

6TL09N3P6T  
19-03078

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<br><b>19-03078</b> | Investigating Officer/Deputy<br><b>DEPUTY C. FRANK</b> |  |
| Crash Date<br><b>03/16/2019</b>                |   | Crash Time<br><b>12:40 PM</b>                | Date Arrived<br><b>03/16/2019</b>      | Time Arrived<br><b>01:14 PM</b>                        |  |
| Date Notified<br><b>03/16/2019</b>             |   | Time Notified<br><b>12:47 PM</b>             | Total Units<br><b>02</b>               | Total Injured<br><b>00</b>                             | Total Killed<br><b>00</b>                    |
| <input type="checkbox"/> On Emergency          | <input checked="" 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<br><b>NO</b>              |  | Tags   |  |
| <input checked="" type="checkbox"/> Reportable |   | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                       | <input type="checkbox"/> Secondary Crash     |

Description

|                |   |
|----------------|---|
| <p>Diagram</p> | Reconstruction By                       |
|                | Photos By<br><b>9198</b>                |
|                | Additional Information<br><b>PHOTOS</b> |

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

ON THE ABOVE DATE AND TIME UNIT 1 WAS SB ON CR K NORTH OF LONGVIEW DR IN THE COUNTY OF SAUK. UNIT 1 OPERATOR, ID BY WI DL, STATED SHE WAS STRUCK IN THE REAR OF UNIT 1 BY A SB UNIT. UNIT 1 OPERATOR STATED SHE WAS UNSURE WHAT HAPPENED INITIALLY AND PULLED TO THE WEST SHOULDER. UNIT 1 OPERATOR STATED ONCE SHE REALIZED WHAT HAD HAPPENED A SILVER SEDAN PASSED HER AND CONTINUED SB ON CR K. UNIT 1 OPERATOR CONTINUED SB AND STOPPED ON GAVIN RD TO ACCESS DAMAGE. UNIT 1 HAD MINOR DAMAGE TO REAR BUMPER AREA AND THE REAR WINDOW SHATTERED. NO UNIT DEBRIS LOCATED AT SCENE OF CRASH AND AREA CHECKED. SUSPECT UNIT HAS NOT BEEN LOCATED. ONLY DESCRIPTION IS A SILVER SEDAN.

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**Location**

|   |                                       |                                   |
|---|---------------------------------------|-----------------------------------|
| ON CTHK SB<br>389 FT N<br>OF LONGVIEW DR<br>IN THE TOWN OF WINFIELD<br>IN SAUK COUNTY | Latitude<br><b>43.627485788</b>       | Longitude<br><b>-89.989895938</b> |
|   | X Coordinate<br><b>258787.65625</b>   | Y Coordinate<br><b>4834844.5</b>  |
|   | Structure Type<br><b>NO STRUCTURE</b> |                                   |

**Crash Scene**

|   |   |   |
|---|---|---|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      | First Harmful Event Location<br><b>ON ROADWAY</b>                     |   |
| Manner of Collision<br><b>02--FRONT TO REAR</b>           | Light Condition<br><b>DAYLIGHT</b>                                    |   |
| Road Surface Condition(s)<br><b>DRY</b>                   | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>NONE</b>                      |   |   |
| Weather Condition(s)<br><b>CLEAR</b>                      |   |   |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |   |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>                                   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

**Unit Summary**

|                              |   |   |  |                            |  |  |
|------------------------------|---|---|--|----------------------------|--|--|
| <b>UNIT</b><br><br><b>01</b> | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>TRUCK</b>  |  |  |
|                              | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b>                   |   |  | Operating As Endorsements  |  |  |
|                              | Total Occs<br><b>1</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>               | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|                              | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>SOUTHBOUND</b>              | <input type="checkbox"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>                              |  |
|                              | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>     |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|                              | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                          |   | Traffic Control<br><b>NO CONTROL</b>               |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|                              | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>STRAIGHT</b>                  |                            | Road Grade<br><b>DOWNHILL</b>                        |  |
|                              | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |                            |  |  |

|   |                |   |  |                     |   |
|---|----------------|---|--|---------------------|---|
| <b>UNIT</b><br><br><b>01</b>            | <b>Vehicle</b> |   |  |                     |   |
|   | <b>01</b>      | License Plate Number<br><b>NW9798</b>                     | Plate Type<br><b>LTK - LIGHT TRUCK</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|   |                | Vehicle Identification Number<br><b>1GCEK19R0WR161170</b> | Make<br><b>CHEVROLET</b>               | Year<br><b>1998</b> | Model<br><b>GMT-400</b>                     |
|   | <b>VEHICLE</b> | Color<br><b>BLU - BLUE</b>                                | Body Style<br><b>PK - PICKUP</b>       |                     | Bus Use<br><b>NOT A BUS</b>                 |
|   |                | Initial Contact Point<br><b>6--REAR</b>                   | Vehicle Damage                         |                     |   |
| Extent Of Damage<br><b>MINOR DAMAGE</b> |                | <b>6--REAR</b>  |  |                     |   |

