

6TL09B7D9L
18-12842

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09B7D9L

Document Number Override		Primary Crash Document #		Agency Crash Number 18-12842		Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 11/17/2018		Crash Time 05:11 PM		Date Arrived 11/17/2018		Time Arrived 05:17 PM	
Date Notified 11/17/2018		Time Notified 05:13 PM		Total Units 03		Total Injured 02	Total Killed 00
<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 checked="" 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. MEEKER #9158
	Additional Information PHOTOS

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

UNIT #1 WAS TRAVELING EAST BOUND ON HWY 33. UNIT #1 STOPPED TO MAKE A LEFT TURN ONTO HWY 23. UNIT #2 WAS TRAVELING WEST BOUND ON HWY 33. UNIT #3 WAS STOPPED AT THE STOP SIGN ON HWY 23 AT THE HWY 33 INTERSECTION. UNIT #1 ATTEMPTED TO MAKE A LEFT TURN ONTO HWY 23. FAILING TO YIELD RIGHT OF WAY TO UNIT #2. UNIT #2 STRUCK UNIT #1 TURNING THEM AROUND, STRIKING UNIT #3, TWO SIGN POSTS, AND COMING TO REST IN THE MEDIAN. THE OCCUPANTS OF UNIT #2 WERE TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER FOR SUSPECTED INJURIES. PASSENGER IN UNIT #2 SUSTAINED A BROKEN PATELLA AND LACERATION TO THE RIGHT PINKY FINGER. UNIT #1 WAS CITED FOR FAILURE TO YIELD RIGHT OF WAY MAKING LEFT TURN AND NON REGISTRATION OF AN AUTO. PLEASE SEE NARRATIVE REPORT #18-12842 FOR MORE INFORMATION.

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Location

ON STH33 EB 52 FT E OF COUNTY LAND FILL LN IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.532194566	Longitude -89.891552456
	X Coordinate 266353.40625	Y Coordinate 4823979.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 11/17/2018	Time Initial Lane/Rd Closed 05:17 PM	Date Scene Cleared 11/17/2018	
Date All Lanes Open 11/17/2018	Time All Lanes Open 06:44 PM		

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements		
	Total Occs 01	Train/Bus # Injured	Total # Citations Issued 02	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire 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						
	Vehicle						
	License Plate Number 347WMX		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number ZACCJBCB0HPG58037		Make JEEP	Year 2017	Model RENEGADE			

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UNIT	VEHICLE	Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
		Initial Contact Point 3--RIGHT SIDE MIDDLE	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	ALL AREAS		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE		
		What Driver Was Doing LEFT TURN	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
		Driver Distractions NOT DISTRACTED			
		Owner Name JAMES J FRAZIER (608) 393-0667	Owner Address S2086 S LADYSLIPPER CT REEDSBURG, WI 53959 , US		
		Sequence Of Events			
UNIT	VEHICLE	01 Event MOTOR VEH IN TRANSPORT			
		02 Event MOTOR VEH IN TRANSPORT			
		03 Event TRAFFIC SIGN POST			
		04 Event TRAFFIC SIGN POST			
UNIT	INDIVIDUAL	Policy Holder			
		Insurance Company PEKIN-INS-CO	Individual JAMES FRAZIER		
		Individual			
UNIT	INDIVIDUAL	Driver JOSEY RUTH FRAZIER (608) 393-0667	Citations Issued 02	Sex FEMALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address S2086 S LADYSLIPPER CT 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			

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01	UNIT	INDIVIDUAL	Eye Protection		Tint Compliance			
			Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-SIDE		
			Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
			Medical Transport OTHER		EMS Agency Identifier	EMS Run #		
			Hospital REEDSBURG AREA MED CTR		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				
01	UNIT	INDIVIDUAL	Drug Type					
			Individual Condition APPEARED NORMAL					
			Violations					
			01	UTC Number AE141960	Issue To? 001	Statute Number 341.04(1)	Seq Num 001	Description NON-REGISTRATION OF AUTO, ETC
02	UTC Number AE141961	Issue To? 001	Statute Number 346.18(2)	Seq Num 001	Description FAIL/YIELD WHILE MAKING LEFT TURN			

Unit Summary

02	UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR				Operating As Endorsements		
		Total Occs 02	Train/Bus # Injured		Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 02	
		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						

