

6TL09H5JPZ

19-03851

# 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>19-03851</b>		Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>04/05/2019</b>		Crash Time <b>12:25 PM</b>		Date Arrived <b>04/05/2019</b>		Time Arrived <b>12:30 PM</b>	
Date Notified <b>04/05/2019</b>		Time Notified <b>12:26 PM</b>		Total Units <b>02</b>		Total Injured <b>00</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 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, DRIVEN BY VALLERIE K. LEAKE, BEARING WI # AAV8471, WAS WESTBOUND ON STH 136 IN THE RIGHT LANE, WHEN UNIT 2, DRIVEN BY RUBY L. SCHALLER, BEARING WI#AEZ7022, WAS IN THE LEFT LANE AND WAS WESTBOUND ON STH 136. UNIT 2 ATTEMPTED TO CHANGE LANES AND STRUCK UNIT 1 IN THE FENDER OF THE DRIVER'S SIDE REAR WHEEL WELL, WITH MINOR DAMAGE TO UNIT 1, AND A DENTED FRONT PASSENGER'S SIDE CORNER PANEL OF UNIT 2. UNIT 1 AND UNIT 2 PULLED OFF THE ROADWAY AFTER BOTH ROUNDABOUTS, WERE ABLE TO EXCHANGE INFORMATION, AND REPORTED THE MATTER TO LAW ENFORCEMENT. NO INJURIES WERE SUSTAINED BY EITHER DRIVER AND DAMAGE TO VEHICLES DID NOT ARISE TO BEING REPORTABLE. BOTH VEHICLES WERE REMOVED FROM THE SCENE BY OPERATORS.

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## Location

ON LINN ST/ STH33 WB 197 FT E OF USH12 IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.474785544</b>	Longitude <b>-89.768020444</b>
	X Coordinate <b>276123.375</b>	Y Coordinate <b>4817263.5</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>05--SIDESWIPE/SAME DIRECTION</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>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued	Total Trailers <b>0</b>	Total HazMat Types
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>35</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	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>AAV8471</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FMCU0JX6GUC24479</b>	Make <b>FORD</b>	Year <b>2016</b>	Model <b>ESCAPE</b>
		Color <b>BLU - BLUE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>7--LEFT REAR CORNER</b>	Vehicle Damage <b>7--LEFT REAR CORNER</b>		
		Extent Of Damage <b>MINOR DAMAGE</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	01	Owner Name <b>VALERIE KAY LEAKE (608) 448-7029</b>		Owner Address <b>S3550 EVERGREEN RD BARABOO, WI 53913 , US</b>
<b>Sequence Of Events</b>				
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	02	Event		
03	03	Event		
04	04	Event		
<b>Policy Holder</b>				
UNIT	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>VALERIE LEAKE</b>	
<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>VALERIE KAY LEAKE (608) 448-7029</b>		Citations Issued	Sex <b>FEMALE</b>
	Address <b>S3550 EVERGREEN RD BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	On Duty Crash		Safety Equipment	
01	001	<b>Safety Equipment</b>		<b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Helmet Compliance
		Helmet Use		Tint Compliance
		Eye Protection		Airbag <b>NON DEPLOYED</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 <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>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>01</b>	<b>001</b>				

**Unit Summary**

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>						
		Vehicle Type <b>PASSENGER VAN</b>				Operating As Endorsements						
	Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued		Total Trailers <b>0</b>		Total HazMat Types			
	Insurance? <b>NO</b>		Direction Of Travel <b>WESTBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>35</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>TWO-WAY, NOT DIVIDED</b>				Traffic Control <b>NO CONTROL</b>				Traffic Control Inoperative/Missing <b>NO</b>			
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>STRAIGHT</b>				Road Grade <b>UPHILL</b>			
	Truck Bus or HazMat <b>NO</b>											

<b>UNIT</b>	<b>02</b>	<b>Vehicle</b>								
		License Plate Number <b>AEZ7022</b>			Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>2A4RR8DX6AR496202</b>			Make <b>CHRYSLER</b>		Year <b>2010</b>	Model <b>TOWN &amp; AMP</b>		
		Color <b>GLD - GOLD</b>			Body Style <b>VN - VAN</b>			Bus Use <b>NOT A BUS</b>		
		Initial Contact Point <b>1--RIGHT FRONT CORNER</b>			Vehicle Damage <b>1--RIGHT FRONT CORNER</b>					
		Extent Of Damage <b>MINOR DAMAGE</b>								
Towed Due To Damage <b>NOT TOWED</b>			Vehicle Removed By <b>OPERATOR</b>							

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UNIT VEHICLE	What Driver Was Doing <b>CHANGING LANES</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, OTHER CONTRIBUTING ACTION</b>			
	Owner Name <b>RUBY L SCHALLER (608) 739-1729</b>		Owner Address <b>402 N 8TH ST # 123 AVOCA, WI 53506 , US</b>	
UNIT 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>RUBY L SCHALLER (608) 739-1729</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>402 N 8TH ST # 123 AVOCA, WI 53506 , 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>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>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>	
	Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>			
<b>Non Motorist</b>		Striking Unit #	Location	
Prior Action				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>					
		<b>02</b>	<b>002</b>				