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|   |   |  |  |                               |
|---|---|--|--|-------------------------------|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>NOT TOWED</b>                         |  | Vehicle Removed By   |                               |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                  |  | Vehicle Factors  |                               |
|   | Driver Prior Action Other                                       |  | <b>NOT APPLICABLE</b>  |                               |
|   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                 |  |  |                               |
| 01<br>01                                      | Owner Name<br><b>MELINDA MAY CLARK<br/>(608) 217-6363</b>       |  | Owner Address<br><b>420 S WALNUT ST<br/>REEDSBURG, WI 53959 , US</b> |                               |
|   | <b>Sequence Of Events</b>                                       |  |  |                               |
| 01<br>02<br>03<br>04                          | Event<br><b>MOTOR VEH IN TRANSPORT</b>                          |  |  |                               |
|   | Event   |  |  |                               |
|   | Event   |  |  |                               |
|   | Event   |  |  |                               |
| UNIT  | <b>Policy Holder</b>  |  |  |                               |
|   | Insurance Company<br><b>DAIRYLAND-INS-CO</b>                    |  | Individual<br><b>MELINDA CLARK</b>                                   |                               |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>   |  |  |                               |
|   | Driver<br><b>MELINDA MAY CLARK<br/>(608) 217-6363</b>           |  | Citations Issued<br><b>0</b>   | Sex<br><b>FEMALE</b>          |
|   | Address<br><b>420 S WALNUT ST<br/>REEDSBURG, WI 53959 , US</b>  |  | Date of Birth  | Race<br><b>WHITE</b>          |
|   | Driver License Number   |  | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>                       |                               |
| 01<br>001                                     | <b>Safety Equipment</b>   |  | On Duty Crash  |                               |
|   | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b> |  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                   |                               |
|   | Helmet Use  |  | Helmet Compliance  |                               |
|   | Eye Protection  |  | Tint Compliance  |                               |
|   | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b>                         | Airbag<br><b>NON DEPLOYED</b> |
| Ejected<br><b>NOT EJECTED</b>                 |   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>             |  |                               |
| Medical Transport<br><b>NOT TRANSPORTED</b>   |   | Trapped/Extricated<br><b>NOT TRAPPED</b>                       |  |                               |
| Hospital                                      |   | EMS Agency Identifier  | EMS Run #  |                               |
| Date of Death                                 |   | Time of Death  |  |                               |
| <b>Distracted By</b>                          |   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |  |                               |
| Distracted By Action<br><b>NOT DISTRACTED</b> |   |  |  |                               |

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|      |  |                     |                                    |                 |                                 |                |
|------|--|---------------------|------------------------------------|-----------------|---------------------------------|----------------|
| UNIT | INDIVIDUAL                                     | <b>Non Motorist</b> |                                    | Striking Unit # | Location                        |                |
|      |  | Prior Action        |                                    |                 |                                 |                |
|      |  | Action              |                                    |                 |                                 |                |
|      | Action Other                                   |                     |                                    |                 |                                 | To/From School |
|      | <b>Drug &amp; Alcohol</b>                      |                     | Suspected Alcohol Use<br><b>NO</b> |                 | Suspected Drug Use<br><b>NO</b> |                |
|      | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |                     | Alcohol Test Type                  |                 | Alcohol Test Results            |                |
|      | Drug Test Given<br><b>TEST NOT GIVEN</b>       |                     | Drug Test Type                     |                 | Drug Test Results               |                |
|      | Drug Type                                      |                     |                                    |                 |                                 |                |
|      | Individual Condition<br><b>APPEARED NORMAL</b> |                     |                                    |                 |                                 |                |
|      | 01   | 001                 |                                    |                 |                                 |                |

**Unit Summary**

|      |    |   |                                       |   |                                    |   |   |  |
|------|----|---|---------------------------------------|---|------------------------------------|---|---|--|
| UNIT | 02 | Unit Status<br><b>HIT AND RUN</b>                                   |                                       | Vehicle Operating As Classification<br><b>D CLASS</b> |                                    | Unit Type<br><b>AUTOMOBILE</b>                        |   |  |
|      |    | Vehicle Type<br><b>PASSENGER CAR</b>                                |                                       |   |                                    |   | Operating As Endorsements                     |  |
|      |    | Total Occs<br><b>1</b>  | Train/Bus # Recorded                  | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b>         | Total HazMat Types<br><b>0</b>                        |   |  |
|      |    | Insurance?<br><b>UNKNOWN</b>  | Direction Of Travel<br><b>UNKNOWN</b> | <input type="checkbox"/> <b>Pre Crash Tire Mark</b>   | Speed Limit                        | Total Lanes<br><b>2</b>                               |   |  |
|      |    | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |                                       |   | Special Function<br><b>UNKNOWN</b> |   | Emergency Motor Vehicle Use<br><b>UNKNOWN</b> |  |
|      |    | Traffic Way<br><b>UNKNOWN</b>                                       |                                       | Traffic Control<br><b>UNKNOWN</b>                     |                                    | Traffic Control Inoperative/Missing<br><b>UNKNOWN</b> |   |  |
|      |    | Surface Type<br><b>UNKNOWN</b>                                      |                                       | Road Curvature<br><b>UNKNOWN</b>                      |                                    | Road Grade<br><b>UNKNOWN</b>                          |   |  |
|      |    | Truck Bus or HazMat<br><b>NO</b>                                    |                                       |   |                                    |   |   |  |

