WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

							(000) 330-409
Document Number Override	Primary Crash	Document #	Agency 19-027	Crash Number	Investigating Off DEPUTY B. S		
Crash Date 03/09/2019	Crash Time 02:31 PM		Date Arrived 03/09/2019		Time Arrived 02:41 PM		
Date Notified 03/09/2019	Time Notified 02:33 PM		Total Ur	nits	Total Injured 01	Total Kille	ed
On Emergency H	it and Run	✓ Lane Clos	ure	☐ Work Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active S	chool Zone	School NO	Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASI	H)		Amended		Secondary Crash
escription					•		•
Diagram	STH 2	U2			Pt Di	notos By EPUTY AL	EX BREUNIG
DRAWING NOT TO SÇAL	U2 	U1]	ТОР				

UNIT 1 AND UNIT 2 WERE TRAVELING E/B ON STH 23/33. UNIT 2 STOPPED IN THE LANE OF TRAFFIC TO TURN N/B ON STH 23. WHILE WAITING FOR W/B TRAFFIC TO PASS UNIT 1 REAR ENDED UNIT 2. UNIT 2 CAME TO REST IN THE W/B LANE FACING WEST. UNIT 1 CAME TO REST IN THE E/B LANE FACING EAST. OPERATOR OF UNIT 1 STATED THE INFANT IN THE VEHICLE DROPPED HIS CUP CAUSING HIM(OPERATOR) TO TURN AROUND TAKING HIS EYES OFF THE ROAD TO PICK UP THE CUP AND REAR ENDED UNIT 2.

WISCONSIN MOTOR VEHICLE CRASH REPORT

L	OC:	ation 									
- (ON	STH23 EB					Latitude			Longitud	
		FT W					43.53229	1046		-89.892	2130495
		COUNTY LAND FILL L					X Coordina	ate		Y Coord	linate
		HE TOWN OF EXCELS AUK COUNTY	SIUR				266307.0625 4823991.5				
ľ	IIV 3.	AUK COUNTT					Structure -	Туре			
C	ras	sh Scene									
П	First	Harmful Event					First Harm	ıful Event L	ocation		
	MOT	OR VEH IN TRANSPO	ORT				ON ROA	DWAY			
П	Manr	er of Collision					Light Cond	dition			
- (02I	RONT TO REAR					DAYLIGI	HT			
ī	Road	Surface Condition(s)					Roadway	Factor(s)			
,	WET										
Ī	Envir	onment Factor(s)									
ļ	NON	IE					NONE				
١	Weat	her Condition(s)					1				
1	CLO	UDY, RAIN									
7	Anim	al Type						o Trafficwa	•		
Ļ	Crook	n Classification - Location						CWAY - O	N ROAD Jurisdiction		
		LIC PROPERTY							ISDICTION		
	-	Land					Access Control Special Study				
							NO CONTROL				
		n Interchange Area	Junction Location	-D	Intersection T			on Type VAY INTERSECTION			
	NO	ıre Type	INTERSECTION-RELATE	ט	D			RSECTIO	N		
		ille Type SURE-ONE DIRECTIO	ON.		Reaso	ons for Clos	ure				
		Initial Lane/Rd Closed	Time Initial Lane/Rd Clos	ad	1 4 14/	ENFORC	EMENIT				
		9/2019	02:41 PM	ea	LAW	ENFURC	EMENI				
П	Date	All Lanes Open	Time All Lanes Open		Date Scene Clear			Tir	me Scene Cleared		
(03/0	9/2019	03:20 PM		03/09/2019			03	3:28 PM		
U	Init	Summary ==									
	Unit S	Status		Vehi	cle Ope	rating As C	lassification		Unit Type		
H	N T	RANSIT		DC	LASS				AUTOMOBILE Operating As Endorsements		
		le Type		•							ments
, ((SPC	ORT) UTILITY VEHICL									
		Occs	Train/Bus # Recorded		I # Cita	ions Issued		Total Trai			Mat Types
	2 neur	ance?	Direction Of Travel	1				0 Speed Lir	nit	0 Total Land	AS
	nsur YES		EASTBOUND			CrashTire Mark		55	nit Total Lanes		
h	Most	Harmful Event: Collision V	Vith		cial Fun	ction		l .	Emergency		
1		OR VEH IN TRANSPO	ORT	NO	SPEC	IAL FUNC	TION		NOT APP		
		c Way			fic Cont					rol Inoperat	tive/Missing
		ce Type			CONT				NO Road Grade		
		CKTOP (BITUMINOUS	S)		d Curva R AIGH				LEVEL	•	
		Bus or HazMat	∽ ,	311		•					
L	NO										
	\	/ehicle						0.			
		License Plate Number			te Type		_	St	Country of Is		
		400VBS				TOMOBIL	.E	WI	UNITED ST	AIES	
	01	Vehicle Identification Nun 2GNALBEK5F110860		Mal		LET		Year 2015	Model EQUINOX LT		
	O	ZGNALDENSF110860	ມວ	CH	EVRO	LCI		2013	EQUINUX	LI	

