

# WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL09N3P6L

Document Number Override		Primary Crash Document #		Agency Crash Number <b>19-01551</b>		Investigating Officer/Deputy <b>DEPUTY C. FRANK</b>	
Crash Date <b>02/07/2019</b>		Crash Time <b>04:19 PM</b>		Date Arrived <b>02/07/2019</b>		Time Arrived <b>04:31 PM</b>	
Date Notified <b>02/07/2019</b>		Time Notified <b>04:20 PM</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 	Reconstruction By
	Photos By <b>3</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 INVOLVED IN A TWO UNIT HEAD ON CRASH. UNIT 2 WAS EASTBOUND ON HWY 136 AND UNIT 1 WAS WESTBOUND ON HWY 136. CRASH OCCURRED JUST WEST OF E10826 HWY 136. UNIT 1 OPERATOR LOST CONTROL OF UNIT 1 ON THE SLUSH AND ICE. UNIT 1 CROSSED THE CENTERLINE INTO THE EASTBOUND LANE. UNIT 1 STRUCK UNIT 2 FRONT TO FRONT. UNIT 1 CAME TO A REST FACING SW AND UNIT 2 CAME TO A REST FACING EB.

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Location

Table with 3 columns: Address (ON E10826 LINN ST/ STH136 WB), Latitude (43.475977032), Longitude (-89.782427425), and Structure Type (FIRE).

Crash Scene

Table with multiple rows detailing crash scene information: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (03--FRONT TO FRONT), Road Surface Condition (WET, SNOW, SLUSH, ICE), Environment Factor (WEATHER CONDITIONS), Animal Type, Crash Classification (PUBLIC PROPERTY), and Closure Type (FULL CLOSURE).

Unit Summary

Table with 2 main sections: Unit Summary (01) and Vehicle (01). Unit Summary includes Unit Status (IN TRANSIT), Vehicle Type (PASSENGER CAR), and various statistics. Vehicle section includes License Plate Number (946WLG) and Make (FORD).

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UNIT VEHICLE	Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage <b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>				
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>		
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
	Driver Prior Action Other				
UNIT VEHICLE	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b>				
	Owner Name <b>MARY ANN ANDREWS (608) 477-8535</b>		Owner Address <b>S4252 MIRROR LAKE RD BARABOO, WI 53913 , US</b>		
01 01	<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>ERIE-INS-CO</b>		Individual <b>MARY ANDREWS</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>MARY ANN ANDREWS (608) 477-8535</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
	Address <b>S4252 MIRROR LAKE RD BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>	
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<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>SUSPECTED SERIOUS INJUR</b>	Airbag <b>DEPLOYED-FRONT</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000368</b>	EMS Run #		

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<b>UNIT</b>	Hospital <b>ST CLARE HOSP</b>		Date of Death	Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	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>01</b>	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>Violations</b>				
	UTC Number <b>AE754919</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</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>(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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</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>CURVE RIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

## Vehicle

License Plate Number <b>52219E</b>	Plate Type <b>END - ENDANGERED RE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
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02 UNIT VEHICLE	02	Vehicle Identification Number <b>1FMDK02W18GA36324</b>	Make <b>FORD</b>	Year <b>2008</b>	Model <b>TAURUS X S</b>	
		Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>		
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage			
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT</b>			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>MIKES TOWING</b>			
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors			
		Driver Prior Action Other	<b>NOT APPLICABLE</b>			
02 UNIT VEHICLE		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	02	Owner Name <b>GAIL K KLITZKE (608) 434-2125</b>	Owner Address <b>319 8TH ST BARABOO, WI 53913 , US</b>			
<b>Sequence Of Events</b>						
	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
	04	Event				
02 UNIT	<b>Policy Holder</b>					
		Insurance Company <b>AUTO-OWNERS-INS-CO</b>	Individual <b>JOEY KLITZKE</b>			
02 UNIT INDIVIDUAL	<b>Individual</b>					
		Driver <b>JOEY ALVIN KLITZKE (608) 963-9871</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth	Race <b>WHITE</b>		
		Address <b>319 8TH ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
02 UNIT	<b>Safety 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 UNIT	<b>Injury</b>					
		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>DEPLOYED-FRONT</b>			
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>		

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	Hospital <b>ST CLARE HOSP</b>	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	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>			

02  
002