

6TL09JDKWL  
18-14244

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>18-14244</b>	Investigating Officer/Deputy <b>DEPUTY B. SCHLOUGH</b>	
Crash Date <b>12/24/2018</b>		Crash Time <b>07:52 AM</b>	Date Arrived <b>12/24/2018</b>	Time Arrived <b>07:55 AM</b>	
Date Notified <b>12/24/2018</b>		Time Notified <b>07:53 AM</b>	Total Units <b>02</b>	Total Injured <b>02</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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

Diagram <p style="text-align: center;">PRIVATE DR</p> <p style="text-align: center;">USH 14</p> <p style="text-align: center;">DRAWING NOT TO SCALE</p>	Reconstruction By
	Photos By <b>DEPUTY SCHLOUGH</b>
	Additional Information <b>NONE, PHOTOS</b>

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

UNIT 2 WAS TRAVELING W/B ON USH 14. UNIT 1 WAS TRAVELING E/B ON USH 14. UNIT 2 ATTEMPTED TO MAKE A LEFT TURN INTO THE DRIVEWAY OF RIVER VALLEY MOBIL. OPERATOR OF UNIT 1 STATED, "MY CAR SUDDENLY JUMPED TO THE LEFT INTO THE OTHER LANE JUST BEFORE I MADE THE TURN." OPERATOR OF UNIT 1 INFORMED ME UNIT 1 HAD IT'S LEFT TURN SIGNAL ON HOWEVER TURNED IN FRONT OF HER. OPERATOR OF UNIT 2 ALSO INFORMED ME SHE BELIEVED THE OPERATOR OF UNIT 1 MAY HAVE BEEN BLINDED BY THE BRIGHT SUNSHINE. AFTER IMPACT UNIT 1 CAME TO REAST IN THE E/B LANE FACING S/W AND UNIT 2 CAME TO REST ON THE W/B SHOULDER FACING S/E.

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Location

ON USH14 EB 381 FT E OF STH60 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.188697593</b>	Longitude <b>-90.068618377</b>
	X Coordinate <b>250641.015625</b>	Y Coordinate <b>4786342</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>03--FRONT TO FRONT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>VISUAL OBSTRUCTION (S)</b>			
Weather Condition(s) <b>CLEAR</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>12/24/2018</b>	Time Initial Lane/Rd Closed <b>07:55 AM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>12/24/2018</b>	Time All Lanes Open <b>08:45 AM</b>	Date Scene Cleared <b>12/24/2018</b>	Time Scene Cleared <b>08:50 AM</b>

Unit Summary

<b>UNIT</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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</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 CrashTire Mark	Speed Limit <b>55</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>NO CONTROL</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>01</b>	<b>Vehicle</b>				
		License Plate Number <b>374UBG</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
<b>01</b>	Vehicle Identification Number <b>JTKDB20U967060960</b>	Make <b>TOYOTA</b>	Year <b>2006</b>	Model <b>PRIUS</b>		

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UNIT VEHICLE	Color <b>RED - RED</b>		Body Style <b>4H - HATCHBACK 4 DOOR</b>	Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>		Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>11--LEFT FRONT CORNER</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
	Owner Name <b>DANIEL THOMAS ROBERTS (608) 588-5623</b>		Owner Address <b>S12985 SHIFFLET RD # 41 SPRING GREEN, WI 53588 , US</b>	
<b>Sequence Of Events</b>				
UNIT VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>GEICO-CASUALTY-CO</b>		Individual <b>DANIEL ROBERTS</b>	
UNIT INDIVIDUAL	Driver <b>DANIEL THOMAS ROBERTS (608) 588-5623</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>S12985 SHIFFLET RD # 41 SPRING GREEN, WI 53588 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT VEHICLE	<b>Safety 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	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
UNIT VEHICLE	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #

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UNIT	Hospital		Date of Death		Time of Death		
	<b>Distracted By</b>		Distracted By Source				
	Distracted By Action <b>NOT DISTRACTED</b>						
	<b>Non Motorist</b>		Striking Unit #		Location		
	Prior Action						
	Action						
	Action Other					To/From School	
	<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>						
	<b>Violations</b>						
	01	001	01	UTC Number <b>AD977854</b>	Issue To? <b>001</b>	Statute Number <b>346.18(2)</b>	Description <b>FAIL/YIELD WHILE MAKING LEFT TURN</b>

**Unit Summary**

UNIT	02		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 # Recorded		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>55</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>NO CONTROL</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>Vehicle</b>								
	License Plate Number <b>333UHA</b>				Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	

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02	UNIT	VEHICLE	Vehicle Identification Number <b>JA4AZ3A35FZ004015</b>	Make <b>MITSUBISHI</b>	Year <b>2015</b>	Model <b>OUTLANDER</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>11--LEFT FRONT CORNER</b>	Vehicle Damage <b>11--LEFT FRONT CORNER</b>			
			Extent Of Damage <b>DISABLING DAMAGE</b>				
			Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>GEORGES AUTO BODY</b>			
			What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>			
			Driver Prior Action Other				
02	UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
			Owner Name <b>JESSICA ANN NACHTIGAL (608) 475-1775</b>	Owner Address <b>3817 DAYSTAR RD # A MADISON, WI 53704 , US</b>			
<b>Sequence Of Events</b>							
02	UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		02	Event				
		03	Event				
		04	Event				
<b>Policy Holder</b>							
02	UNIT	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>JESSICA NACHTIGAL</b>			
		<b>Individual</b>					
02	UNIT	INDIVIDUAL	Driver <b>JESSICA ANN NACHTIGAL (608) 475-1775</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
			Address <b>3817 DAYSTAR RD # A MADISON, WI 53704 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>							
02	UNIT	002	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			
02	UNIT	002	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>		
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>TRAPPED/EXTRICATED</b>		

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<b>UNIT</b>	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000554</b>	EMS Run #	
	Hospital <b>SAINT MARY'S HEALTH CARE</b>		Date of Death	Time of Death	
	<b>Distracted By</b> Distracted By Source				
	Distracted By Action <b>NOT DISTRACTED</b>				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<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		
<b>02</b>	<b>002</b>	Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			