

6TL09CGFB8  
18-13042

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 <b>18-13042</b>	Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>11/23/2018</b>		Crash Time <b>01:35 PM</b>	Date Arrived <b>11/23/2018</b>	Time Arrived <b>01:47 PM</b>	
Date Notified <b>11/23/2018</b>		Time Notified <b>01:35 PM</b>	Total Units <b>02</b>	Total Injured <b>03</b>	Total Killed <b>00</b>
<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 type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	<p>Reconstruction By</p> <hr/> <p>Photos By <b>KMUELLER</b></p> <hr/> <p>Additional Information <b>PHOTOS</b></p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS DRIVING WEST ON MAN MOUND RD. WITNESS 1 REPORTED UNIT 1 FAILED TO STOP AT THE STOP SIGN AND DROVE THROUGH THE INTERSECTION WITHOUT STOPPING. UNIT 2 WAS DRIVING SOUTH ON COUNTY RD T AND DID NOT HAVE A STOP SIGN. UNIT 1 AND UNIT 2 COLLIDED AS UNIT 1 DROVE IN TO THE INTERSECTION FAILING TO YIELD TO UNIT 2. THE DRIVER OF UNIT 1 STATED HE DID NOT SEE UNIT 2 DRIVING SOUTH.

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Location

ON MAN MOUND RD 36 FT E OF CHTH WB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.489147427</b>	Longitude <b>-89.718614764</b>
	X Coordinate <b>280171.59375</b>	Y Coordinate <b>4818727</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT</b>	
Date Initial Lane/Rd Closed <b>11/23/2018</b>	Time Initial Lane/Rd Closed <b>01:40 PM</b>		
Date All Lanes Open <b>11/23/2018</b>	Time All Lanes Open <b>04:08 PM</b>	Date Scene Cleared <b>11/23/2018</b>	Time Scene Cleared <b>04:09 PM</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements		
	Total Occs <b>3</b>	Train/Bus # Injured	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	<b>Vehicle</b>						
		License Plate Number <b>NL7706</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
	Vehicle Identification Number <b>1FTHF25Y0KLB46296</b>	Make <b>FORD</b>	Year <b>1989</b>	Model <b>F150</b>			

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UNIT	VEHICLE	Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>	Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>2--RIGHT SIDE FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 12--FRONT</b>	
		Extent Of Damage <b>DISABLING DAMAGE</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>BLYSTONES TOWING</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
		Driver Distractions <b>LOOKED BUT DID NOT SEE</b>		
01	01	Owner Name <b>COLTON GENE HOLSAPLE (608) 477-3356</b>	Owner Address <b>N5308 MESSER RD PORTAGE, WI 53901 , US</b>	
<b>Sequence Of Events</b>				
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	02	Event <b>TRAFFIC SIGNAL</b>		
03	03	Event <b>MOTOR VEH TRAN OTHER RDWY</b>		
04	04	Event <b>UTILITY POLE</b>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>COLTON GENE HOLSAPLE (608) 477-3356</b>	Citations Issued <b>2</b>	Sex <b>MALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>N5308 MESSER RD PORTAGE, WI 53901 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Equipment</b>	On Duty Crash	Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>			
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		

WISCONSIN MOTOR VEHICLE  
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01	UNIT	INDIVIDUAL	001	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>			
				Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>			
				Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #			
				Hospital		Date of Death	Time of Death			
				<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School	
				Action						
				Action Other						
				<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>			
				Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results			
				Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results			
01	UNIT	INDIVIDUAL	001	Drug Type		Individual Condition <b>APPEARED NORMAL</b>				
				<b>Individual</b>						
				Passenger <b>JACOB MORGAN GARSTKA (608) 415-9907</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>			
				Address <b>406 VINE ST REEDSBURG, WI 53959 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>			
				Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES				
				<b>Equipment</b>		On Duty Crash	Safety Equipment			
				Seat Position <b>2--FRONT SEAT-MIDDLE</b>		<b>RESTRAINT USE UNKNOWN</b>				
				Helmet Use		Helmet Compliance				
				Eye Protection		Tint Compliance				
				01	UNIT	INDIVIDUAL	002	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>							
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #							

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UNIT	Hospital		Date of Death		Time of Death	
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
	Action					
	Action Other					
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>			Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>			Drug Test Type	Drug Test Results	
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	UNIT	<b>Individual</b>				
Passenger <b>SAMUEL ADAMS TERWALL (608) 415-0769</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>	
Address <b>E9450A DELLWOOD CT # 11 REEDSBURG, WI 53959 , US</b>			Date of Birth [REDACTED]		Race <b>WHITE</b>	
			Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Equipment</b>		On Duty Crash		Safety Equipment		
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>RESTRAINT USE UNKNOWN</b>				
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School	

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UNIT	INDIVIDUAL	Action					
		Action Other					
	01	003	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
			Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>						
	<b>Violations</b>						
	02	01	UTC Number <b>AI388574</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Seq Num <b>001</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>
			UTC Number <b>AI388575</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Seq Num <b>001</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>					Operating As Endorsements		
		Total Occs <b>1</b>		Train/Bus # Injured		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>		Direction Of Travel <b>SOUTHBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>55</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>			Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>			Road Grade <b>DOWNHILL</b>	
		Truck Bus or HazMat <b>NO</b>							
		UNIT	VEHICLE	<b>Vehicle</b>					
				License Plate Number <b>110SZU</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>2CNFLEE55B6342147</b>				Make <b>CHEVROLET</b>		Year <b>2011</b>	Model <b>EQUINOX LT</b>		
Color <b>RED - RED</b>				Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Bus Use <b>NOT A BUS</b>		
Initial Contact Point <b>12--FRONT</b>				Vehicle Damage					
Extent Of Damage <b>DISABLING DAMAGE</b>				<b>12--FRONT</b>					

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>			
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
		Driver Prior Action Other		<b>NOT APPLICABLE</b>			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>					
02	02	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>					
		Owner Name <b>SUSAN A DIETZMAN (608) 206-7968</b>		Owner Address <b>E13019 FAIRFIELD RD BARABOO, WI 53913 , US</b>			
<b>Sequence Of Events</b>							
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		02	Event <b>MOTOR VEH TRAN OTHER RDWY</b>				
		03	Event				
		04	Event				
<b>Policy Holder</b>							
UNIT	INDIVIDUAL	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>SUSAN DIETZMAN</b>			
		Driver <b>SUSAN A DIETZMAN (608) 206-7968</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
		Address <b>E13019 FAIRFIELD RD BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>		
				Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
02	004	<b>Equipment</b>		On Duty Crash			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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UNIT           INDIVIDUAL           02  004	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
	Hospital		Date of Death	Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location		To/From School
	Action					
	Action Other					
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					

**Witness**

WITN 01 ESS	Individual <b>ALLEN D RATHMAN</b> (608) 393-8048		Address <b>608 2ND AV</b> <b>BARABOO, WI 53913 , US</b>	Date of Birth [REDACTED]