6TL09JDKX4

19-02787

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color	Body Style	Bus Use				
		SIL - SILVER (ALUMINUM)	UT - SPORT UTILITY VEHICLE	NOT A BUS				
	쁘	Initial Contact Point	Vehicle Damage					
E N	1	12FRONT Extent Of Damage	12FRONT					
2	VEHICL	DISABLING DAMAGE	12-1 KOKI					
		Towed Due To Damage	Vehicle Removed By					
		TOWED DUE TO DISABLING DAMAGE	STEVES AUTO SERVICE					
		What Driver Was Doing	Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other	NOT APPLICABLE					
		Enver The Action Care.						
		Driver Actions						
	삠	OPERATED MOTOR VEHICLE IN INATTENTIVE	, CARELESS OR ERRATIC MANNER					
L N	VEHICL							
7	Æ							
		Owner Name MEGAN HERMES	Owner Address					
2	01	(608) 495-1785	220 S PRESTON AVE REEDSBURG, WI 53959, US					
		Sequence Of Events						
	01	Event						
	0	MOTOR VEH IN TRANSPORT						
	02	Event						
	03	Event						
	04	Event						
	_							
.		Policy Holder						
Ę	ļ	Policy Holder Insurance Company	Individual					
LIND		•	Individual MEGAN HERMES					
LIND		Insurance Company						
LIND		Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver	MEGAN HERMES Citations Issued	Sex				
LIND		Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO ndividual Driver JOHNATHAN CYPCAR	MEGAN HERMES Citations Issued 1	MALE				
		Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver	MEGAN HERMES Citations Issued					
⊢	DUAL	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO ndividual Driver JOHNATHAN CYPCAR	MEGAN HERMES Citations Issued 1	MALE Race				
	DUAL	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE	Citations Issued 1 Date of Birth Driver License Number	MALE Race WHITE				
⊢		Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address	Citations Issued 1 Date of Birth	MALE Race WHITE				
⊢	DUAL	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE REEDSBURG, WI 53959 , US	Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: 1	MALE Race WHITE				
⊢	INDIVIDUAL	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE	Citations Issued 1 Date of Birth Driver License Number	MALE Race WHITE				
⊢	INDIVIDUAL	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE REEDSBURG, WI 53959 , US	Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: 1	MALE Race WHITE				
⊢	INDIVIDUAL	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE REEDSBURG, WI 53959 , US Fety Equipment Seat Position 1—FRONT SEAT-LEFT SIDE (DRIVER/MOTORC)	MEGAN HERMES Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: I	MALE Race WHITE				
⊢	INDIVIDUAL	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE REEDSBURG, WI 53959 , US Fety Equipment Seat Position	MEGAN HERMES Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: 0 Safety Equipment SHOULDER & LAP BELT	MALE Race WHITE				
⊢	INDIVIDUAL	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE REEDSBURG, WI 53959 , US Fety Equipment Seat Position 1—FRONT SEAT-LEFT SIDE (DRIVER/MOTORC)	MEGAN HERMES Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: I	MALE Race WHITE				
⊢	INDIVIDUAL	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE REEDSBURG, WI 53959 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use	MEGAN HERMES Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: I Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	MALE Race WHITE				
⊢	INDIVIDUAL Sat	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE REEDSBURG, WI 53959 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORC) Helmet Use Eye Protection	MEGAN HERMES Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: I Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag	MALE Race WHITE				
TINO	INDIVIDUAL	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE REEDSBURG, WI 53959 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use	MEGAN HERMES Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: I Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	MALE Race WHITE				
TINO	INDIVIDUAL Sat	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE REEDSBURG, WI 53959 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Injury Ejected NOT EJECTED IN DESCRIPTION OF A	Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: I Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	MALE Race WHITE JNITED STATES				
TINO	INDIVIDUAL Sat	Insurance Company DAIRYLAND-COUNTY-MUTUAL-INS-CO Individual Driver JOHNATHAN CYPCAR (608) 495-1785 Address 220 S PRESTON AVE REEDSBURG, WI 53959 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORC) Helmet Use Eye Protection Injury Injury Injury Severity NO APPARENT INJURY Ejected Ejection Path	Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: 0 Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	MALE Race WHITE JNITED STATES Trapped/Extricated				

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital			Date of Death		Time of Death			
	ļ	Distracted By P	stracted By Source ASSENGER/OTH	IER NON-MOTO	DRIST					
		Distracted By Action OTHER ACTION (LO	OKING AWAY F	ROM TASK ETC	C)					
		Non Motorist	riking Unit #	Location						
		Prior Action								
		Action								
	AL									
LIND	IDU									
5	INDIVIDUAL									
	=									
		A .: O!!						T /5 0 1 1		
		Action Other						To/From School		
	L	Drug & Alcohol N	uspected Alcohol Us O	se	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given		Drug Test Type		Drug Test Results				
	1	Drug Type								
5	001	J. 139 1.) p. 1								
		Individual Condition								
		APPEARED NORMA	L							
	ļ	Individual								
		Passenger JACOB CYPCAR			Citations Issued		Sex MALE			
	۸L	(608) 495-1785			0 Date of Birth					
⊨	DIVIDUAL	,			Date of Birth Race WHITE					
L	DIN	Address 220 S PRESTON AVI	E		Driver License Number					
		REEDSBURG, WI 53								
		Or	n Duty Crash		Safety Equipment					
	Sat	fety Equipment								
		Seat Position 4SECOND SEAT-LI	EFT SIDE(MOTO	RCYCLE/BI	CHILD RESTRAINT SYSTEM - FORWARD FACING					
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
10	005	Inj	jury Severity		Airbag					
0	ŏ	Ejected Po	OSSIBLE INJUR Ejection Patl	Y	NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED		TED/NOT APPL			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED	D		EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
					1		l			

