

6TL08F2KVM

19-00254

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 19-00254	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 01/06/2019		Crash Time 01:18 PM	Date Arrived 01/06/2019	Time Arrived 01:32 PM	
Date Notified 01/06/2019		Time Notified 01:20 PM	Total Units 02	Total Injured 00	Total Killed 00
<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 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>	Reconstruction By
	Photos By
	Additional Information NONE

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

ON 01-06-19 VEHICLE WAS TRAVELING WEST ON CTH EE. HORSE AND BUGGY PULLED OUT FROM STOP SIGN ON LANDSINGER ROAD ONTO CTH EE DIRECTLY INTO THE PATH OF THE VEHICLE. VEHICLE STRUCK REAR DRIVERS SIDE OF BUGGY KNOCKING THE REAR AXLE WITH WHEELS OFF. THE HORSE DRUG THE BUGGY EAST ON CTH EE THEN CAME TO A STOP IN THE NORTH DITCH LINE. VEHICLE CAME TO A REST IN THE NORTH DITCH LINE JUST WEST OF LANDSINGER ROAD. NO INJURIES REPORTED. HORSE WAS NOT INJURED. FATHER OF JUVENILES IN BUGGY ARRIVED ON SCENE TO TAKE BOYS HOME.

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Location

ON CTHEE SB 14 FT N OF LANDSINGER RD IN THE TOWN OF WOODLAND IN SAUK COUNTY	Latitude 43.575934118	Longitude -90.266412832
	X Coordinate 236252.921875	Y Coordinate 4829959.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification O CLASS		Unit Type EQUIPMENT	
	Vehicle Type HORSE AND BUGGY	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire 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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number	Plate Type	St	Country of Issuance
		Vehicle Identification Number	Make	Year	Model
		Color BLK - BLACK	Body Style HE - HORSE-BUGGY		Bus Use NOT A BUS
		Initial Contact Point 7--LEFT REAR CORNER	Vehicle Damage 7--LEFT REAR CORNER		
		Extent Of Damage DISABLING DAMAGE			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01 01	Owner Name ELI E GINGERICH (608) 985-7747		Owner Address S1680 FARRA ROAD LAVALLE, WI 53941 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver FREEMAN E GINGERICH (608) 985-7747		Citations Issued 0	Sex MALE
	Address S1680 FARRA ROAD LAVALLE, WI 53941 , US		Date of Birth	Race WHITE
			Driver License Number	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		NOT APPLICABLE	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	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	
		Drug Type			
		Individual Condition APPEARED NORMAL			
		Individual			
		UNIT	INDIVIDUAL	Occupant Of Non-Motor Vehicle Transportation Device DAVID E GINGERICH (608) 985-7747	Citations Issued 0
	Date of Birth			Race WHITE	
Address S1680 FARRA ROAD LAVALLE, WI 53941 , US	Driver License Number				
Safety Equipment	On Duty Crash			Safety Equipment NONE USED - VEHICLE OCCUPANT	
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER					
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				
Injury	Injury Severity NO APPARENT INJURY			Airbag NOT APPLICABLE	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED	EMS Agency Identifier			EMS Run #	
Hospital	Date of Death	Time of Death			
UNIT	INDIVIDUAL	Distracted By Distracted By Source			
		Distracted By Action			
		Non Motorist	Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
01	002	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	
		Drug Type			
		Individual Condition APPEARED NORMAL			
		Individual			
		Occupant Of Non-Motor Vehicle Transportation Device MATTHEW E GINGERICH (608) 985-7747	Citations Issued 0	Sex MALE	
		Date of Birth		Race WHITE	
		Address S1680 FARRA ROAD LAVALLE, WI 53941 , US		Driver License Number	
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment NONE USED - VEHICLE OCCUPANT	
			Seat Position 5--SECOND SEAT-MIDDLE		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #			
Hospital	Date of Death	Time of Death			
Distracted By	Distracted By Source				
	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
Prior Action					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	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	
		Drug Type			
		Individual Condition APPEARED NORMAL			
		01	003		

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements		
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
		Most Harmful Event: Collision With OTHER NON-MOTORIST		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
		Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 411HKT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number KL4CJGSB6FB187544	Make BUICK	Year 2015	Model ENCORE AWD
		Color BRO - BROWN	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	11--LEFT FRONT CORNER, 12--FRONT		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SHIELDS TOWING		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name JOHN T SCHLUENZ (608) 489-4518	Owner Address E18727 COUNTY RD Q WONEWOC, WI 53968 , US	
02	02	Sequence Of Events		
UNIT	01	Event OTHER NON-MOTORIST		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company BADGER-MUTUAL-INS-CO	Individual JOHN SCHLUENZ		
UNIT	Individual			
	INDIVIDUAL	Driver JOHN T SCHLUENZ (608) 489-4518	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address E18727 COUNTY RD Q WONEWOC, WI 53968 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02	004	Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT 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 #	
	Hospital	Date of Death	Time of Death	
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
	Non Motorist	Striking Unit #	Location	
	Prior Action			

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UNIT	INDIVIDUAL	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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		02	004			

Witness

WITN 01	ESS	Individual SAMUEL H SCHMUCKER (608) 985-8274	Address S2107 BIRDD DRIVE LAVALLE, WI 53941 , US	Date of Birth