18-06550

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override 6TL09N3P59	Primary Crash Document #	Agenc 18-06	y Crash Number 550	Investigating Off DEPUTY C. FI		/	
Crash Date 06/22/2018	Crash Time 09:20 AM	Date Arrived 06/22/2018		Time Arrived 09:36 AM			
Date Notified 06/22/2018	Time Notified 09:20 AM	Total U	Jnits	Total Injured 00	Total Kill	led	
On Emergency Hi	t and Run Lane C	Closure	Work Zone	Trailer or	Towed	Reporting Threshold	
Government Property	Active School Zone	Schoo NO	Bus Related	Tags			
Reportable	Crash Type DT4000 (STANDARD CR	ASH)		Amended		Secondar Crash	
escription Diagram	1			'	construction	-	
			Birchwood Sp	Ad Ad	otos By 80 ditional Info	ormation	
Cr H			Not	to scale			
I, a sworn law enforceme	ant officer agree that I have	ve not adda	d any C IIS data in t	his report			

UNIT 1 OPERATOR GAVE FALSE INFORMATION. POSITIVE IDENTIFICATION. UPDATING UNIT 1 INFORMATION

ON THE ABOVE DATE AND TIME UNIT 1 AND UNIT 2 WERE EASTBOUND ON CR H AT BIRCHWOOD SPUR. UNIT 2 SIGNALED TO TURN RIGHT ONTO BIRCHWOOD SPUR. UNIT 1 BEGAN TO PASS ON THE LEFT. A WESTBOUND UNIT CAME AROUND THE CORNER FORCING UNIT 1 TO BRAKE AND SWERVE RIGHT STRIKING UNIT 2. UNIT 1 WAS TOWED BY STEVE'S AUTO PER OPERATOR REQUEST. UTC X2 WERE COMPLETED, ISSUED AND

EXPLAINED.

