

6TL09KMLZ9  
18-13256

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>18-13256</b>	Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>11/29/2018</b>		Crash Time <b>05:22 AM</b>	Date Arrived <b>11/29/2018</b>	Time Arrived <b>06:00 AM</b>	
Date Notified <b>11/29/2018</b>		Time Notified <b>05:24 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <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>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 DRIVER STATES THAT HE STOPPED AT THE STOP SIGN ON RAINBOW RD, SAW A CAR COMING A WAYS AWAY, PULLED OUT LEFT ONTO USH 14 AND THEN TOOK A QUICK RIGHT INTO THE SPRING GREEN HOTEL LOT. STATES AS HE WAS DOING THIS UNIT 2 HIT HIM. STATES HE BELIEVES UNIT 2 DRIVER DID IT ON PURPOSE BECAUSE HE HAD PRIOR DAMAGE TO HIS CAR AND WANTED SOMEONE ELSE TO PAY FOR IT. UNIT 2 DRIVER STATED HE WAS E/B ON USH 14, SAW UNIT 1 COMING TO THE INTERSECTION ON USH 14 ON RAINBOW RD. STATED UNIT 1 DID NOT STOP AND PULLED OUT IN FRONT OF HIM. DRIVER STATED HE SWERVED LEFT TO AVOID THE CRASH AND THEN UNIT 1 SWERVED LEFT SO DRIVER SWERVED BACK RIGHT AND HIT UNIT 1 AS IT TURNED LEFT INTO THE SPRING GREEN HOTEL IN FRONT OF HIM. UNIT 2 DRIVERS STORY MAKES WAY MORE SENSE TO ME THEN UNIT 1 DRIVERS STORY. DAMAGE ON UNIT 2S DRIVER SIDE DOESN'T REALLY MATCH UP WITH THE AMOUNT OF DAMAGE ON UNIT 1S VEHICLE, HOWEVER I DO BELIEVE THERE IS SOME NEW AND SOME OLD DAMAGE.

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Location

ON USH14 EB 130 FT S OF RAINBOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.179256032</b>	Longitude <b>-90.055454866</b>
	X Coordinate <b>251672.453125</b>	Y Coordinate <b>4785254.5</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>05--SIDESWIPE/SAME DIRECTION</b>	Light Condition <b>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>WET, SNOW, SLUSH</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>CLOUDY, SNOW</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

Unit Summary

UNIT 01	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>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire 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>				

UNIT 01 VEHICLE 01	<b>Vehicle</b>			
	License Plate Number <b>ABB1229</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2CNALDEW2A6357376</b>	Make <b>CHEVROLET</b>	Year <b>2010</b>	Model <b>EQUINOX</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>5--RIGHT REAR CORNER</b>	Vehicle Damage		
Extent Of Damage <b>MINOR DAMAGE</b>	<b>5--RIGHT REAR CORNER, 6--REAR</b>			

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01	01	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>			
		Owner Name <b>DOMINIC A DRUCKREY (608) 574-4901</b>	Owner Address <b>600 W MADISON ST SPRING GREEN, WI 53588 , US</b>		
<b>Sequence Of Events</b>					
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		02	Event		
		03	Event		
		04	Event		
<b>Policy Holder</b>					
UNIT	INDIVIDUAL	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	Individual <b>DOMINIC DRUCKREY</b>		
		Driver <b>DOMINIC A DRUCKREY (608) 574-4961</b>	Citations Issued <b>3</b>	Sex <b>MALE</b>	
UNIT	INDIVIDUAL	Date of Birth [REDACTED]	Race <b>WHITE</b>		
		Address <b>600 W MADISON ST SPRING GREEN, WI 53588 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	001	<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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	VEHICLE	02	02	Vehicle Identification Number <b>2G1WL52M1X9194738</b>	Make <b>CHEVROLET</b>	Year <b>1999</b>	Model <b>LUMINA</b>
		02	02	Color <b>GRN - GREEN</b>	Body Style <b>SD - SEDAN</b>	Bus Use <b>NOT A BUS</b>	
UNIT	VEHICLE	02	02	Initial Contact Point <b>11--LEFT FRONT CORNER</b>	Vehicle Damage <b>3--RIGHT SIDE MIDDLE, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</b>		
		02	02	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
UNIT	VEHICLE	02	02	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		02	02	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
UNIT	VEHICLE	02	02	Driver Prior Action Other			
		02	02	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
UNIT	VEHICLE	02	02	Driver Distractions <b>NOT DISTRACTED</b>			
		02	02	Owner Name <b>ERIC J GRUBER (608) 588-4915</b>	Owner Address <b>247 S MAIN ST HILLPOINT, WI 53937 , US</b>		
<b>Sequence Of Events</b>							
UNIT	VEHICLE	01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	02	Event <b>RUN OFF ROADWAY RIGHT</b>			
		03	03	Event <b>DITCH</b>			
		04	04	Event			
<b>Policy Holder</b>							
UNIT	INDIVIDUAL	01	01	Insurance Company <b>GEICO-CASUALTY-CO</b>	Individual <b>ERIC GRUBER</b>		
		01	01	Driver <b>ERIC J GRUBER (608) 588-4915</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>	
UNIT	INDIVIDUAL	01	01	Date of Birth [REDACTED]	Race <b>WHITE</b>		
		01	01	Address <b>247 S MAIN ST HILLPOINT, WI 53937 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT	INDIVIDUAL	01	01	<b>Equipment</b>	On Duty Crash Safety Equipment		
		01	01	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>		

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02	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	002	<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>	
	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>	
02	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>					
04	<b>Violations</b>					
	UTC Number <b>AE137997</b>	Issue To? <b>002</b>	Statute Number <b>341.04(1)</b>	Seq Num <b>001</b>	Description <b>NON-REGISTRATION OF AUTO, ETC</b>	