

6TL0B17169
19-02379

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 19-02379	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 02/26/2019		Crash Time 03:54 PM	Date Arrived 02/27/2019	Time Arrived 09:28 AM	
Date Notified 02/26/2019		Time Notified 03:59 PM	Total Units 04	Total Injured 01	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> <p>NOT SCALE</p>	Reconstruction By
	Photos By I HANSON
	Additional Information NONE, PHOTOS

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

UNIT 1 WAS WEST ON STH 33 GOING UPHILL. UNIT 1 LOST CONTROL OF HER VEHICLE DUE TO SNOW AND ICE. UNIT 1 ENTERED THE WESTBOUND LANE STRIKING THE PASSENGER SIDE OF UNIT 2 WITH THE REAR DRIVERS SIDE OF HER SUV. UNIT 1 CONTINUED TO ROTATE IN THE WESTBOUND LANE. UNIT 3 WAS WESTBOUND BEHIND UNIT 2. UNIT 2 CAME TO REST IN THE EASTBOUND LANE FACING SOUTH. UNIT 3 STRUCK PASSENGER SIDE OF UNIT 1. UNIT 4 WAS WESTBOUND BEHIND UNIT 3. UNIT 4 WAS UNABLE TO STOP TO AVOID THE COLLISION. UNIT 4 STRUCK UNIT 3 IN A REAR END FASHION. 9109

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Location

ON STH33 EB 493 FT E OF SCHUETTE RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.56607437	Longitude -90.093374567
	X Coordinate 250184.84375	Y Coordinate 4828329.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW, SLUSH, ICE	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
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

Unit Summary

UNIT 01	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 1	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 UPHILL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	01	License Plate Number 884VXM	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JT3HN86R7Y0262736	Make TOYOTA	Year 2000	Model 4RUNNER SR
		Color GRN - GREEN	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 7--LEFT REAR CORNER	Vehicle Damage			
Extent Of Damage FUNCTIONAL DAMAGE	2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR				

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By REEDSBURG SALVAGE	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01	01	Owner Name ELISHA MARIE BETTS (608) 408-8521		Owner Address 515 BOWMAN RD WISCONSIN DELLS, WI 53965 , US
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company GEICO-ADVANTAGE-INSURANCE-CO		Individual ELISHA BETTS	
UNIT INDIVIDUAL	Individual			
	Driver ELISHA MARIE BETTS		Citations Issued 1	Sex FEMALE
	Address 515 BOWMAN RD WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	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	
	UNIT INDIVIDUAL	Injury		Injury Severity NO APPARENT INJURY
Ejected NOT EJECTED		Airbag NON DEPLOYED		
Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		
Hospital		EMS Run #		
Date of Death		Time of Death		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	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					
	Violations					
01	UTC Number AE753496	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS		

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 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 HILLCREST	
		Truck Bus or HazMat NO						

02	02	Vehicle					
		License Plate Number 856YXW		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4S3GKAK66J3608587		Make SUBARU		Year 2018	Model IMPREZA
		Color BLU - BLUE		Body Style SD - SEDAN			Bus Use NOT A BUS
		Initial Contact Point 3--RIGHT SIDE MIDDLE					

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SHIELDS TOWING
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name MEGAN LYNN FORTUNE (815) 871-5004	Owner Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US
	Sequence Of Events	
UNIT VEHICLE	01 Event MOTOR VEH IN TRANSPORT	
	02 Event	
	03 Event	
	04 Event	
UNIT	Policy Holder	
	Insurance Company ERIE-INS-CO	Individual MEGAN FORTUNE
UNIT INDIVIDUAL	Individual	
	Driver MEGAN LYNN FORTUNE	Citations Issued 0
		Sex FEMALE
		Date of Birth
UNIT INDIVIDUAL	Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	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	
UNIT INDIVIDUAL	Injury	Injury Severity SUSPECTED MINOR INJURY
		Airbag DEPLOYED-SIDE
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED
UNIT INDIVIDUAL	Medical Transport EMS GROUND	EMS Agency Identifier 6001024
		EMS Run #
	Hospital REEDSBURG AREA MED CTR	Date of Death
		Time of Death

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UNIT	INDIVIDUAL	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	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 HILLCREST		
		Truck Bus or HazMat NO				

Vehicle

03	03	License Plate Number 679YHG	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2CNBJ634416915350	Make CHEVROLET	Year 2001	Model TRACKER LT	
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS		
		Initial Contact Point 11--LEFT FRONT CORNER				

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	6--REAR, 11--LEFT FRONT CORNER	
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name ALAN CHRISTOPHER PARCE (608) 393-2699	Owner Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US	
	Sequence Of Events		
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT VEHICLE	Policy Holder		
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual ALAN PARCE	
	Individual		
	Driver ALAN CHRISTOPHER PARCE (608) 393-2699	Citations Issued 0	Sex MALE
UNIT INDIVIDUAL	Date of Birth	Race WHITE	
	Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
UNIT INDIVIDUAL	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
UNIT INDIVIDUAL	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death

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UNIT INDIVIDUAL 03 003	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 04	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 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 HILLCREST	
	Truck Bus or HazMat NO				

04 04	Vehicle			
	License Plate Number 210UES	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KNDJF724597557177	Make KIA MOTORS CORPORA	Year 2009	Model SPORTAGE L
	Color GRN - GREEN	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	1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
04 04	Owner Name KENT A RAY (608) 548-4484	Owner Address 512 MILL ST HILLSBORO, WI 54634 , US
	Sequence Of Events	
04 01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	Policy Holder	
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual KENT RAY
04 004	Individual	
	Driver KENT A RAY (608) 548-4484	Citations Issued 0
		Sex MALE
		Date of Birth
	Race WHITE	
	Address 512 MILL ST HILLSBORO, WI 54634 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
04 004	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 NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	Hospital	EMS Run #
	Date of Death	Time of Death

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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				
04	004	Individual Condition			
		APPEARED NORMAL			