

6TL09H5JPR  
19-03142

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>19-03142</b>		Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>03/18/2019</b>		Crash Time <b>01:35 PM</b>		Date Arrived <b>03/18/2019</b>		Time Arrived <b>01:55 PM</b>	
Date Notified <b>03/18/2019</b>		Time Notified <b>01:45 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <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 <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

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

UNIT 1, OPERATED BY KATIE T. THOMAS, WAS EASTBOUND ON US 12 AND WAS IN THE LEFT HAND LANE, PASSING AN UNKNOWN VEHICLE. THE SPEED LIMIT WAS POSTED AT 65 MPH AND KATIE ESTIMATED HER SPEED AROUND THE POSTED SPEED LIMIT. AS UNIT 1 WAS PASSING THE UNKNOWN VEHICLE, LOCATED IN THE RIGHT LANE, A RED TRUCK, UNIT 2, CAME BEHIND UNIT 1 AND REAR ENDED UNIT 1. UNIT 2 DID NOT PULL OVER AND STOP AFTER STRIKING UNIT 1. UNIT 1, AFTER STOPPING, EXITED US 12 AND NOTIFIED SAUK COUNTY SHERIFF'S OFFICE OF THE ACCIDENT. PAINT DAMAGE OCCURRED TO THE MIDDLE PORTION OF THE REAR BUMPER OF UNIT 1. KATIE WAS UNABLE TO PROVIDE A LICENSE PLATE NUMBER OR BETTER DESCRIPTION OF THE UNIT 2, BUT WANTED THE INCIDENT DOCUMENTED. KATIE REFUSED NEEDING MEDICAL ATTENTION AND WAS ABLE TO OPERATE UNIT 1.

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Location

ON USH12 EB 1025 FT N OF LOGGERS LN IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.49882248</b>	Longitude <b>-89.781897005</b>
	X Coordinate <b>275090.28125</b>	Y Coordinate <b>4819970.5</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>02--FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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

<b>UNIT</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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>4</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>DIVIDED HWY MEDIAN W/BARRIER</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>734PHD</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1MEFM50U23G625072</b>	Make <b>MERCURY</b>	Year <b>2003</b>	Model <b>SABLE GS/G</b>
		Color <b>RED - RED</b>	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>FUNCTIONAL DAMAGE</b>	<b>6--REAR</b>		

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>JAMES P THOMAS (608) 462-3198</b>		Owner Address <b>1212 KILBOURN AVE TOMAH, WI 54660 , 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>AMERICAN-FAMILY-INS-CO</b>		Individual <b>JAMES THOMAS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KATIE T THOMAS (608) 462-3198</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>1212 KILBOURN AVE TOMAH, WI 54660 , 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>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>Distacted By</b>		Distacted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distacted 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>HIT AND RUN</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>UNKNOWN</b>	Direction Of Travel <b>UNKNOWN</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>UNKNOWN</b>		Emergency Motor Vehicle Use <b>UNKNOWN</b>	
	Traffic Way <b>UNKNOWN</b>		Traffic Control <b>UNKNOWN</b>		Traffic Control Inoperative/Missing <b>UNKNOWN</b>	
	Surface Type <b>UNKNOWN</b>		Road Curvature <b>UNKNOWN</b>		Road Grade <b>UNKNOWN</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT VEHICLE 02 02	<b>Vehicle</b>				
	License Plate Number		Plate Type	St	Country of Issuance
	Vehicle Identification Number		Make	Year	Model
	Color <b>RED - RED</b>		Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage <b>NO DAMAGE</b>		
	Extent Of Damage <b>NO DAMAGE</b>				
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	What Driver Was Doing <b>UNKNOWN</b>	Vehicle Factors	
	Driver Prior Action Other	<b>UNKNOWN</b>	
	Driver Actions <b>UNKNOWN</b>		
	Owner Name	Owner Address , ,	
02	<b>Sequence Of Events</b>		
UNIT 01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	<b>Individual</b>		
	Unknown	Citations Issued <b>0</b>	Sex
		Date of Birth	Race
	Address , ,	Driver License Number	
UNIT 002	<b>Safety Equipment</b>		On Duty Crash
			Safety Equipment
	Seat Position		<b>RESTRAINT USE UNKNOWN</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>		Airbag
	Injury Severity <b>NO APPARENT INJURY</b>		<b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>
Medical Transport <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			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<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 <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>NOT OBSERVED</b>				