

6TL09KMM06
19-03660

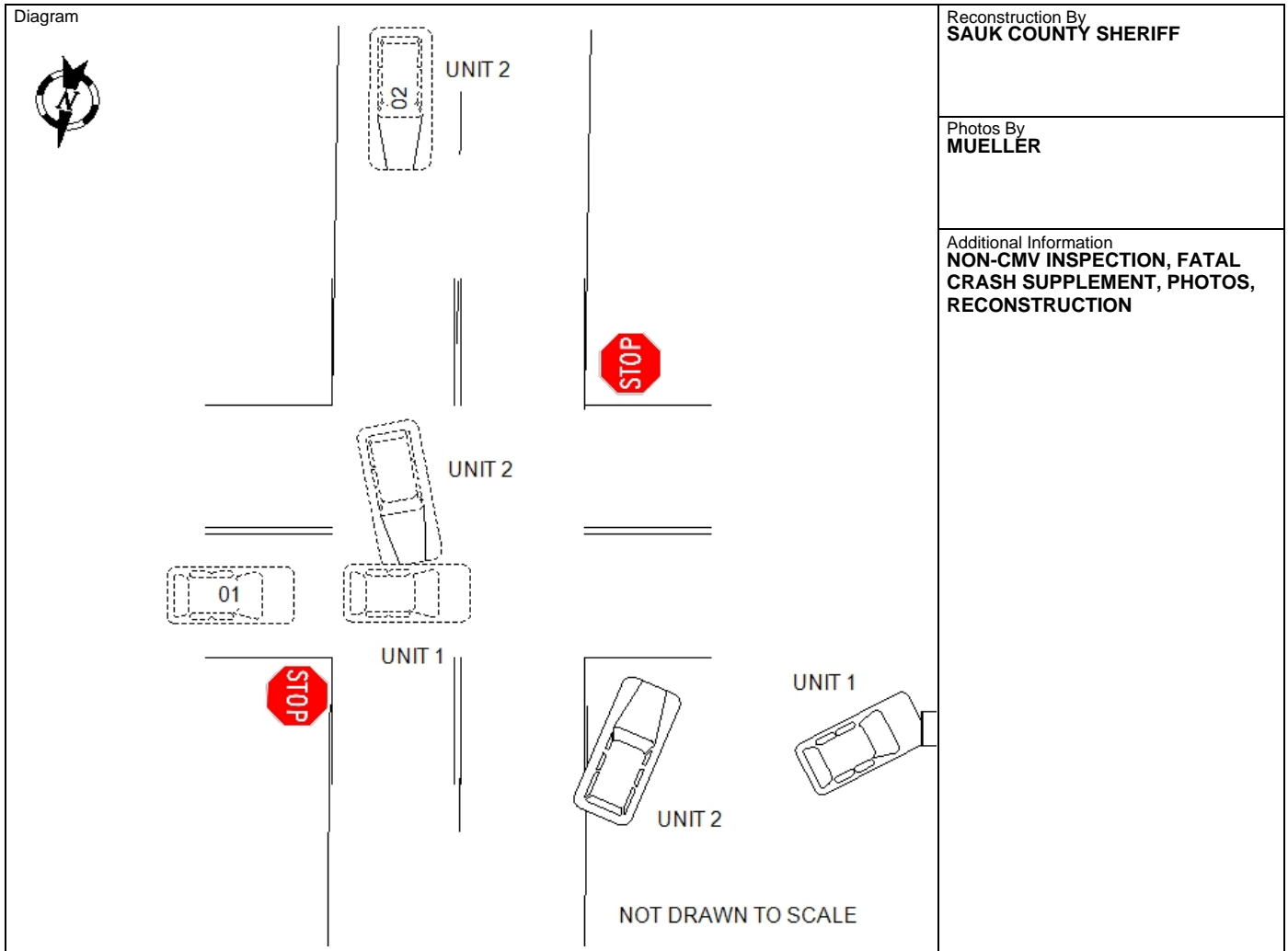
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 19-03660	Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 03/31/2019		Crash Time 03:51 PM	Date Arrived 03/31/2019	Time Arrived 04:00 PM	
Date Notified 03/31/2019		Time Notified 03:51 PM	Total Units 02	Total Injured 01	Total Killed 01
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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



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

UNIT 1 WAS W/B ON CTH W CROSSING STH 23 TO FRIENDSHIP RD. UNIT 2 WAS N/B ON STH 23. UNIT 2 DRIVER STATED UNIT 1 PULLED OUT IN FRONT OF HIM AND HE TRIED TO AVOID THE CRASH BUT COULD NOT AND HIT UNIT 1 ON THE DRIVER SIDE. WITNESS TO THE CRASH ALSO STATED THAT UNIT 1 PULLED OUT IN FRONT OF UNIT 2.