WISCONSIN MOTOR VEHICLE CRASH REPORT

		_												
	Distracted By Distracted By Source													
		Distracted By Action												
		Non Motorist	Strik	king Unit #		Location								
		Prior Action												
		Action												
	AL													
LNO	INDIVIDUAL													
ر	INDI													
		Action Other											To/From School	
		Drug & Alcohol	Sus	pected Alco	ohol U	se		Suspected Drug Use NO						
			NO			Alb-I T4 T					Alb-l T	December		
		Alcohol Test Given TEST NOT GIVEN				Alcohol Test T	ype				Alcohol Test	Results		
		Drug Test Given				Drug Test Type	9		Drug 7	Test Results				
		TEST NOT GIVEN					_							
6	002	Drug Type												
		Individual Condition												
		APPEARED NORM	//AL											
		Violations												
		UTC Number		ue To?	Stat	ute Number		Description	INC					
	6	AD977881	001	1	340	.89(1)		INATTENTIVE DRIV	ING					
		t Summary •												
		Status RANSIT						ehicle Operating As Classi CLASS	ification		Unit Type TRUCK			
٠.		cle Type				5 52.05					s Endorsem	ents		
05		ILITY TRUCK/PICKUP TRUCK												
		Occs		Train/Bus	# Red					Total Traile	rs	Total HazM	1at Types	
	1			Discotion	O(T	1	0			0 Speed Limit		0 Total Lanes		
⊨	YES	rance?		Direction EASTB0				Pre CrashTire Speed 55			imit Total Lan		5	
LNO		Harmful Event: Collision						Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way D-WAY, NOT DIVIDI	ED					raffic Control O CONTROL			Traffic Conti	ol Inoperativ	ve/Missing	
	Surface Type							oad Curvature			Road Grade			
		CKTOP (BITUMING) DUS)			S	TRAIGHT			LEVEL	.EVEL		
	Truc NO	k Bus or HazMat												
	,	Vehicle												
		License Plate Number	٢					Plate Type			Country of Is:			
		HB9014						TK - LIGHT TRUCK			UNITED ST	ATES		
05	02	Vehicle Identification 1 1GCVKREC8JZ28						Make CHEVROLET			Model SILVERAD	0		

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19-02787

WISCONSIN MOTOR VEHICLE CRASH REPORT

			Body Style PK - PICKUP	Bus Use NOT A BUS						
_	Щ	Initial Contact Point	Vehicle Damage							
UNIT	VEHICLE	6REAR Extent Of Damage	6REAR							
n	一	DISABLING DAMAGE								
		_	Vehicle Removed By BILLS TOWING							
			Vehicle Factors							
		STOP IN TRAFFIC	NOT ADDI ICADI E							
		Driver Prior Action Other	NOT APPLICABLE							
		Driver Actions NO CONTRIBUTING ACTION								
╘	CLE	NO CONTRIBUTING ACTION								
UNIT	VEHICL									
	>									
		Owner Name	Owner Address							
02	02	MARK RODWELL (630) 487-6342	416 BONNIE RD COTTAGE GROVE, WI 53527	, US						
			, , ,							
	;	Sequence Of Events	uence Of Events							
	5	Event MOTOR VEH IN TRANSPORT								
	05	Event								
	03	Event								
		Event								
	04	Event								
╘	ı	Policy Holder								
UNIT		Insurance Company USAA-CASUALTY-INS-CO	Individual MARK RODWELL							
		Individual								
		Driver MARK RODWELL	Citations Issued	Sex						
	AL	(630) 487-6342	0 Date of Birth	MALE Race						
⊢	DUA		Date of Birth	WHITE						
N O	INDIN	Address 416 BONNIE RD	Driver License Number							
	Z	COTTAGE GROVE, WI 53527 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Duty Crash fety Equipment	Safety Equipment SHOULDER & LAP BELT							
		Seat Position								
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							
02	003	Injury Severity	Airbag							
0	0	Injury NO APPARENT INJURY	NON DEPLOYED	Trapped/Extricated						
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APP	LICABLE	Trapped/Extricated NOT TRAPPED						
		Medical Transport	EMS Agency Identifier	EMS Run #						
		NOT TRANSPORTED								

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 03/09/2019

Crash Time 02:31 PM

		Hospital			Date of Death		Time of Death	
		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED)					
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNO	INDIVIDUAL							
	N							
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO	se	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		
05	003	Drug Type		1		1		
		Individual Condition						
		APPEARED NORM	MAL					