

6TL08WW13M

19-01697

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 19-01697		Investigating Officer/Deputy CAPTAIN M. STODDARD	
Crash Date 02/11/2019		Crash Time 07:05 AM		Date Arrived 02/11/2019		Time Arrived 07:05 AM	
Date Notified 02/11/2019		Time Notified 07:05 AM		Total Units 03		Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input checked="" type="checkbox"/> Secondary Crash	

Description

Diagram 	Reconstruction By
	Photos By MJ STODDARD
	Additional Information PHOTOS

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

UNIT 1 AND UNIT 2 WERE EB ON USH 14 AND SLOWING FOR A PREVIOUS ACCIDENT. UNIT 1 STRUCK UNIT 2 IN THE REAR. UNIT 2 WAS PUSHED INTO THE PATH OF UNIT 3 WHICH WAS WB.

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Location

ON USH14 EB 0.37 MI E OF PORTER RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.1909491	Longitude -90.165562641
	X Coordinate 242772.1875	Y Coordinate 4786886
	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 DAYLIGHT	
Road Surface Condition(s) WET, SNOW, SLUSH, ICE		Roadway Factor(s) BACKUP DUE TO PRIOR CRASH	
Environment Factor(s) WEATHER CONDITIONS, VISUAL OBSTRUCTION (S)			
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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 02/11/2019	Time Initial Lane/Rd Closed 07:05 AM	LAW ENFORCEMENT	
Date All Lanes Open 02/11/2019	Time All Lanes Open 08:30 AM	Date Scene Cleared 02/11/2019	Time Scene Cleared 08:30 AM

Unit Summary

UNIT	Unit Status IN TRANSIT	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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number ACP5949	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1G8JL54RX4Y512870		Make SATURN	Year 2004	Model L300		

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR	Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By GEORGES AUTO BODY		
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors		
UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILURE TO CONTROL				
	Owner Name JOHN A BROWN		Owner Address 311 N OAK ST. LONE ROCK, WI 53556 , US		
01 01	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company GEICO-GENERAL-INS-CO		Individual JOHN BROWN		
UNIT INDIVIDUAL	Individual				
	Driver JAYDE A BROWN (608) 553-0722		Citations Issued 0	Sex FEMALE	
	Address 311 N OAK ST. LONE ROCK, WI 53556 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	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		
	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT	
	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 NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	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	
Drug Type						
Individual Condition APPEARED NORMAL						

Unit Summary

UNIT	Unit Status IN TRANSIT		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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle					
	License Plate Number 139ZBE		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G11C5SA3DF182965		Make CHEVROLET		Year 2013	Model MALIBU
	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use NOT A BUS	

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UNIT VEHICLE	Initial Contact Point 6--REAR		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER, 11--LEFT FRONT CORNER, 12--FRONT		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By GEORGES AUTO BODY		
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name DUSTIN JOHN JONES (608) 588-5066		Owner Address 425 PEARL ST LONE ROCK, WI 53556 , US		
02 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual DUSTIN JONES		
UNIT INDIVIDUAL	Driver DUSTIN JOHN JONES (608) 588-5066		Citations Issued 0	Sex MALE	
	Address 425 PEARL ST LONE ROCK, WI 53556 , US		Date of Birth	Race WHITE	
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES		
	Individual				
02 002	Safety Equipment		On Duty Crash		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT		
	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	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED		
	Non Motorist	Striking Unit #	Location	
		Prior Action		
	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		
	02	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
Drug Type				
Individual Condition				
APPEARED NORMAL				

Unit Summary

UNIT	03	Unit Status IN TRANSIT	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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<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 NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

03	03	License Plate Number 718XNT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FMDK05185GA42827	Make FORD	Year 2005	Model FREESTYLE
		Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT			

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name AMANDA L WATERMAN (608) 822-5258	Owner Address 30784 FULLERTON LN CAZENOVIA, WI 53924 , US
	Sequence Of Events	
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT VEHICLE	Policy Holder	
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual AMANDA WATERMAN
	Individual	
	Driver AMANDA L WATERMAN (608) 822-5258	Citations Issued 0
UNIT INDIVIDUAL	Sex FEMALE	
	Date of Birth	
	Race WHITE	
	Address 30784 FULLERTON LN CAZENOVIA, WI 53924 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT INDIVIDUAL	Safety Equipment	
	On Duty Crash	Safety Equipment
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance
UNIT INDIVIDUAL	Eye Protection	
	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY
	Airbag NON DEPLOYED	
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	EMS Run #	
UNIT INDIVIDUAL	Hospital	Date of Death
	Time of Death	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED				
	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
	Drug Type				
03	003	Individual Condition APPEARED NORMAL			