

6TL0BNZLXM
18-11812

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 18-11812	Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 10/24/2018		Crash Time 05:30 AM	Date Arrived 10/24/2018	Time Arrived 05:34 AM	
Date Notified 10/24/2018		Time Notified 05:31 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 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 A BREUNIG
	Additional Information NONE, PHOTOS

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

UNIT 1 WAS TRAVELING WESTBOUND ON USH 12. UNIT 2 WAS TRAVELING IN FRONT OF UNIT 1. UNIT 1 AND 2 WERE TRAVELING IN THE RIGHT LANE OF THE DIVIDED HIGHWAY. UNIT 1 REAR ENDED UNIT 2. UNIT 1 TRAVELED OFF THE RIGHT SIDE OF THE ROAD AND CAME TO REST. UNIT 2 SPUN AROUND AND CAME TO REST IN THE LEFT LANE FACING SOUTHWEST. OPERATOR OF UNIT 2 STATED THAT HE HAD SLOWED DOWN FOR DEER ON THE ROAD. HE STATED THAT HE WAS GOING 45 MPH WHEN HE WAS HIT. HE STATED THAT UNIT 1 HAD BEEN FOLLOWING CLOSELY BEHIND HIM. OPERATOR OF UNIT 1 STATED THAT HE WAS FOLLOWING UNIT 2. HE STATED THAT HE LOOKED TOWARDS THE RIGHT AS HE THOUGHT HE SAW SOME DEER. HE STATED THAT WHEN HE LOOKED FORWARD UNIT 2 WAS STOPPED ON THE ROAD.

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Location

INTERSECTION ON USH12 WB AT SKI HI RD IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.417330733	Longitude -89.772882671
	X Coordinate 275517.5625	Y Coordinate 4810895.5
	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 DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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

Unit Summary

01 UNIT	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 3	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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				

01 UNIT	Vehicle			
	License Plate Number ADK2418	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G4HP52K83U267292	Make BUICK	Year 2003	Model LESABRE
	Color BRO - BROWN	Body Style SD - SEDAN		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	12--FRONT		

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UNIT	VEHICLE	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			
		Driver Actions FOLLOWING TOO CLOSE, FAILURE TO CONTROL					
01	01	Driver Distractions UNKNOWN IF DISTRACTED					
		Owner Name ANDREW M GREENWOOD (608) 469-8149		Owner Address 4046 LORI CIR MADISON, WI 53714 , US			
		Sequence Of Events					
		01	Event MOTOR VEH IN TRANSPORT				
02	Event DITCH						
03	Event						
04	Event						
UNIT	INDIVIDUAL	Individual					
		Driver ANDREW M GREENWOOD (608) 469-8149		Citations Issued 3	Sex MALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address 4046 LORI CIR MADISON, WI 53714 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		01	001	Injury		Injury Severity NO APPARENT 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 #		

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UNIT	INDIVIDUAL	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						
		Violations						
UNIT	01	UTC Number	Issue To?	Statute Number	Seq Num	Description		
		AE753129	001	343.44(1)(a)	001	OPERATING AFTER SUSPENSION		
		UTC Number	Issue To?	Statute Number	Seq Num	Description		
UNIT	02	AE753130	001	344.62(1)	001	OPERATE MOTOR VEHICLE W/O INSURANCE		
		UTC Number	Issue To?	Statute Number	Seq Num	Description		
UNIT	03	AE753131	001	346.14(1m)	001	AUTOMOBILE FOLLOWING TOO CLOSELY		

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type (SPORT) UTILITY VEHICLE					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 WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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							
		UNIT	02	License Plate Number 295VZT		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FMCU0EG5BKB96026				Make FORD	Year 2011	Model ESCAPE LIM			

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UNIT	VEHICLE	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS
		Initial Contact Point 5--RIGHT REAR CORNER	Vehicle Damage 5--RIGHT REAR CORNER	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING	
		What Driver Was Doing SLOW/STOPPING	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions NO CONTRIBUTING ACTION		
		Driver Distractions NOT DISTRACTED		
02	02	Owner Name DENNIS GORDON DAHLKE (608) 963-6030	Owner Address 1015 EAGLE VIEW CT PRAIRIE DU SAC, WI 53578 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company METROPOLITAN-GROUP-PROPERTY-&-CASUAL	Individual DENNIS DAHLKE		
UNIT	Individual			
	Driver DENNIS GORDON DAHLKE (608) 963-6030	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 1015 EAGLE VIEW CT PRAIRIE DU SAC, WI 53578 , 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		

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02	002	Eye Protection		Tint Compliance				
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			
		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		
		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	002	Drug Type						
		Individual Condition APPEARED NORMAL						