country of Residence UNITED STATES	
Telephone Number (608) 415-9933 EXT.						
01	01	Event MOTOR VEH IN TRANSPORT				
01	02	Event				
01	03	Event				
01	04	Event				
Insurance Company GEICO-CASUALTY-CO		<input type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver		
Organization Type		Last Name		First Name		
				Policy Holder Company		

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UNIT HOLDER	INDIVIDUAL	LOOYE	ERIC
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Unit Summary

02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK		Operating As Endorsements
UNIT	Total Occs 01	Train/Bus # Injured	Total # Citations Issued 00
	Insurance? YES	Direction Of Travel EASTBOUND	Total Trailers 0
02	<input type="checkbox"/> Pre Crash Tire Mark		Total HazMat Types 0
	Speed Limit 35		Total Lanes 01
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION
	Emergency Motor Vehicle Use NOT APPLICABLE		
Traffic Way DIVIDED HWY MEDIAN W/BARRIER		Traffic Control TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL
Truck Bus or HazMat NO			

02	Role DRIVER	Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name BONHAM	First Name ROBERT	Middle Initial [REDACTED]	Suffix
UNIT	Street Address [REDACTED]		Street Address 2	
	City [REDACTED]		State WI	Zip Code [REDACTED]
	DOB [REDACTED]	Sex M	Race W	Country of Residence UNITED STATES
	Hair GRAY		Eyes BLUE	Height 506
03	Weight 320		Phone Number (608) 355-4855 EXT.	
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE
	Country of Issuance UNITED STATES		DL Expire Year 2026	
	License Type COMMERCIAL DRIVER LICENSE (GDL)		License Status VALID LICENSE	
	Equipment		On Duty Accident	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC)		Safety Equipment SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Airbag	
	Injury Severity NO APPARENT INJURY		NON DEPLOYED	
UNIT	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Non Motorist		Striking Unit #	To/From School
03	Prior Action		Action	

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UNIT INDIVIDUAL						
	Action Other					
	Drug & Alcohol		Individual Condition APPEARED NORMAL			
	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					
	License Plate Number 90519			Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3C6TR5HTXFG659620			Year 2015	Make RAM	Color RED - RED
	Model NO DATA FO		Body Style PK - PICKUP		Color RED - RED	
UNIT 02 02 VEHICLE	Initial Contact Point 12--FRONT		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		12--FRONT			
	Towed Due To Damage NOT TOWED		Vehicle Factors			
	Vehicle Removed By OPERATOR		NOT APPLICABLE			
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		Bus Use NOT A BUS	
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		Driver Distractions DISTRACTION/INATTENTION			
	<input type="checkbox"/> Vehicle Owner Same As Operator			<input type="checkbox"/> Use Operator Address		
	Organization Type GOVERNMENT		Company Name SAUK CO HIGHWAY DEPT			
	Last Name		First Name	Middle	Suffix	Date of Birth
	Street Address 620 LINN ST		Street Address2		PO Box	
City BARABOO		St WI	Zip Code 53913	Country of Residence UNITED STATES		
Telephone Number (608) 355-4855 EXT.						
UNIT 02	01 Event MOTOR VEH IN TRANSPORT					
	Event					

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UNIT HOL DER	03	Event		
	04	Event		
	02	Insurance Company WISCONSIN-COUNTY-MUTUAL-INS-CORP	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver
		Organization Type GOVERNMENT	Last Name	First Name
				Policy Holder Company SAUK CO HIGHWAY DEPT

Description

Diagram	Reconstruction By
<p>STH 33/CTH BD/W PINE ST</p> <p>STH 136/W. PINE ST</p> <p>NOT TO SCALE</p>	<p>Photos By DEPUTY MEARS</p> <p>Additional Information PHOTOS</p>

UNIT 1 WAS STOPPED AT A RED LIGHT FACING EB ON STH 136/LINN STOPPED BEHIND OTHER TRAFFIC. UNIT 2 WAS BEHIND UNIT 1, ALSO EB. THE TRAFFIC LIGHT TURNED GREEN AND TRAFFIC BEGAN TO MOVE FORWARD. TRAFFIC SLOWED AND BEGAN TO STOP AND UNIT 1 BRAKED/STOPPED. OPERATOR OF UNIT 2 STATED HE DID NOT SEE UNIT 1 STOP AS HE MAY HAVE LOOKED DOWN BRIEFLY. UNIT #2 STRUCK UNIT 1 ON THE REAR OF UNIT 1. BOTH UNITS PULLED OFF INTO A PARKING LOT. OPERATOR OF UNIT 2 WAS WARNED ABOUT INATTENTIVE DRIVING. UNITS HAD MODERATE FUNCTIONAL DAMAGE AND WERE DRIVEN FROM THE SCENE.

Signature

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

Law Enforcement Agency

Agency Space

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Officer Rank DEP	Officer Last Name MEARS	Officer First Name BILLIE	Officer Middle Name A	Suffix
DOT Officer ID 9165		DNR Officer ID	Officer Badge Number	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205	

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