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UNIT 02	VEHICLE	Vehicle			
		License Plate Number 225FLG	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FMDK05WX8GA33952	Make FORD	Year 2008	Model TAURUS X S
		Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		UNIT 02	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
Driver Distractions NOT DISTRACTED					
Owner Name DONALD CLARENCE GROSKREUTZ (608) 415-5147	Owner Address 2701 E MAIN ST LOT 157 REEDSBURG, WI 53959 , US				
UNIT 04	EVENTS	Sequence Of Events			
		Event 01 MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT 04	INDIVIDUAL	Policy Holder			
		Insurance Company HARFORD-MUTUAL-INS-CO	Individual DONALD GROSKREUTZ		
		Driver DONALD CLARENCE GROSKREUTZ (608) 415-5147	Citations Issued 0	Sex MALE	
UNIT 04	INDIVIDUAL	Date of Birth [REDACTED]	Race WHITE		
		Address 2701 E MAIN ST LOT 157 REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		

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02	002	Equipment		On Duty Crash	Safety Equipment			
		Seat Position		SHOULDER & LAP BELT				
		1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance				
		Helmet Use		Tint Compliance				
		Eye Protection		Airbag				
		Injury		Injury Severity		Airbag		
		POSSIBLE INJURY		DEPLOYED-FRONT				
		Ejected		Ejection Path		Trapped/Extricated		
		NOT EJECTED		NOT EJECTED/NOT APPLICABL		NOT TRAPPED		
		Medical Transport		EMS Agency Identifier		EMS Run #		
EMS GROUND		6001024						
Hospital		Date of Death		Time of Death				
REEDSBURG AREA MED CTR								
02	002	Non Motorist		Striking Unit #	Prior Action	Location	To/From School	
		Action						
		Action Other						
		Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use		
		NO		NO		NO		
		Alcohol Test Given		Alcohol Test Type		Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given		Drug Test Type		Drug Test Results		
		TEST NOT GIVEN						
		Drug Type		Individual Condition				
		APPEARED NORMAL						
02	002	Individual						
		Passenger		Citations Issued		Sex		
		NANCY ANN GROSKREUTZ		0		FEMALE		
		(608) 415-5147		Date of Birth		Race		
				[REDACTED]		WHITE		
		Address		Driver License Number				
		2701 E MAIN ST # 157		[REDACTED]				
		REEDSBURG, WI 53959 , US		STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment		On Duty Crash		Safety Equipment		
		Seat Position		SHOULDER & LAP BELT				
3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Helmet Compliance						
Helmet Use								

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UNIT	02	003	Eye Protection	Tint Compliance			
			Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT		
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
			Medical Transport EMS GROUND	EMS Agency Identifier 6001024		EMS Run #	
	Hospital REEDSBURG AREA MED CTR	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	03	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR	Operating As Endorsements				
		Total Occs 03	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 02	
		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 STOP SIGN		Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL		
		Truck Bus or HazMat NO					
		Vehicle					
			License Plate Number 662WZH	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number KNAGM4A74F5556648	Make KIA MOTORS CORPORA	Year 2015	Model OPTIMA LX			

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UNIT	VEHICLE	Color BLU - BLUE	Body Style 4D - 4DR	Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	12--FRONT		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
		What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION			
		Driver Distractions NOT DISTRACTED			
		Owner Name JODI J VOGEL (608) 963-9072	Owner Address 635 N PARK ST REEDSBURG, WI 53959 , US		
		Sequence Of Events			
UNIT	VEHICLE	01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
UNIT	INDIVIDUAL	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual JODI VOGEL		
		Individual			
UNIT	INDIVIDUAL	Driver CLAYTON SHFFIELD MEAD (608) 963-9072	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address 106 MINOR ST PO BOX/11 LIME RIDGE, WI 53942 , 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			

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03	UNIT	INDIVIDUAL	004		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				
03	UNIT	INDIVIDUAL	004		Drug Type			
			Individual Condition APPEARED NORMAL					
			Individual					
			Passenger JODI JEAN VOGEL (608) 963-9072			Citations Issued 0		Sex FEMALE
			Address 635 N PARK ST REEDSBURG, WI 53959 , US			Date of Birth [REDACTED]		Race WHITE
			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			
03	UNIT	INDIVIDUAL	005		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 TABITHA LILLENE HARRINGTON (608) 963-9072		Citations Issued 0	Sex FEMALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address 104 BROWN QUAIL CT MADISON, WI 53713 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
		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	INDIVIDUAL	Action			
		Action Other			
	03	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		

Property Owner

PROP OWNER	01	Government SAUK COUNTY HWY DEPT (608) 356-3855	Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US
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Fixed Objects Struck

01	Striking Unit 01	Struck Object TRAFFIC SIGN POST	Structure Number	Damage Tag Number 337755
	Striking Unit 02	Struck Object 01	Structure Number	Damage Tag Number 337756