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

Crash Date 06/22/2018

Crash Time 09:20 AM

I	ation								
ON	CTHH EB FT W				Latitude 43.6161	56404		Longitue	de 0399143
IN 1	BIRCHWOOD SPUR THE TOWN OF DELTO! SAUK COUNTY	N			X Coordinate Y Coordinate 271612.78125 4833134.5				
	SAUR COUNTY				Structure Type NO STRUCTURE				
Cra	sh Scene			<u>'</u>					
	Harmful Event	DRT			First Harm	nful Event	Location		
Man	ner of Collision			1	Light Con	dition			
	SIDESWIPE/SAME DIF	RECTION			DAYLIG				
Roa DR	d Surface Condition(s)				Roadway	Factor(s)			
NO!	ronment Factor(s)				NONE				
Wea	ather Condition(s)								
	DUDY								
Anin	nal Type					o Trafficw	=		
	sh Classification - Location			(TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction				
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION Access Control Special Study			
	Thou Earle			NO CONTROL				opedial olddy	
With NO	J	Junction Location INTERSECTION		Intersection Type T-INTERSECTION					
	t Summary 👅								
	Status			erating As Cla	ssification		Unit Type	DII E	
	TRANSIT icle Type		D CLASS	D CLASS				UTOMOBILE perating As Endorsements	
	SSENGER VAN						operating the ansatz and a		
Tota	I Occs	Train/Bus # Injured	Total # Cita	ations Issued		Total Tra	nilers	Total Haz	Mat Types
	rance? KNOWN	Direction Of Travel EASTBOUND		Pre CrashTire Mark Special Function NO SPECIAL FUNCTION		TION Emerger NOT A		Total Lan	es
	t Harmful Event: Collision V		Special Fur					Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing	
	TOR VEH IN TRANSPO	ORT							
	O-WAY, NOT DIVIDED			Traffic Control NO CONTROL			NO		itive/iviissii ig
	ace Type	· · ·	Road Curva				Road Grade		
BLACKTOP (BITUMINOUS) Truck Bus or HazMat				.EF1			LEVEL	/EL	
NO									
	Vehicle		Dista Tona			C+	Country of lo	au an an	
	License Plate Number 681ZNT		Plate Type AUT - AUTOMOBIL		LE St WI		Country of Issuance UNITED STATES		
5	Vehicle Identification Num		Make		Year		Model		
0	Color	U	Body Style	AL MOTORS	CUK	1990	SAFARI Bus Use	_	
	BLU - BLUE		VN - VAN	N			NOT A BU	S	
	Initial Contact Point 1RIGHT FRONT CO	RNFR							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	Щ				Vehicle Damage				
L	VEHICLE	Extent Of Damage DISABLING DAMA	AGE	1RI	GHT FRONT CORNER				
		Towed Due To Dama	ge DISABLING DAMAGE		le Removed By /ES AUTO SERVICE				
		What Driver Was Doi			le Factors				
		OVERTAKE LEFT	• 1						
		Driver Prior Action Ot	her	BRA	KES				
LINO	VEHICLE	Driver Actions FOLLOWING TOC	O CLOSE, IMPROPER OVERTAKII	ING / F	PASSING LEFT, FAILED TO KEEP	IN DESIGNATED LANE			
		Driver Distractions NOT DISTRACTE	D						
5	5								
		Owner Name MICHAEL F WALK (608) 548-1170	KER	N	Owner Address I3521 CR G MAUSTON, WI 53948,US				
	;	Sequence Of E	vents						
	7	Event MOTOR VEH IN T							
		Event	KANSFORT						
	02	LVOIR							
	03	Event							
	40	Event							
	1	Individual							
		Driver	VED		ations Issued	Sex			
	4	MICHAEL F WALK (608) 548-1170	KEK	2	(8)	MALE			
_	INDIVIDUAL	(000) 340-1170			te of Birth	Race WHITE			
L N D	\geq	Address		Dri	Driver License Number				
	Ĭ	N3521 CR G MAUSTON, WI 53948 , US			STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment	On Duty Crash	Saf	fety Equipment				
		Seat Position		SH	OULDER & LAP BELT				
			LEFT SIDE (DRIVER/MOTORCY						
		Helmet Use		Hel	lmet Compliance				
		Eye Protection		Tin	t Compliance				
5	00	Injury	Injury Severity NO APPARENT INJURY		pag ON DEPLOYED				
			·						

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		Ejected		Ejection Pa	Ejection Path			Trapped/Extricated				
		NOT EJECTED			NOT EJE	CTED/NOT APPI	LICABL	NOT TRAPPED				
		Medical Transport			EMS Agend	cy Identifier		EMS Run #				
		NOT TRANSPORT	TED									
		Hospital			Date of Dea	Date of Death			Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location				To/From School		
		Action	l	L		L						
	A											
⊢	INDIVIDUAL											
LINO	⇟											
ر ر												
	Z											
		A 11 OII										
		Action Other										
			I Cupposted Ales	hal Haa	Cupposted	Drug Hoo						
	D	rug & Alcohol	Suspected Alco	onoi Use	Suspected NO	Drug Use						
	_		•			· -		T	· D · I			
		Alcohol Test Given TEST NOT GIVEN	ı		Alcohol Tes	st Type		Alcohol Tes	t Results			
		Drug Test Given			Drug Test 1	Tyne		Drug Took Dooulko				
		TEST NOT GIVEN	I		Diag rest i	уре		Drug Test Results				
_	_	Drug Type										
5	00	3 71										
		Individual Condition										
		APPEARED NOR	MAL									
	1	/iolations										
	_	UTC Number	Issue To?	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MO	TOD VEHI	CI E W/O IN	SIIDANCE	=		
	9	Al389969	001	` '			TOIL VEIII	CLL W/O IN	JUNANCE	-		
	05	UTC Number Al389968	Issue To? 001	Statute Number 343.44(1)(a)	Seq Num 001	um Description OPERATING AFTER SUSPENSION						
			001	(1)(1)								
		Status			Vehicle Operat	ing As Classification	2	Linit Tuna				
		RANSIT			D CLASS	Vehicle Operating As Classification Unit Type D CLASS TRUCK						
		cle Type			DCLAGG			Operating As Endorsements				
02		LITY TRUCK/PICK	UP TRUCK					Operating 7	o Endordon	ionio		
		Occs		# Injured	Total # Citation	is Issued	Total Trail	I Trailers Total Ha		Mat Types		
	2			,	0		1		0	,,		
	Insur	ance?	Direction	Of Travel	Pro Cr	ashTire	Speed Lim	nit	Total Lane	S		
_	YES		EASTBO	DUND		ark	55		2			
UNIT	Most	Harmful Event: Collisi	on With		Special Function	on		Emergency Motor Vehicle Use		cle Use		
⊃	MOT	OR VEH IN TRAN	SPORT		NO SPECIAL	L FUNCTION		NOT APP	LICABLE			
	Traffi	c Way			Traffic Control			Traffic Cont	rol Inoperati	ve/Missing		
	TWC	-WAY, NOT DIVID	ED		NO CONTRO	DL		NO				
		се Туре			Road Curvature	е		Road Grade)			
	BLA	CKTOP (BITUMIN	OUS)		CURVE LEF	т		LEVEL				
		Bus or HazMat										
	NO											
	١	/ehicle										
		License Plate Numbe	er		Plate Type		St	Country of Is				
	ND8307				LTK - LIGH	TRUCK	WI	UNITED ST	ATES			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

