

6TL09B7DB5

19-02423

# 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>19-02423</b>	Investigating Officer/Deputy <b>DEPUTY A. MEEKER</b>	
Crash Date <b>02/27/2019</b>		Crash Time <b>05:00 PM</b>	Date Arrived <b>02/27/2019</b>	Time Arrived <b>05:11 PM</b>	
Date Notified <b>02/27/2019</b>		Time Notified <b>05:04 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <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

<p>Diagram</p> <p>Reconstruction By</p> <p>Photos By</p> <p>Additional Information <b>NONE</b></p>	<p>Reconstruction By</p>
	<p>Photos By</p>
	<p>Additional Information <b>NONE</b></p>

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

UNIT 1 WAS TRAVELING EAST BOUND ON WILKINSON RD. ONCE AT THE STOP SIGN UNIT 1 WAS ATTEMPTING TO GO NORTH BOUND ON HWY 58. UNIT 1 SAID SHE COULD NOT SEE TRAFFIC DUE TO A SNOW BANK. UNIT 1 PULLED FORWARD INTO THE ROADWAY TO SEE IF THE INTERSECTION WAS CLEARED. UNIT 1 WAS THEN STRUCK BY UNIT 2 WHICH WAS TRAVELING SOUTH BOUND ON HWY 58. BOTH VEHICLES WERE REMOVED FROM THE INTERSECTION AND PARKED ON WILKINSON RD UPON MY ARRIVAL. UNIT 1 AND 2 SUSTAINED FUNCTIONAL DAMAGE BUT WERE REMOVED BY THE OWNERS.

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**Location**

ON WILKINSON RD 86 FT W OF STH58 NB IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.627009312</b>	Longitude <b>-90.125775796</b>
	X Coordinate <b>247822.921875</b>	Y Coordinate <b>4835195.5</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>08--FRONT TO SIDE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH</b>	Roadway Factor(s)  <b>VISIBILITY OBSCURED</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>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

**Unit Summary**

<b>UNIT</b> <b>01</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>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>01</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"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>02</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>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>						
	<b>UNIT</b> <b>01</b> <b>VEHICLE</b>	<b>Vehicle</b>					
		License Plate Number <b>648YLR</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>2G1WA5EK3A1102406</b>		Make <b>CHEVROLET</b>	Year <b>2010</b>	Model <b>IMPALA LS</b>			
Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>			
Initial Contact Point <b>9--LEFT SIDE MIDDLE</b>		Vehicle Damage <b>9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT</b>					
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>							

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01	01	Owner Name <b>DIANE MARIE MCDONALD (608) 348-1744</b>		Owner Address <b>N6108 15TH AVE NEW LISBON, WI 53950 , US</b>
<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>WISCONSIN-MUTUAL-INS-CO</b>		Individual <b>DIANE MCDONALD</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DIANE MARIE MCDONALD (608) 348-1744</b>		Citations Issued <b>01</b>	Sex <b>FEMALE</b>
	Address <b>N6108 15TH AVE NEW LISBON, WI 53950 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 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>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	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 #	
Hospital		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>				

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UNIT INDIVIDUAL 01 001
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
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
UTC Number AE142013 Issue To? 001 Statute Number 346.18(3) Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN

Unit Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type TRUCK
Vehicle Type UTILITY TRUCK/PICKUP TRUCK Operating As Endorsements
Total Occs 01 Train/Bus # Recorded Total # Citations Issued 01 Total Trailers 0 Total HazMat Types 0
Insurance? NO Direction Of Travel SOUTHBOUND Pre Crash Tire Mark Speed Limit 55 Total Lanes 02
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 DOWNHILL
Truck Bus or HazMat NO

UNIT 02 02
Vehicle
License Plate Number EA5243 Plate Type LTK - LIGHT TRUCK St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1GCCS14W1Y8101007 Make CHEVROLET Year 2000 Model S10
Color BLK - BLACK Body Style PK - PICKUP Bus Use NOT A BUS
Initial Contact Point 12--FRONT

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>12--FRONT</b>
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
02 02	Owner Name <b>JEFFREY A JOHNSON (715) 533-9526</b>	Owner Address <b>23536 ELM ST APT 5 INDEPENDENCE, WI 54747 , US</b>
	<b>Sequence Of Events</b>	
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>JEFFREY A JOHNSON (715) 533-9526</b>	Citations Issued <b>01</b>
		Sex <b>MALE</b>
	Date of Birth	Race <b>WHITE</b>
	Address <b>23536 ELM ST APT 5 INDEPENDENCE, WI 54747 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
02 002	<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
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	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 #
	Hospital	Date of Death
		Time of Death
	<b>Distracted By</b>	
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	

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<b>UNIT</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>			
<b>02</b>	<b>Violations</b>			
	UTC Number <b>AE142014</b>	Issue To? <b>002</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>