

6TL09CGFC5  
19-03653

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL09CGFC5

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-03653</b>	Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>03/31/2019</b>		Crash Time <b>01:06 PM</b>	Date Arrived <b>03/31/2019</b>	Time Arrived <b>01:15 PM</b>	
Date Notified <b>03/31/2019</b>		Time Notified <b>01:06 PM</b>	Total Units <b>02</b>	Total Injured <b>01</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

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 1 AND UNIT 2 WERE DRIVING WEST ON COUNTY RD K. AS UNIT 1 APPROACHED THE DRIVEWAY OF FIRE NUMBER E5468, UNIT 1 STOPPED FOR A DOG IN THE ROADWAY, WHICH WAS OWNED BY WITNESS 2, PAMELA ERNSTMEYER. UNIT 2 STRUCK UNIT 1 AS IT WAS SLOWING AND STOPPED FOR THE DOG. THERE WAS AN UNKNOWN VEHICLE STOPPED, FOR AN UNKNOWN REASON, ON THE ROADSIDE FACING EAST. UNIT 2 SWERVED TO AVOID BOTH VEHICLES AND STRUCK UNIT 1. WITNESS 2 WAS CITED FOR ANIMAL AT LARGE.

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Location

Table with 3 columns: Address (ON E5468A LIME RIDGE RD/ CTHK WB 536 FT E OF CROSSCUT DR IN THE TOWN OF REEDSBURG IN SAUK COUNTY), Latitude (43.525036786), Longitude (-90.046982777), X Coordinate (253764.390625), Y Coordinate (4823633), Structure Type

Crash Scene

Table with 4 columns: Event (DOMESTICATED ANIMAL - ALIVE), Location (ON ROADWAY), Manner (05--SIDESWIPE/SAME DIRECTION), Light (DAYLIGHT), Road Surface (DRY), Roadway Factor (NONE), Environment (ANIMAL (S) IN ROADWAY), Weather (CLEAR), Animal Type, Relation (TRAFFICWAY - ON ROAD), Classification (PUBLIC PROPERTY), Jurisdiction (NO SPECIAL JURISDICTION), Tribal Land, Access Control (NO CONTROL), Special Study, Within Interchange Area (NO), Junction Location (NON-JUNCTION), Intersection Type (NOT AN INTERSECTION)

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Operating As Endorsements, Total Occs (2), Train/Bus # Recorded, Total # Citations Issued (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (WESTBOUND), Pre Crash Tire Mark, Speed Limit (55), Total Lanes (2), Most Harmful Event (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 (HILLCREST), Truck Bus or HazMat (NO)

Table with 4 columns: License Plate Number (ACN3424), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (WVWGU7AN9FE813192), Make (VOLKSWAGEN), Year (2015), Model (CC), Color (WHI - WHITE), Body Style (SD - SEDAN), Bus Use (NOT A BUS), Initial Contact Point (5--RIGHT REAR CORNER), Vehicle Damage (4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER), Extent Of Damage (FUNCTIONAL DAMAGE)

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>		
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>STEPHEN M KOKESH (608) 514-4045</b>		Owner Address <b>455 PARK AVE PRAIRIE DU SAC, WI 53578 , US</b>	
<b>Sequence Of Events</b>					
	01	Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>			
	02	Event <b>MOTOR VEH IN TRANSPORT</b>			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>STEPHEN KOKESH</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>STEPHEN M KOKESH (608) 514-4045</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>455 PARK AVE PRAIRIE DU SAC, WI 53578 , US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<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		
	01	001	<b>Injury</b>		Airbag
			Injury Severity <b>POSSIBLE INJURY</b>	<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>					

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
<b>01</b>	<b>001</b>	<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>						
		Passenger <b>CORINNE ANN BALL</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
					Date of Birth	Race <b>WHITE</b>		
		Address <b>445 PARK AVE PRAIRIE DU SAC, WI 53578 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>				<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
<b>01</b>	<b>002</b>			<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								
Distracted By Action								
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
	01	002	<b>Drug &amp; Alcohol</b>		
			Suspected Alcohol Use	Suspected Drug Use	
			NO	NO	
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
			TEST NOT GIVEN		
			Drug Test Given	Drug Test Type	Drug Test Results
			TEST NOT GIVEN		
Drug Type					
Individual Condition		APPEARED NORMAL			

**Unit Summary**

UNIT	02	Unit Status		Vehicle Operating As Classification		Unit Type							
		IN TRANSIT		C CLASS		TRUCK							
		Vehicle Type				Operating As Endorsements							
		UTILITY TRUCK/PICKUP TRUCK											
		Total Occs		Train/Bus # Recorded		Total # Citations Issued		Total Trailers		Total HazMat Types			
		1				0		0		0			
		Insurance?		Direction Of Travel		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit		Total Lanes			
		YES		WESTBOUND				55		2			
		Most Harmful Event: Collision With				Special Function				Emergency Motor Vehicle Use			
		MOTOR VEH IN TRANSPORT				NO SPECIAL FUNCTION				NOT APPLICABLE			
Traffic Way				Traffic Control				Traffic Control Inoperative/Missing					
TWO-WAY, NOT DIVIDED				NO CONTROL				NO					
Surface Type				Road Curvature				Road Grade					
BLACKTOP (BITUMINOUS)				STRAIGHT				HILLCREST					
Truck Bus or HazMat													
NO													

UNIT	02	<b>Vehicle</b>							
		License Plate Number		Plate Type		St		Country of Issuance	
		PD2174		LTK - LIGHT TRUCK		WI		UNITED STATES	
		Vehicle Identification Number		Make		Year		Model	
		1C6SRFRT9KN682999		RAM		2019		1500	
		Color		Body Style				Bus Use	
		MAR - MAROON (BURGUNDY)		PK - PICKUP				NOT A BUS	
		Initial Contact Point		Vehicle Damage					
1--RIGHT FRONT CORNER		2--RIGHT SIDE FRONT							
Extent Of Damage									
DISABLING DAMAGE									
Towed Due To Damage		Vehicle Removed By							
TOWED DUE TO DISABLING DAMAGE		STEVES AUTO SERVICE							

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE</b>			
	Owner Name <b>JOSEPH M SEEP JR (608) 986-2761</b>		Owner Address <b>E3761 OLD HWY K REEDSBURG, WI 53959 , US</b>	
UNIT 02	<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>FEDERATED-MUTUAL-INS-CO</b>		Individual <b>JOSEPH SEEP</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JOSEPH M SEEP JR (608) 986-2761</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>E3761 OLD HWY K REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT 02	<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>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>	
	Distracted By Action <b>UNKNOWN</b>			
<b>Non Motorist</b>		Striking Unit #	Location	

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>				

### Witness

<b>WITN 01</b>	Individual	Address	Date of Birth
	<b>TYLER WAYNE DODGE</b> (608) 513-3547	<b>S3497 THOMAS RD</b> <b>REEDSBURG, WI 53959 , US</b>	

### Witness

<b>WITN 02</b>	Individual	Address	Date of Birth
	<b>PAMELA S ERNSTMEYER</b> (608) 477-3827	<b>E5468 COUNTY RD K</b> <b>REEDSBURG, WI 53959 , US</b>	