

6TL09XQXZN

18-14042

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 18-14042	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 12/18/2018		Crash Time 06:45 PM	Date Arrived 12/18/2018	Time Arrived 06:56 PM	
Date Notified 12/18/2018		Time Notified 06:47 PM	Total Units 02	Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>NORTH REEDSBURG ROAD</p> <p>CTH A</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By DEPUTY ISAAC GALVAN
	Additional Information PHOTOS

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

UNIT 2 WAS STOPPED AT A STOP SIGN AT THE INTERSECTION OF NORTH REEDSBURG ROAD AND CTH A. UNIT 1 STRUCK UNIT 2 FRONT TO REAR. UNIT 1 CONTINUED NORTHBOUND ON CTH A FROM NORTH REEDSBURG ROAD. UNIT 2 SUFFERED INJURIES AND SELF TRANSPORTED TO ST. CLARE HOSPITAL IN BARABOO, WI. UNIT 1 WAS CITED AND TAKEN INTO CUSTODY FOR OPERATING WHILE UNDER THE INFLUENCE 4TH WITH INJURY. HIT AND RUN INJURY INVOLVED, FAILURE TO KEEP VEHICLE CONTROL AND FAILURE TO REPORT ACCIDENT TO POLICE. UNIT 1 AND 2 WERE REMOVED BY OWNERS.

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Location

INTERSECTION ON REEDSBURG RD AT CTHA NB IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.532184473	Longitude -89.738973351
	X Coordinate 278682.75	Y Coordinate 4823560.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02--FRONT TO REAR		Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT	Unit Status HIT AND RUN		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 4	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle					
	01	License Plate Number 590MXX		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FMCU0GX9EUA35958		Make FORD	Year 2014	Model ESCAPE SE
	VEHICLE	Color		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT		Vehicle Damage		
Extent Of Damage DISABLING DAMAGE		1--RIGHT FRONT CORNER, 12--FRONT				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions EXCEED SPEED LIMIT, FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	01	Owner Name LORI C METCALF (608) 448-9987		Owner Address 1720 EAST ST BARABOO, WI 53913 , US
		Sequence Of Events		
01	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	01	Policy Holder		
		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual LORI METCALF	
UNIT	INDIVIDUAL	Individual		
		Driver LORI C METCALF (608) 448-9987	Citations Issued 4	Sex FEMALE
			Date of Birth	Race WHITE
		Address 1720 EAST ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment RESTRAINT USE UNKNOWN
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source		
Distracted By Action				

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UNIT INDIVIDUAL 01 001 Non Motorist Striking Unit # Location Prior Action Action Action Other To/From School Drug & Alcohol Suspected Alcohol Use Suspected Drug Use Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results Drug Type Individual Condition NOT OBSERVED Violations 01 02 03 04 UTC Number Issue To? Statute Number Description AI388611 001 346.63(2)(A)1 OWI CAUSE INJURY (2+) AI388612 001 346.67(1) HIT AND RUN-INVOLVE INJURY AI388613 001 346.70(1) FAILURE OF OCCUPANT TO NOTIFY POLICE OF ACCIDENT AI388614 001 346.57(2) FAILURE TO KEEP VEHICLE UNDER CONTROL

Unit Summary

UNIT 02 Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE Vehicle Type PASSENGER CAR Operating As Endorsements Total Occs 2 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0 Insurance? YES Direction Of Travel EASTBOUND Pre Crash Tire Mark Speed Limit 45 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 STOP SIGN Traffic Control Inoperative/Missing NO Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade LEVEL Truck Bus or HazMat NO

Vehicle

License Plate Number 996TZY Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES

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UNIT VEHICLE	02	02	Vehicle Identification Number 3C4PDCBG5CT308660	Make DODGE	Year 2012	Model JOURNEY SX	
			Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS		
			Initial Contact Point 6--REAR	Vehicle Damage			
			Extent Of Damage FUNCTIONAL DAMAGE	6--REAR, 7--LEFT REAR CORNER			
			Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR			
			What Driver Was Doing GOING STRAIGHT	Vehicle Factors			
			Driver Prior Action Other	NOT APPLICABLE			
UNIT VEHICLE			Driver Actions NO CONTRIBUTING ACTION				
	02	02	Owner Name JENNIFER L DIAZ TEGEN (608) 434-3156	Owner Address 2125 SURREY LN BARABOO, WI 53913 , US			
Sequence Of Events							
	01		Event MOTOR VEH IN TRANSPORT				
	02		Event				
	03		Event				
	04		Event				
UNIT	Policy Holder						
			Insurance Company STATE-FARM-GENERAL-INS-CO	Individual JENNIFER DIAZ TEGEN			
UNIT INDIVIDUAL	Individual						
			Driver JENNIFER L DIAZ TEGEN (608) 434-3156	Citations Issued 0	Sex FEMALE		
				Date of Birth	Race HISPANIC		
		Address 2125 SURREY LN BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT	Safety Equipment						
			On Duty Crash	Safety Equipment			
			Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT			
			Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance				
02 002		Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED			
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		

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UNIT	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By Distracted By Source			
	Distracted By Action NOT DISTRACTED			
	Non Motorist		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
Drug Type				
Individual Condition APPEARED NORMAL				
UNIT	Individual			
	Passenger BRIAN J TEGEN (608) 477-3617		Citations Issued 0	Sex MALE
	Address 2125 SURREY LN BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Safety Equipment SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	

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UNIT	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source			
	Distracted By Action					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
02	003	Drug Type				
		Individual Condition				
		APPEARED NORMAL				