

6TL0BGSFC1
18-11954

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0BGSFC1

Document Number Override		Primary Crash Document #	Agency Crash Number 18-11954	Investigating Officer/Deputy DEPUTY B. LUBER	
Crash Date 10/27/2018		Crash Time 04:30 PM	Date Arrived 10/27/2018	Time Arrived 05:09 PM	
Date Notified 10/27/2018		Time Notified 04:33 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>	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.

OPERATOR OF UNIT 2 STATED HE WAS OPERATING EAST ON HWY 14, WHEN UNIT 1 CROSSED THE CENTER LINE AND STRUCK THE DRIVERS SIDE OF HIS VEHICLE. OPERATOR OF UNIT 1 SAID HE WAS WESTBOUND ON HWY 14. OPERATOR OF UNIT 1 SAID HE WAS SLOWING DOWN TO TURN INTO PECKS PRODUCE. OPERATOR OF UNIT 1 SAID A CAR CAME UP BEHIND HIM HONKING THE HORN, PASSED ON THE SHOULDER, HE TURNED HIS HEAD, AND THE VEHICLES COLLIDED. OPERATOR OF UNIT 1 WAS NOT SURE IF HE WAS IN HIS LANE OR NOT WHEN THE CRASH OCCURRED. UNIT 1 FRONT PASSENGER SAID THEY WERE PASSED NUMEROUS TIMES WHILE TRAVELING TO PECKS. NO PERSON IN UNIT 1 STATED ANY INJURIES. OPERATOR OF UNIT 2 STATED POSSIBLE INJURY, BUT REFUSED MEDICAL TREATMENT. BOTH UNITS REMOVED BY OPERATORS.

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Location

ON E3233 USH14 WB 0.49 MI W OF DONALD RD (FIRE E3233) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.190735567	Longitude -90.156374548
	X Coordinate 243517.953125	Y Coordinate 4786834
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION	Light Condition DAYLIGHT	
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

UNIT	01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 5	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 55	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	01	Vehicle			
		License Plate Number 989ULC	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2G1115SLXF9219612	Make CHEVROLET	Year 2015	Model IMPALA
		Color BRZ - BRONZE	Body Style SD - SEDAN		Bus Use NOT A BUS
		Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	11--LEFT FRONT CORNER		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN		Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other			
	Driver Actions FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE			
01	01	Driver Distractions DISTRACTED BY OUTSIDE PERSON, OBJECT, OR EVENT		
		Owner Name DANIEL J RATHMAN (608) 448-7909	Owner Address W S3010 FOX HILL RD BARABOO, WI 53913 , US	
Sequence Of Events				
UNIT	01	Event CROSS CENTERLINE		
		Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
UNIT	04	Policy Holder		
		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual DANIEL RATHMAN	
UNIT	001	Individual		
		Driver DANIEL J RATHMAN (608) 448-7909	Citations Issued 1	Sex MALE
		Address W S3010 FOX HILL RD BARABOO, WI 53913 , US	Date of Birth [REDACTED]	Race WHITE
			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		Airbag
		Injury Severity NO APPARENT INJURY	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 RACHELLE M RATHMAN (608) 448-7909		Citations Issued 0	Sex FEMALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address W S3010 FOX HILL RD BARABOO, WI 53913 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		SHOULDER & LAP BELT			
		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 01	INDIVIDUAL 003	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				
		Individual				
		Passenger NOAH J RATHMAN (608) 448-7909	Citations Issued 0	Sex MALE		
		Address W S3010 FOX HILL RD BARABOO, WI 53913 , US	Date of Birth [REDACTED]	Race WHITE		
UNIT 01	INDIVIDUAL 004	Address W S3010 FOX HILL RD BARABOO, WI 53913 , US	Driver License Number			
		Equipment	On Duty Crash	Safety Equipment		
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	SHOULDER & LAP BELT			
		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 01	INDIVIDUAL 004	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				
		Individual				
		Passenger ALEXIS M RATHMAN (608) 448-7909	Citations Issued 0	Sex FEMALE		
		Address W S3010 FOX HILL RD BARABOO, WI 53913 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number					
UNIT 01	INDIVIDUAL 005	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Seat Position 5--SECOND SEAT-MIDDLE				
		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				
	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				
	Individual				
	Passenger KALEY L RATHMAN (608) 448-7909	Citations Issued 0	Sex FEMALE		
	Address W S3010 FOX HILL RD BARABOO, WI 53913 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number				
UNIT INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment		
	Seat Position 6--SECOND SEAT-RIGHT SIDE	BOOSTER SEAT			
	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	006	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 AE139786	Issue To? 001	Statute Number 346.05(1)	Seq Num 001	Description OPERATING LEFT OF CENTER LINE

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 EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55	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 432JSR		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FA6P0H76E5391811		Make FORD	Year 2014	Model FUSION
		Color SIL - SILVER (ALUMINUM)		Body Style SD - SEDAN		Bus Use NOT A BUS
		Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE		7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER		
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR				

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
	Driver Distractions NOT DISTRACTED			
02	02	Owner Name INDUSTRIAL CHEMICAL INC (262) 970-7153	Owner Address W223N790 SARATOGA DR WAUKESHA, WI 53186 0403, US	
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	Policy Holder			
	Insurance Company MASSACHUSETTS-BAY-INS-CO	Organization/Company INDUSTRIAL CHEMICAL INC		
UNIT INDIVIDUAL	Individual			
	Driver KENT W LINDQUIST (414) 507-2760	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address N75W28050 SCHMIDT LN HARTLAND, WI 53029 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
02 002	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 POSSIBLE INJURY	Airbag DEPLOYED-SIDE	
	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 02 002	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					