

6TL09CGFC6
19-03664

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 19-03664	Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 03/31/2019		Crash Time 04:46 PM	Date Arrived 03/31/2019	Time Arrived 05:01 PM	
Date Notified 03/31/2019		Time Notified 04:47 PM	Total Units 02	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 AND UNIT 2 STOPPED DUE TO THE ROADWAY BEING CLOSED. THERE WAS AN ACCIDENT AHEAD AND A FIRE TRUCK WAS BLOCKING THE ROADWAY. UNIT 1 STOPPED AND BACKED IN TO UNIT 2. DRIVER OF UNIT 1 SAID HE DIDN'T SEE UNIT 2, POSSIBLY BECAUSE OF THE SUN BEING IN HIS EYES. DRIVER OF UNIT 1 WAS CITED FOR UNSAFE BACKING.

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Location

Table with 3 columns: Address (ON FRIENDSHIP RD, 969 FT W, OF CTHW WB, IN THE TOWN OF WESTFIELD, IN SAUK COUNTY), Latitude (43.394934693), Longitude (-90.039843382), X Coordinate (253813.546875), Y Coordinate (4809162), Structure Type.

Crash Scene

Table with 4 columns: Event (MOTOR VEH IN TRANSPORT), Location (ON ROADWAY), Manner (OTHER), Light (DAYLIGHT), Road Surface (DRY), Roadway Factor (BACKUP DUE TO PRIOR CRASH), Environment (GLARE), Weather (CLEAR), Animal Type, Relation (TRAFFICWAY - ON ROAD), Classification (PUBLIC PROPERTY), Jurisdiction (NO SPECIAL JURISDICTION), Tribal Land, Access Control (NO CONTROL), Special Study, Interchange Area (NO), Junction (NON-JUNCTION), Intersection (NOT AN INTERSECTION).

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), Endorsements, Occs (1), Citations (1), Trailers (0), HazMat (0), Insurance (YES), Direction (WESTBOUND), Pre-Crash Mark, Speed Limit (55), Lanes (2), Event (MOTOR VEH IN TRANSPORT), Special Function (NO SPECIAL FUNCTION), Emergency Use (NOT APPLICABLE), Traffic Way (TWO-WAY, NOT DIVIDED), Traffic Control (NO CONTROL), Surface (BLACKTOP), Road Grade (LEVEL), Truck Bus (NO).

Table with 4 columns: License Plate (V910699), Plate Type (AUT - AUTOMOBILE), State (IL), Country (UNITED STATES), VIN (1J8GW58N14C268501), Make (JEEP), Year (2004), Model (CHEROKEE), Color (BLK - BLACK), Body Style (UT - SPORT UTILITY VEHICLE), Bus Use (NOT A BUS), Contact Point (6--REAR), Damage (6--REAR), Extent (MINOR DAMAGE).

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing BACKING		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions UNSAFE BACKING				
01	01	Owner Name DANIEL O REIMER (815) 291-5417		Owner Address 8A162 LIBERTY BELL CT APPLE RIVER, IL 61001 , US	
		Sequence Of Events			
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT VEHICLE	Policy Holder				
	Insurance Company GRINNELL-SELECT-INS-CO		Individual DANIEL REIMER		
UNIT INDIVIDUAL	Individual				
	Driver DANIEL O REIMER (815) 291-5417		Citations Issued 1	Sex MALE	
	Address 8A162 LIBERTY BELL CT APPLE RIVER, IL 61001 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	01	001	Injury		Airbag
			NO APPARENT INJURY		NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN					

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UNIT INDIVIDUAL 01 001
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition APPEARED NORMAL
Violations
UTC Number Issue To? Statute Number Description
A1388677 001 346.87 UNSAFE BACKING OF VEHICLE

Unit Summary

UNIT 02
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 EASTBOUND Pre CrashTire Mark Speed Limit 55 Total Lanes 2
Most Harmful Event: Collision With 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 LEVEL
Truck Bus or HazMat NO

UNIT 02 02
Vehicle
License Plate Number ACG4644 Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 4S3BNAC63J3017665 Make SUBARU Year 2018 Model LEGACY
Color TAN - TAN Body Style SD - SEDAN Bus Use NOT A BUS
Initial Contact Point 12--FRONT

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	12--FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name WILLIAM FRANK CHUBB (608) 574-3828	Owner Address 1222 E LAKE RD MINERAL POINT, WI 53565 , US
	Sequence Of Events	
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT VEHICLE	Policy Holder	
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO	Individual WILLIAM CHUBB
UNIT INDIVIDUAL	Individual	
	Driver WILLIAM FRANK CHUBB (608) 574-3828	Citations Issued 0
		Sex MALE
		Date of Birth
UNIT INDIVIDUAL	Address 1222 E LAKE RD MINERAL POINT, WI 53565 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment	
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	
UNIT INDIVIDUAL	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY
		Airbag NON DEPLOYED
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	Hospital	Date of Death
UNIT INDIVIDUAL		EMS Run #
		Time of Death

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	Non Motorist	Striking Unit # Location
	Prior Action	
	Action	
	Action Other To/From School	
	Drug & Alcohol	Suspected Alcohol Use NO 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
	Drug Type	
Individual Condition APPEARED NORMAL		
UNIT	Individual	
	Passenger MARGARET LILLIAN CHUBB (608) 574-3758	Citations Issued 0 Sex FEMALE
		Date of Birth Race WHITE
	Address 1222 E LAKE RD MINERAL POINT, WI 53565 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment	On Duty Crash Safety Equipment SHOULDER & LAP BELT
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED	EMS Agency Identifier EMS Run #	
Hospital	Date of Death Time of Death	
Distracted By	Distracted By Source	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use NO	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		
	Drug Type				
	Individual Condition APPEARED NORMAL				

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