

6TL0B1715D
18-11836

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0B1715D

Document Number Override		Primary Crash Document #		Agency Crash Number 18-11836		Investigating Officer/Deputy DEPUTY I. HANSON		
Crash Date 10/24/2018		Crash Time 04:27 PM		Date Arrived 10/26/2018		Time Arrived 04:50 PM		
Date Notified 10/24/2018		Time Notified 04:31 PM		Total Units 02		Total Injured 01	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> <p style="text-align: center;">not scale</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 STOPPED IN TRAFFIC WAITING TO MAKE A LEFT TURN ONTO SOUTH STREET. UNIT 1 WAS WEST ON STATE 33. UNIT 1 STATED TRIED TO SLOW DOWN BY SLAMMING THE BRAKES AS SHE NOTICED UNIT 2 STOPPED. UNIT 1 WAS UNABLE TO SLOW IN TIME AND STRUCK THE REAR OF UNIT 2 WITH HER FRONT END. 9109

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Location

ON E MAIN ST/ STH33 WB 90 FT E OF SOUTH ST IN THE VILLAGE OF LA VALLE IN SAUK COUNTY	Latitude 43.5814697	Longitude -90.123990338
	X Coordinate 247776.578125	Y Coordinate 4830132
	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) 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 2	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	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 LEVEL	
	Truck Bus or HazMat NO				

01 UNIT	Vehicle			
	License Plate Number 376XTK	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C3CCCAB3FN665805	Make CHRYSLER	Year 2015	Model 200
	Color BLU - BLUE	Body Style SD - SEDAN		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12--FRONT		

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
		What Driver Was Doing SLOW/STOPPING	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions FOLLOWING TOO CLOSE			
01	01	Driver Distractions DISTRACTION/INATTENTION			
		Owner Name KATELYNN IRENE PORTZEN (608) 495-3619	Owner Address N202 BELL LOOP RD WONEWOC, WI 53968 , US		
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company GEICO-ADVANTAGE-INSURANCE-CO	Individual KATELYNN PORTZEN		
UNIT	INDIVIDUAL	Individual			
		Driver KATELYNN IRENE PORTZEN (608) 495-3619	Citations Issued 01	Sex FEMALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address N202 BELL LOOP RD WONEWOC, WI 53968 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	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	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED

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UNIT	INDIVIDUAL	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					
UNIT	INDIVIDUAL	Individual					
		Passenger TUCKER A BOEHM (608) 495-3619		Citations Issued 0	Sex MALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address N202 BELL LOOP RD WONEWOC, WI 53968 , US		Driver License Number			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 6--SECOND SEAT-RIGHT SIDE		CHILD RESTRAINT SYSTEM - FORWARD FACING			
		Helmet Use		Helmet Compliance			
		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		

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UNIT	INDIVIDUAL	Action				
		Action Other				
	01	002	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 AE753461	Issue To? 001	Statute Number 346.14(1m)	Seq Num 001	Description 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 45	Total Lanes 2
		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 LEVEL	
		Truck Bus or HazMat NO				

UNIT	02	Vehicle			
		License Plate Number ACP8316	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5NMSH13E78H211870	Make HYUNDAI	Year 2008	Model SANTA FE
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
		Initial Contact Point 6--REAR	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	6--REAR		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		

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UNIT VEHICLE	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Driver Distractions NOT DISTRACTED		
02	02	Owner Name ISABEL MARIA OLIVARES (608) 408-8746	Owner Address 530 N PINE ST REEDSBURG, WI 53959 , US
Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT	
02	02	Event	
03	03	Event	
04	04	Event	
Policy Holder			
UNIT		Insurance Company GEICO-ADVANTAGE-INSURANCE-CO	Individual ISABEL OLIVARES
Individual			
UNIT INDIVIDUAL	Driver ISABEL MARIA OLIVARES (608) 408-8746	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race HISPANIC
	Address 530 N PINE ST REEDSBURG, WI 53959 , US	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		
02	003	Injury Injury Severity POSSIBLE 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 #

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UNIT INDIVIDUAL 02 003	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					