

6TL09B7D9H  
18-11616

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>18-11616</b>	Investigating Officer/Deputy <b>DEPUTY A. MEEKER</b>	
Crash Date <b>10/19/2018</b>		Crash Time <b>04:39 PM</b>	Date Arrived <b>10/19/2018</b>	Time Arrived <b>04:54 PM</b>	
Date Notified <b>10/19/2018</b>		Time Notified <b>04:41 PM</b>	Total Units <b>02</b>	Total Injured <b>00</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
	Additional Information <b>NONE</b>

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 WHEN UNIT 1 REAR ENDED UNIT 2. DRIVER OF UNIT 1 STATED HE WAS TIRED AND FELL ASLEEP WHILE DRIVING. UNIT 1 WAS CITED FOR INATTENTIVE DRIVING.

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Location

ON USH12 WB 209 FT N OF RAMP IH90 WB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude <b>43.57056465</b>	Longitude <b>-89.778381635</b>
	X Coordinate <b>275640.84375</b>	Y Coordinate <b>4827929</b>
	Structure Type <b>NO STRUCTURE</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>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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>FULL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>10/19/2018</b>	Time Initial Lane/Rd Closed <b>04:50 PM</b>		
Date All Lanes Open <b>10/19/2018</b>	Time All Lanes Open <b>05:25 PM</b>	Date Scene Cleared <b>10/19/2018</b>	Time Scene Cleared <b>05:30 PM</b>

Unit Summary

UNIT 01	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>01</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>04</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	<b>Vehicle</b>						
		License Plate Number <b>NT5328</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
	Vehicle Identification Number <b>1GCCS14X3V8174285</b>	Make <b>CHEVROLET</b>	Year <b>1997</b>	Model <b>S10</b>			

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UNIT	VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>PK - PICKUP</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</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>OTHER CONTRIBUTING ACTION</b>		
		Driver Distractions <b>DISTRACTION/INATTENTION</b>		
		Owner Name <b>NICHOLAS L KARSTETTER (608) 495-1216</b>	Owner Address <b>2701 E MAIN ST # 97 REEDSBURG, WI 53959 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	01	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>	Individual <b>NICHOLAS KARSTETTER</b>	
		<b>Individual</b>		
UNIT	INDIVIDUAL	Driver <b>JOSEPH ROBERT OSBORN (608) 495-1216</b>	Citations Issued <b>01</b>	Sex <b>MALE</b>
		Address <b>2701 E MAIN ST # 97 REEDSBURG, WI 53959 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT	INDIVIDUAL	<b>Equipment</b>	On Duty Crash	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	Helmet Compliance	

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UNIT	01	001	Eye Protection	Tint Compliance			
			<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>UNKNOWN</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	
	INDIVIDUAL	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				
01	001	Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Violations</b>					
01	001	UTC Number <b>AE141934</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Seq Num <b>001</b>	Description <b>INATTENTIVE DRIVING</b>	

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER VAN</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>NORTHBOUND</b>		<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>04</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>			Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>						
		<b>Vehicle</b>						

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UNIT 02	VEHICLE 02	License Plate Number <b>NN1809</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTNE14W68DA66729</b>	Make <b>FORD</b>	Year <b>2008</b>	Model <b>ECONOLINE</b>
		Color <b>WHI - WHITE</b>	Body Style <b>VN - VAN</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>5--RIGHT REAR CORNER, 6--REAR</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
UNIT 02	VEHICLE 02	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
		Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>AL ANTHONY M BAILEY (608) 573-2067</b>	Owner Address <b>231 E ADAMS ST WISCONSIN DELLS, WI 53965 , US</b>		
<b>Sequence Of Events</b>					
UNIT 04	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
<b>Policy Holder</b>					
UNIT INDIVIDUAL	Insurance Company <b>ESURANCE-INSURANCE-COMPANY</b>		Individual <b>AL ANTHONY BAILEY</b>		
	Driver <b>AL ANTHONY M BAILEY (608) 573-2067</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>231 E ADAMS ST WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth [REDACTED]	Race <b>BLACK</b>	
		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Equipment</b>		On Duty Crash			

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02	002	Safety Equipment		SHOULDER & LAP BELT			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Helmet Compliance			
		Helmet Use		Tint Compliance			
		Eye Protection		Airbag <b>NON DEPLOYED</b>			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	
		Ejected <b>NOT EJECTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>		EMS Agency Identifier	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Run #		Date of Death	
		Hospital		Time of Death		Striking Unit #	
		<b>Non Motorist</b>		Prior Action		Location	
		To/From School		Action		Action Other	
02	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>			
		Suspected Drug Use <b>NO</b>		Alcohol Test Type			
		Alcohol Test Results		Drug Test Type			
		Drug Test Results		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>					