

6TL0BMQKV5  
18-06550

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 <b>6TL09N3P59</b>		Primary Crash Document #	Agency Crash Number <b>18-06550</b>	Investigating Officer/Deputy <b>DEPUTY C. FRANK</b>	
Crash Date <b>06/22/2018</b>		Crash Time <b>09:20 AM</b>	Date Arrived <b>06/22/2018</b>	Time Arrived <b>09:36 AM</b>	
Date Notified <b>06/22/2018</b>		Time Notified <b>09:20 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 checked="" 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 checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>9180</b>
	Additional Information <b>PHOTOS</b>

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

ON THE ABOVE DATE AND TIME UNIT 1 AND UNIT 2 WERE EASTBOUND ON CR H AT BIRCHWOOD SPUR. UNIT 2 SIGNALLED 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.

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



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UNIT	VEHICLE	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>1--RIGHT FRONT CORNER</b>
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>STEVES AUTO SERVICE</b>
		What Driver Was Doing <b>OVERTAKE LEFT</b>	Vehicle Factors
UNIT	VEHICLE	Driver Prior Action Other	<b>BRAKES</b>
		Driver Actions <b>FOLLOWING TOO CLOSE, IMPROPER OVERTAKING / PASSING LEFT, FAILED TO KEEP IN DESIGNATED LANE</b>	
		Driver Distractions <b>NOT DISTRACTED</b>	
		Owner Name <b>MICHAEL F WALKER (608) 548-1170</b>	Owner Address <b>N3521 CR G MAUSTON, WI 53948 , US</b>
01	01	<b>Sequence Of Events</b>	
		Event <b>MOTOR VEH IN TRANSPORT</b>	
		Event	
		Event	
01	01	Event	
		Event	
		Event	
		Event	
01	01	<b>Individual</b>	
		Driver <b>MICHAEL F WALKER (608) 548-1170</b>	Citations Issued <b>2</b>
			Sex <b>MALE</b>
			Race <b>WHITE</b>
01	01	Address <b>N3521 CR G MAUSTON, WI 53948 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<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
01	001	Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
		Airbag <b>NON DEPLOYED</b>	

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Form containing sections: Ejected (NOT EJECTED), Medical Transport (NOT TRANSPORTED), Hospital, Non Motorist, Action, Drug & Alcohol (NO), Alcohol Test Given (TEST NOT GIVEN), Drug Test Given (TEST NOT GIVEN), Individual Condition (APPEARED NORMAL), and Violations (OPERATE MOTOR VEHICLE W/O INSURANCE, OPERATING AFTER SUSPENSION).

Unit Summary

Unit Summary Form containing: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (TRUCK), Vehicle Type (UTILITY TRUCK/PICKUP TRUCK), Total Occs (2), Train/Bus # Injured, Total # Citations Issued (0), Total Trailers (1), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (EASTBOUND), 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), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (CURVE LEFT), Road Grade (LEVEL), Truck Bus or HazMat (NO), and Vehicle (License Plate Number ND8307, Plate Type LTK - LIGHT TRUCK, St WI, Country of Issuance UNITED STATES).

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02	UNIT	02	Vehicle Identification Number <b>1GCGK29U41Z145212</b>	Make <b>CHEVROLET</b>	Year <b>2001</b>	Model <b>SILVERADO</b>	
			Color <b>TAN - TAN</b>	Body Style <b>PK - PICKUP</b>	Bus Use <b>NOT A BUS</b>		
02	UNIT	VEHICLE	Initial Contact Point <b>8--LEFT SIDE REAR</b>	Vehicle Damage <b>8--LEFT SIDE REAR</b>			
			Extent Of Damage <b>MINOR DAMAGE</b>				
02	UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By			
			What Driver Was Doing <b>RIGHT TURN</b>	Vehicle Factors			
02	UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>			
			Driver Actions <b>NO CONTRIBUTING ACTION</b>				
02	UNIT	VEHICLE	Driver Distractions <b>NOT DISTRACTED</b>				
			Owner Name <b>SPRINGBROOK CONSTRUCTION (608) 254-1470</b>	Owner Address <b>240 TROUT RD WISCONSIN DELLS, WI 53965 , US</b>			
<b>Sequence Of Events</b>							
01	UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
			Event				
			Event				
			Event				
<b>Policy Holder</b>							
02	UNIT	02	Insurance Company <b>QBE-INSURANCE-CORP</b>	Organization/Company <b>SPRINGBROOK CONSTRUCTION</b>			
			<b>Trailer/Towed</b>				
02	UNIT	TRAILER/ TOWED	Trailer Plate #	Plate Type	Make <b>UNKNOWN</b>	State	Country of Issuance
			Unit Type <b>EQUIPMENT</b>	Organization/Company <b>SPRINGBROOK CONSTRUCTION (608) 254-1470</b>			Address <b>240 TROUT RD WISCONSIN DELLS, WI 53965 , US</b>
IT	INDIVIDUAL	02	Driver <b>DYLAN SCOTT MEARS (608) 393-2998</b>	Citations Issued <b>0</b>		Sex <b>MALE</b>	
				Date of Birth		Race <b>WHITE</b>	

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UN	INDIV	Address <b>103 1ST ST LA VALLE, WI 53941 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b> On Duty Crash		Safety Equipment			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		02	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
Action							
UNIT	INDIVIDUAL	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>					
		02	002	<b>Individual</b>			
				Passenger <b>JOHN MARTIN NOOYEN (608) 295-0031</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
						Date of Birth	Race <b>WHITE</b>
				Address <b>290 WEST ST LA VALLE, WI 53941 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT	INDIVIDUAL	<b>Equipment</b> On Duty Crash					

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02	003	Safety Equipment		SHOULDER & LAP BELT			
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		Helmet Compliance			
		Helmet Use		Tint Compliance			
		Eye Protection		Airbag <b>NON DEPLOYED</b>			
		<b>Injury</b>		Injury Severity <b>NO APPARENT 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 #		
		Hospital		Date of Death	Time of Death		
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		02	003	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>							