

6TL09CGFC2  
19-02699

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL09CGFC2

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-02699</b>	Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>03/07/2019</b>		Crash Time <b>04:05 PM</b>	Date Arrived <b>03/07/2019</b>	Time Arrived <b>04:19 PM</b>	
Date Notified <b>03/07/2019</b>		Time Notified <b>04:07 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 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
	Additional Information <b>NONE</b>

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

UNIT 2 HAD SLID OFF THE ROADWAY AND UNIT 2 WAS ATTEMPTING TO REMOVE IT. TWO SUBJECTS WERE SITTING IN THE PASSENGER SEAT AS UNIT 1 WAS ATTEMPTING TO PULL THE VEHICLE FROM THE DITCH. UNIT 1 SLID ON THE ICE, STRIKING UNIT 2.

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

Location

ON BUTTERNUT RD 1.56 MI S OF CTHB SB IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude <b>43.245173434</b>	Longitude <b>-89.998801293</b>
	X Coordinate <b>256539.765625</b>	Y Coordinate <b>4792408.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>OTHER</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>ICE</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>NONE</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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>UNKNOWN</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>UPHILL</b>		
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>GD74476</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FDNF6DCXGDA07208</b>	Make <b>FORD</b>	Year <b>2016</b>	Model <b>F650</b>
	Color <b>RED - RED</b>	Body Style <b>ST - STAKE TRUCK</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>3--RIGHT SIDE MIDDLE</b>	Vehicle Damage  <b>NO DAMAGE</b>		
Extent Of Damage <b>NO DAMAGE</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>OTHER</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>GEORGES AUTO BODY (608) 588-2320</b>		Owner Address <b>127 S WOOD ST SPRING GREEN, WI 53588 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>UNKNOWN</b>		Name	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KELLY FEINER (608) 574-7803</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>300 W MADISON ST SPRING GREEN, WI 53588 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>RESTRAINT USE UNKNOWN</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>Distraacted By</b>		Distraacted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distraacted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL          01 001	<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>				

**Unit Summary**

UNIT 02	Unit Status <b>LEGALLY PARKED</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>2</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>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</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 LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT VEHICLE 02 02	<b>Vehicle</b>					
	License Plate Number <b>489VYE</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FAFP55283G272732</b>		Make <b>FORD</b>	Year <b>2003</b>	Model <b>TAURUS SES</b>	
	Color		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>6--REAR</b>		Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>6--REAR</b>			
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
02 02	Owner Name <b>ALISON USTUPSKI (505) 290-4164</b>	Owner Address <b>1160 CLOVER ST PLAIN, WI 53577 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>LIBERTY-MUTUAL-INS-CO</b>	Individual <b>ALISON USTUPSKI</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Occupant Of Motor Vehicle Not In Transport <b>ALISON USTUPSKI (505) 290-4164</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>HISPANIC</b>
	Address <b>1160 CLOVER ST PLAIN, WI 53577 , 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>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>NONE USED - VEHICLE OCCUPANT</b>	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>UNKNOWN</b>
	Ejected <b>UNKNOWN</b>	Ejection Path <b>UNKNOWN</b>	Trapped/Extricated <b>UNKNOWN</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		
	Distracted By Action		
<b>Non Motorist</b>	Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
02	002	<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>Individual</b>			
		Occupant Of Motor Vehicle Not In Transport <b>KYNZIE USTUPSKI</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>1160 CLOVER ST PLAIN, WI 53577 , US</b>	Driver License Number		
		02	003	<b>Safety Equipment</b>	On Duty Crash
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>					
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>			Airbag <b>UNKNOWN</b>	
Ejected <b>UNKNOWN</b>	Ejection Path <b>UNKNOWN</b>			Trapped/Extricated <b>UNKNOWN</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				
Distracted By Action					
<b>Non Motorist</b>	Striking Unit #	Location			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL		
	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	003	