

6TLOBNZLZC  
19-03854

# 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>19-03854</b>	Investigating Officer/Deputy <b>DEPUTY A. BREUNIG</b>	
Crash Date <b>04/05/2019</b>		Crash Time <b>03:41 PM</b>	Date Arrived <b>04/05/2019</b>	Time Arrived <b>03:50 PM</b>	
Date Notified <b>04/05/2019</b>		Time Notified <b>03:43 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  <hr/> <p style="text-align: center;">USH 12</p> <hr/> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px dashed black; padding: 5px; border-radius: 10px;">01</div> <div style="border: 1px dashed black; padding: 5px; border-radius: 10px;">02</div> <div style="border: 1px dashed black; padding: 5px; border-radius: 10px;">1</div> <div style="border: 1px dashed black; padding: 5px; border-radius: 10px;">2</div> </div> <hr/> <p style="text-align: center;">NOT TO SCALE</p>	Reconstruction By
	Photos By <b>A BREUNIG</b>
	Additional Information <b>NONE, PHOTOS</b>

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

UNIT 1 WAS TRAVELING EASTBOUND ON USH 12. UNIT 2 WAS TRAVELING EASTBOUND IN FRONT OF UNIT 1. UNIT 2 CAME TO STOP IN THE LANE OF TRAFFIC. THERE WAS A WESTBOUND SCHOOL BUS MAKING A STOP. UNIT 1 REAR ENDED UNIT 2. UNIT 1 OPERATOR ADVISED THAT SHE SAW THE SCHOOL BUS DOING A DROP OFF. SHE ADVISED THAT SHE DID NOT SEE UNIT 2 BRAKE LIGHTS IMMEDIATELY. UNIT 1 OPERATOR STATED THAT SHE SAW UNIT 2 STOPPED BUT WAS UNABLE TO STOP. SHE ADVISED THAT SHE WAS TRAVELING 40 MPH PRIOR TO THE ACCIDENT. UNIT 2 OPERATOR ADVISED THAT SHE WAS STOPPED BEHIND OTHER EASTBOUND TRAFFIC STOPPED FOR THE BUS.

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Location

ON USH12 EB 970 FT W OF LUEDERS RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.270976802</b>	Longitude <b>-89.74299046</b>
	X Coordinate <b>277403.125</b>	Y Coordinate <b>4794561</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</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>CLEAR</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>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>540ZWC</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3C8FY4BB41T545517</b>	Make <b>CHRYSLER</b>	Year <b>2001</b>	Model <b>PT CRUISER</b>
		Color <b>BLK - BLACK</b>	Body Style <b>VN - VAN</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>		

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILURE TO CONTROL</b>				
01	01	Owner Name <b>SHARON MARIE JONES (608) 212-2222</b>		Owner Address <b>E9430A COUNTY ROAD PF PRAIRIE DU SAC, WI 53578 , US</b>	
<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>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>SHARON JONES</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>LAUREN MARIE JONES (608) 212-2222</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>E9430A COUNTY ROAD PF 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
			<b>NO APPARENT 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>					

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UNIT  INDIVIDUAL        01 001	<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>				

**Unit Summary**

UNIT  02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT  VEHICLE  02 02	<b>Vehicle</b>					
	License Plate Number <b>104GNX</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>KNDJN2A22F7136664</b>		Make <b>KIA MOTORS CORPORA</b>	Year <b>2015</b>	Model <b>SOUL</b>	
	Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>6--REAR</b>		Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>6--REAR</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>			

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Form with sections: UNIT VEHICLE (What Driver Was Doing, Driver Prior Action Other, Driver Actions, Owner Name, Owner Address), Sequence Of Events (Event 01-04), UNIT POLICY HOLDER (Insurance Company, Individual), UNIT INDIVIDUAL (Driver, Citations Issued, Sex, Date of Birth, Race, Address, Driver License Number), Safety Equipment (On Duty Crash, Safety Equipment, Seat Position, Helmet Use, Eye Protection), Injury (Injury Severity, Airbag), Ejected (Ejected, Ejection Path, Trapped/Extricated), Medical Transport (Medical Transport, EMS Agency Identifier, EMS Run #), Hospital (Hospital, Date of Death, Time of Death), Distracted By (Distracted By Source, Distracted By Action), Non Motorist (Striking Unit #, Location).

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