

6TL0B7D6QJ  
18-13560

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>18-13560</b>	Investigating Officer/Deputy <b>DEPUTY A. SUKOWATEY</b>	
Crash Date <b>12/05/2018</b>		Crash Time <b>05:06 PM</b>	Date Arrived <b>12/05/2018</b>	Time Arrived <b>05:09 PM</b>	
Date Notified <b>12/05/2018</b>		Time Notified <b>05:08 PM</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> <p>West Pine Street</p> <p>Unit One</p> <p>Unit Two</p> <p>Unit Two</p> <p>Unit One</p> <p>Not to Scale</p> <p>HWY 136</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.

THE OPERATOR OF UNIT ONE WAS MAKING A LEFT HAND TURN ON A GREEN ARROW TRAFFIC SIGNAL WHEN THE OPERATOR OF UNIT ONE WENT STRAIGHT THROUGH THE INTERSECTION ON A RED TRAFFIC SIGNAL.

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Location

<b>INTERSECTION ON LINN ST/ STH136 WB AT LINN ST/ STH33 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY</b>	Latitude <b>43.474764806</b>	Longitude <b>-89.768908564</b>
	X Coordinate <b>276051.46875</b>	Y Coordinate <b>4817263.5</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>08--FRONT TO SIDE</b>	Light Condition <b>DARK/LIGHTED</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

Unit Summary

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>4</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>DIVIDED HWY MEDIAN W/BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</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>UNIT 01</b>	<b>Vehicle</b>			
	License Plate Number <b>779WGF</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2G1WT58N679289778</b>	Make <b>CHEVROLET</b>	Year <b>2007</b>	Model <b>IMPALA LT</b>
	Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>11--LEFT FRONT CORNER, 12--FRONT</b>			

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UNIT	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>NO CONTRIBUTING ACTION</b>				
	Driver Distractions <b>NOT DISTRACTED</b>				
01	01	Owner Name <b>HEATHER M BONTRAGER</b>		Owner Address <b>808 8TH AVE BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>					
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event <b>LEFT TURN</b>			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>SOCIETY-INS-A-MUTUAL-CO</b>		Individual <b>HEATHER BONTRAGER</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>JADEN CORA STEINE (608) 370-0148</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Address <b>508 CEDAR STREET BARABOO, WI 53913 , US</b>		Date of Birth	
		Driver License Number		Race <b>WHITE</b>	
		STATE: WISCONSIN COUNTRY: UNITED STATES			
		<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	
01	001	<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	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>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>TYLER LAWRENCE MUCKEY</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>508 CEDAR ST BARABOO, WI 53913 , US</b>		Driver License Number <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>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>		
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	002	<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 Summary**

UNIT	02	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>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>30</b>	Total Lanes <b>4</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>DIVIDED HWY MEDIAN W/BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</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	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>G625078P</b>	Plate Type <b>GOV - U S GOVERNMENT</b>	St <b>US</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTEX1EM5EKG36363</b>	Make <b>FORD</b>	Year <b>2014</b>	Model <b>F150</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>PK - PICKUP</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>11--LEFT FRONT CORNER</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>11--LEFT FRONT CORNER, 12--FRONT</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
Driver Prior Action Other	<b>NOT APPLICABLE</b>				

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UNIT VEHICLE	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
	02	02	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>	
			Owner Name <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICES (414) 255-5320</b>	Owner Address <b>2448 S 102ND STREET SUITE 150 WEST ALLIS, WI 53227 , US</b>
<b>Sequence Of Events</b>				
UNIT INDIVIDUAL	02	003	01	Event <b>MOTOR VEH IN TRANSPORT</b>
			02	Event
			03	Event
			04	Event
<b>Policy Holder</b>				
			Insurance Company <b>UNITED-STATES-LIABILITY-INS-CO</b>	Government <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVI</b>
<b>Individual</b>				
			Driver <b>THOMAS LEON REYES SR (715) 492-6292</b>	Citations Issued <b>0</b>
				Sex <b>MALE</b>
				Date of Birth <b>INDIAN</b>
			Address <b>209 5TH AVE E APT 4 ASHLAND, WI 54806 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
			<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>
			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		
02	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>		