05	02	Vehicle Identification Number 1GCGK29U41Z145212			lake HEVROL	FT	Year 2001	Model SILVERADO				
		Color		Body Style		2001	Bus Use					
		TAN - TAN		K - PICKI	NOT A BUS							
_	Щ	Initial Contact Point	V	Vehicle Damage								
LINO	≌	8LEFT SIDE REAR Extent Of Damage	8	LEFT SIDE REAR								
–	VEHICL	MINOR DAMAGE										
		Towed Due To Damage		V	Vehicle Removed By							
		NOT TOWED										
		What Driver Was Doing RIGHT TURN		ľ	ehicle Facto	ors						
		Driver Prior Action Other		N	IOT APPL	ICABLE						
		Driver Actions NO CONTRIBUTING ACTION	ON									
⊨	VEHICLE	NO CONTRIBUTING ACTION										
LINO	Ĭ											
_	7											
		Driver Distractions										
		NOT DISTRACTED										
02	05											
_												
		Owner Name SPRINGBROOK CONSTRU	ICTION		Owner A	Address OUT RD						
		(608) 254-1470	,011014			NSIN DELLS, WI	53965 , U	s				
		Sequence Of Events										
	2	Event MOTOR VEH IN TRANSPO	RT									
	02	Event										
		Event										
	03	Event										
	04	Event										
╘	ı	Policy Holder										
LNO		Insurance Company QBE-INSURANCE-CORP			Organization/Company SPRINGBROOK CONSTRUCTION							
		Trailer/Towed			Si Kii4G	BROOK CONSTR	OCTION					
~		Trailer Plate # Plate	Type	Make		State	Coun	try of Issuance				
02			. , , , , , , , , , , , , , , , , , , ,	UNKNOWN		Oldio	Coun	any or recourance				
_	2 2	Unit Type EQUIPMENT	Orga SPI	anization/Company RINGBROOK CON	STRUCTI	ON	Addre 240	ess TROUT RD				
LINO	TOWED	Vehicle Identification Number		8) 254-1470				CONSIN DELLS, WI 53965 , US				
ر	불보											
	I	ndividual										
		Driver DYLAN SCOTT MEARS			Citations I	ssued		Sex MALE				
]AL	(608) 393-2998			Date of Bir	rth		Race				
H (608) 393-2998								WHITE				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

