

WISCONSIN MOTOR VEHICLE
CRASH REPORT

Location

ON USH12 WB 0.50 MI N OF CTHZ NB IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.325346175	Longitude -89.758918523
	X Coordinate 276310.03125	Y Coordinate 4800641.5
	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) 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 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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

01 UNIT VEHICLE	Vehicle			
	License Plate Number 962XHJ	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3VW2A7AU8FM093417	Make VOLKSWAGEN	Year 2015	Model GOLF TDI
	Color RED - RED	Body Style		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage		
	Extent Of Damage NO DAMAGE	NO DAMAGE		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions FOLLOWING TOO CLOSE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
01	01	Driver Distractions NOT DISTRACTED		
		Owner Name JAMES K BOHLMAN (608) 721-9495	Owner Address 1560 WATER ST BARABOO, WI 53913 , US	
Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
		04	Event	
Policy Holder				
UNIT	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual JAMES BOHLMAN	
		Driver JAMES K BOHLMAN (608) 721-9495	Citations Issued 0	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address 1560 WATER ST BARABOO, WI 53913 , 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

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UNIT 01 001	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 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 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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 02	Vehicle			
	License Plate Number 636ZAB	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1B3HB48A29D171423	Make DODGE	Year 2009	Model CALIBER SX
	Color BLU - BLUE	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 6--REAR	Vehicle Damage		
	Extent Of Damage NO DAMAGE	NO DAMAGE		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other			
	Driver Actions OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
02	Driver Distractions NOT DISTRACTED			
	Owner Name NATHAN M CRARY (608) 963-5409		Owner Address 306 E 7TH AVE BRODHEAD, WI 53520 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
Policy Holder				
UNIT	Insurance Company AMERICAN-FAMILY-INS-CO		Individual NATHAN CRARY	
	Individual			
UNIT	Driver NATHAN M CRARY (608) 963-5409		Citations Issued 0	Sex MALE
	Address 306 E 7TH AVE BRODHEAD, WI 53520 , US		Date of Birth [REDACTED]	Race WHITE
UNIT	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
	Equipment		Safety Equipment	
02	On Duty Crash		SHOULDER & LAP BELT	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
002	Injury		Injury Severity NO APPARENT INJURY	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT 02 002	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					