|   |    |  |  |                             |      |                             |
|---|----|--|--|-----------------------------|------|-----------------------------|
| UNIT                                    | 02 | <b>Vehicle</b>                                       |  |                             |      |                             |
|   |    | License Plate Number                                 |  | Plate Type                  | St   | Country of Issuance         |
|   |    | Vehicle Identification Number                        |  | Make                        | Year | Model                       |
|   |    | Color  |  | Body Style                  |      | Bus Use<br><b>NOT A BUS</b> |
|   |    | Initial Contact Point<br><b>VEHICLE NOT AT SCENE</b> |  | Vehicle Damage              |      |                             |
|   |    | Extent Of Damage<br><b>VEHICLE NOT AT SCENE</b>      |  | <b>VEHICLE NOT AT SCENE</b> |      |                             |
| Towed Due To Damage<br><b>NOT TOWED</b> |    | Vehicle Removed By<br><b>OPERATOR</b>                |  |                             |      |                             |

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|---------------------------|------------|---|--|---|
| UNIT                      | VEHICLE    | What Driver Was Doing<br><b>UNKNOWN</b>                         | Vehicle Factors                                    |   |
|                           |            | Driver Prior Action Other                                       | <b>UNKNOWN</b>                                     |   |
| 02                        | 02         | Driver Actions<br><b>UNKNOWN</b>                                |  |   |
|                           |            | Owner Name  | Owner Address<br>, ,                               |   |
| <b>Sequence Of Events</b> |            |   |  |   |
| UNIT                      | INDIVIDUAL | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b>             |   |
|                           |            | 02  | Event  |   |
|                           |            | 03  | Event  |   |
|                           |            | 04  | Event  |   |
| 02                        | 002        | <b>Individual</b>   |  |   |
|                           |            | Driver  | Citations Issued<br><b>0</b>                       | Sex   |
|                           |            |   | Date of Birth                                      | Race  |
|                           |            | Address<br>, ,  |  | Driver License Number                       |
|                           |            | <b>Safety Equipment</b>   | On Duty Crash                                      | Safety Equipment                            |
|                           |            | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b> | <b>NONE USED - VEHICLE OCCUPANT</b>                |   |
|                           |            | Helmet Use  | Helmet Compliance                                  |   |
|                           |            | Eye Protection  | Tint Compliance                                    |   |
|                           |            | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b>       | Airbag<br><b>NOT APPLICABLE</b>             |
|                           |            | Ejected<br><b>NOT APPLICABLE</b>                                | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT APPLICABLE</b> |
|                           |            | Medical Transport<br><b>NOT TRANSPORTED</b>                     |  | EMS Agency Identifier                       |
|                           |            | Hospital  |  | EMS Run #                                   |
|                           |            | Date of Death   |  | Time of Death                               |
|                           |            | <b>Distracted By</b>  |  |   |
|                           |            | Distracted By Source  |  |   |
|                           |            | Distracted By Action  |  |   |
|                           |            | <b>Non Motorist</b>   | Striking Unit #                                    | Location                                    |
|                           |            | Prior Action  |  |   |

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|             |                   |   |   |                    |                      |  |
|-------------|-------------------|---|---|--------------------|----------------------|--|
| <b>UNIT</b> | <b>INDIVIDUAL</b> | Action                                      |   |                    |                      |  |
|             |                   | Action Other                                |   | To/From School     |                      |  |
|             |                   | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use                       | Suspected Drug Use |                      |  |
|             |                   |   | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type  | Alcohol Test Results |  |
|             |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>    | Drug Test Type                              | Drug Test Results  |                      |  |
|             |                   | Drug Type                                   |   |                    |                      |  |
|             |                   | Individual Condition<br><b>NOT OBSERVED</b> |   |                    |                      |  |
|             |                   | <b>02</b>                                   | <b>002</b>                                  |                    |                      |  |
|             |                   |   |   |                    |                      |  |
|             |                   |   |   |                    |                      |  |
|             |                   |   |   |                    |                      |  |