<u>S</u>		Address 103 1ST ST LA VALLE, WI 53941 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	INDIV								
		Equipment On Duty Crash Seat Position			Safety Equipment				
					SHOULDER & I	ΔP RFI T			
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection			000252.11 0	-,			
					Helmet Complianc	е			
					Tint Compliance				
					Time Compilation				
05	002	Injury	Injury Severity NO APPARENT	INTIDV	Airbag NON DEPLOYE	·D			
	J	Ejected	NO APPARENT	INJURT	Ejection Path	<u>U</u>	Trapped/Extricated		
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED		
		Medical Transport NOT TRANSPOR	TED		EMS Agency Ident	tifier	EMS Run #		
		Hospital	ILD		Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School	
		Action							
	¥								
LINO	⊒								
5	INDIVIDUAL								
	Ξ								
		Action Other							
	E		Suspected Alcohol	Use	Suspected Drug II	SA			
		L Drug & Alcohol	Suspected Alcohol	Use	Suspected Drug U	se			
		Alcohol Test Given	NO	Use		se	Alcohol Test Results		
		Alcohol Test Given TEST NOT GIVEN	NO	Use	NO Alcohol Test Type	se			
2		Alcohol Test Given	NO	Use	NO	se	Alcohol Test Results Drug Test Results		
0	02	Alcohol Test Given TEST NOT GIVEN Drug Test Given	NO	Use	NO Alcohol Test Type	se			
	002	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN	NO	Use	NO Alcohol Test Type	se			
		Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN	NO	Use	NO Alcohol Test Type	se			
		Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type	NO NO	Use	NO Alcohol Test Type	se			
	0	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NOR	NO NO	Use	NO Alcohol Test Type	se			
	0	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NOR	NO NO	Use	Alcohol Test Type Drug Test Type	se	Drug Test Results		
	Ō	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NOR Individual Passenger JOHN MARTIN No	NO N	Use	NO Alcohol Test Type	Se			
	Ō	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NOR Individual Passenger	NO N	Use	Alcohol Test Type Drug Test Type Citations Issued	se	Drug Test Results Sex MALE Race		
L	Ō	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NOR Individual Passenger JOHN MARTIN No. (608) 295-0031	NO N	Use	Alcohol Test Type Drug Test Type Citations Issued Date of Birth		Drug Test Results Sex MALE		
LIND	Ō	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NOR Individual Passenger JOHN MARTIN No. (608) 295-0031 Address 290 WEST ST	MAL OOYEN	Use	Alcohol Test Type Drug Test Type Citations Issued Date of Birth Driver License Nur	nber	Drug Test Results Sex MALE Race WHITE		
LINI	0	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NOR Individual Passenger JOHN MARTIN No. (608) 295-0031 Address	MAL OOYEN	Use	Alcohol Test Type Drug Test Type Citations Issued Date of Birth Driver License Nur		Drug Test Results Sex MALE Race WHITE		
LIND	Ō	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NOR Individual Passenger JOHN MARTIN No. (608) 295-0031 Address 290 WEST ST	MAL OOYEN	Use	Alcohol Test Type Drug Test Type Citations Issued Date of Birth Driver License Nur	nber	Drug Test Results Sex MALE Race WHITE		

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			Safety Equipment							
		Seat Position		IN ENGINEED	SHOULDER & LAP BELT					
		3FRONT SEAT-	RIGHT SIDE (TRA	IN ENGINEER	Holmot Compliano					
		Heimet Use			Helmet Complianc	е				
		Eye Protection			Tint Compliance					
	က		Injury Severity		Airbag					
02	003	Injury	NO APPARENT	INJURY	NON DEPLOYE	D				
		Ejected			Ejection Path		Trapped/Extricated			
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED			
		Medical Transport			EMS Agency Ident	ifier	EMS Run #			
		NOT TRANSPOR	TED							
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action								
	_									
	Ā									
UNIT	₽									
n	INDIVIDUAL									
	Ĭ									
	_									
		Action Other								
			Suspected Alcohol	Use	Suspected Drug Use					
	L	Orug & Alcohol	NO		NO					
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN	N							
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
02	003	Drug Type								
0	6									
		Individual Condition								
		APPEARED NOR	MAL							
			MAL							