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Location

INTERSECTION ON STH23 EB AT CTHW WB IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.395558488	Longitude -90.03646723
	X Coordinate 254089.515625	Y Coordinate 4809221.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type FOUR-WAY INTERSECTION
Closure Type FULL CLOSURE	Reasons for Closure LAW ENFORCEMENT, FIRE/EMS, MED FLIGHT	
Date Initial Lane/Rd Closed 03/31/2019	Time Initial Lane/Rd Closed 04:10 PM	
Date All Lanes Open 03/31/2019	Time All Lanes Open 06:15 PM	Date Scene Cleared 03/31/2019
		Time Scene Cleared 06:25 PM

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> 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 STOP SIGN	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade DOWNHILL		
	Truck Bus or HazMat NO				
	Vehicle				
		License Plate Number 278CCC	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G3NF52E03C228772	Make OLDSMOBILE	Year 2003	Model ALERO GLS	

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	Bus Use NOT A BUS
	Initial Contact Point 9--LEFT SIDE MIDDLE	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, TOP, UNDERCARRIAGE	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
	Owner Name JANETTE RUTH ACCOLA	Owner Address 615 QUARRY ST BARABOO, WI 53913 , US	
01 01	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event RUN OFF ROADWAY RIGHT		
	Event OTHER FIXED OBJECT		
	Event		
UNIT	Policy Holder		
	Insurance Company ALLMERICA-FINANCIAL-BENEFIT-INS-CO	Individual JANETTE ACCOLA	
UNIT INDIVIDUAL	Individual		
	Driver JANETTE RUTH ACCOLA	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address 615 QUARRY ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity FATAL INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	

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UNIT	INDIVIDUAL	Hospital		Date of Death 03/31/2019	Time of Death 16:43	
		Distracted By Distracted By Source				
		Distracted By Action UNKNOWN				
		Non Motorist Striking Unit #		Location		
		Prior Action				
		Action				
		Action Other				To/From School
		Drug & Alcohol Suspected Alcohol Use		Suspected Drug Use		
		NO		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	
01	001	Drug Type				
		Individual Condition				
		NOT OBSERVED				

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER VAN		Operating As Endorsements			
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel NORTHBOUND	<input checked="" type="checkbox"/> 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					
02	02	Vehicle					
		License Plate Number 792YVY		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2A8HR54X29R566623		Make CHRYSLER	Year 2009	Model NO DATA FO	
		Color BLU - BLUE		Body Style VN - VAN		Bus Use NOT A BUS	

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UNIT VEHICLE	Initial Contact Point 12--FRONT		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name TIMOTHY GORDON HOUK (715) 897-4150		Owner Address 306 S CHERRY AVE MARSHFIELD, WI 54449 , US		
02 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company WAUSAU-GENERAL-INS-CO		Individual TIMOTHY HOUK		
UNIT INDIVIDUAL	Individual				
	Driver TIMOTHY GORDON HOUK (715) 897-4150		Citations Issued 0	Sex MALE	
	Address 306 S CHERRY AVE MARSHFIELD, WI 54449 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02 002	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		
	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT	
	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		

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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 GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING
	Drug Test Given TEST GIVEN		Drug Test Type BLOOD	Drug Test Results PENDING	
	Drug Type				
02	002	Individual Condition			
		APPEARED NORMAL			

Property Owner

PROP OWNER	01	Organization/Company FRONTIER COMMUNICATIONS (715) 843-7265		Address 521 4TH ST WAUSAU, WI 54403 , US	

Fixed Objects Struck

01	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	01	OTHER FIXED OBJECT		