

6TLOBGSFDD

Document Number Override		Primary Crash Document #	Agency Crash Number 19-03211	Investigating Officer/Deputy DEPUTY B. LUBER	
Crash Date 03/20/2019		Crash Time 03:07 PM	Date Arrived 03/20/2019	Time Arrived 03:28 PM	
Date Notified 03/20/2019		Time Notified 03:12 PM	Total Units 02	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By B. LUBER 9129
	Additional Information PHOTOS, OTHER DOCUMENTS

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

ON 3/20/19 I RESPONDED TO A HIT AND RUN CRASH THAT OCCURRED NEAR THE INTERSECTION OF LINN AND WEST PINE STREET. OPERATOR OF UNIT 1 (U1) WAS ON SCENE AND UNIT 2 (U2) DID NOT STOP. OPERATOR OF U1 SAID THAT SHE WAS EAST ON LINN ST AND PROCEEDED THROUGH THE INTERSECTION WITH A GREEN LIGHT. WHILE IN THE INTERSECTION WITH W. PINE, U1 WAS TRUCK BY U2. OPERATOR OF U1 DID NOT BELIEVE THAT U2 STAYED WITHIN THEIR LINE WHILE NEGOTIATING THE TURN. OPERATOR U1 SAID PASSENGER IN U2 MADE A MOTION AFTER THE IMPACT AND THE OPERATOR OF U2 SHOULD HAVE KNOWN THERE WAS A COLLISION. OPERATOR OF U1 THOUGHT OPERATOR OF U2 WAS GOING TO STOP, HOWEVER, THEY DID NOT. I OBSERVED DAMAGE TO THE DRIVERS SIDE OF U1 AND PHOTOGRAPHED THE DAMAGE. DICTATED REPORT COMPLETED WITH FURTHER INFORMATION.

Location

ON LINN ST/ STH33 EB 59 FT E OF USH12 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474776471	Longitude -89.768544769
	X Coordinate 276080.9375	Y Coordinate 4817264
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE				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	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4		
	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE	Vehicle					
		License Plate Number 775VAH		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FMCU9GX3DUD04149		Make FORD	Year 2013	Model ESCAPE SE			
Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS			
Initial Contact Point 9--LEFT SIDE MIDDLE		Vehicle Damage 7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE					
Extent Of Damage FUNCTIONAL DAMAGE							

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name COURTNEY M OTT (608) 963-9990		Owner Address 138 LINN ST BARABOO, WI 53913 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual COURTNEY OTT	
UNIT INDIVIDUAL	Individual			
	Driver COURTNEY M OTT (608) 963-9990		Citations Issued 0	Sex FEMALE
	Address 138 LINN ST BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	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 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	
Distacted By		Distacted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distacted By Action NOT DISTRACTED				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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					
		Individual					
		Passenger COLTON W OTT (608) 963-9990			Citations Issued 0	Sex MALE	
		Address 138 LINN ST BARABOO, WI 53913 , US			Date of Birth	Race WHITE	
		Driver License Number					
		01	002	Safety Equipment		On Duty Crash	Safety Equipment
Seat Position 6--SECOND SEAT-RIGHT SIDE				CHILD RESTRAINT SYSTEM - FORWARD FACING			
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			
Distracted By Action							
Non Motorist		Striking Unit #	Location				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
	01	002	Drug & Alcohol		
			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							
		HIT AND RUN		D CLASS		AUTOMOBILE							
		Vehicle Type				Operating As Endorsements							
		PASSENGER CAR											
		Total Occs		Train/Bus # Recorded		Total # Citations Issued		Total Trailers		Total HazMat Types			
		2				0		0		0			
		Insurance?		Direction Of Travel		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit		Total Lanes			
		YES		EASTBOUND				25		4			
		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				TRAFFIC SIGNAL				NO					
Surface Type				Road Curvature				Road Grade					
BLACKTOP (BITUMINOUS)				STRAIGHT				LEVEL					
Truck Bus or HazMat													
NO													

UNIT	02	Vehicle							
		License Plate Number		Plate Type		St		Country of Issuance	
		441WVG		AUT - AUTOMOBILE		WI		UNITED STATES	
		Vehicle Identification Number		Make		Year		Model	
		1G4GC5EG8AF235023		BUICK		2010		LACROSSE	
		Color		Body Style				Bus Use	
		SIL - SILVER (ALUMINUM)		SD - SEDAN				NOT A BUS	
		Initial Contact Point		Vehicle Damage					
2--RIGHT SIDE FRONT		2--RIGHT SIDE FRONT							
Extent Of Damage									
MINOR DAMAGE									
Towed Due To Damage		Vehicle Removed By							
NOT TOWED		OPERATOR							

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing LEFT TURN	Vehicle Factors		
	Driver Prior Action Other	UNKNOWN		
	Driver Actions IMPROPER TURN, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE, UNKNOWN			
	Owner Name MARY A KLUG (608) 712-4974	Owner Address 687 N SHORE DR MONTELLO, WI 53949 , US		
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT 02	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual MARY KLUG		
	Individual			
UNIT INDIVIDUAL	Driver MARY A KLUG (608) 712-4974	Citations Issued 0	Sex FEMALE	
	Date of Birth		Race WHITE	
	Address 687 N SHORE DR MONTELLO, WI 53949 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 02	Safety Equipment		On Duty Crash	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source		
Distracted By Action				
Non Motorist		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other		To/From School
02	003	Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
		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				
NOT OBSERVED				
UNIT	INDIVIDUAL	Individual		
		Passenger	Citations Issued	Sex
		ROGER T KLUG	0	MALE
		(608) 742-7081	Date of Birth	Race
				WHITE
Address	Driver License Number			
687 N SHORE DR				
MONTELLO, WI 53949 , US	STATE: WISCONSIN COUNTRY: UNITED STATES			
02	004	Safety Equipment	On Duty Crash	Safety Equipment
		Seat Position		RESTRAINT USE UNKNOWN
		3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		
		Helmet Use		Helmet Compliance
Eye Protection		Tint Compliance		
Injury	Injury Severity	Airbag		
	NO APPARENT INJURY	NOT APPLICABLE		
Ejected	Ejection Path	Trapped/Extricated		
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE	NOT APPLICABLE		
Medical Transport	EMS Agency Identifier	EMS Run #		
NOT TRANSPORTED				
Hospital	Date of Death	Time of Death		
Distracted By	Distracted By Source			
Distracted By Action				
Non Motorist	Striking Unit #	Location		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL		
	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 NOT OBSERVED		