

6TL08F2KW6

19-04276

# 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>19-04276</b>	Investigating Officer/Deputy <b>DEPUTY T. SUTHERLAND</b>	
Crash Date <b>04/14/2019</b>		Crash Time <b>11:10 AM</b>	Date Arrived <b>04/14/2019</b>	Time Arrived <b>11:26 AM</b>	
Date Notified <b>04/14/2019</b>		Time Notified <b>11:15 AM</b>	Total Units <b>02</b>	Total Injured <b>04</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		Reconstruction By
		Photos By <b>9195</b>
		Additional Information <b>PHOTOS</b>

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

ON 04-14-19 UNIT 2 WAS EASTBOUND ON CTH JJ. UNIT 1 WAS SOUTHBOUND ON PECK ROAD. UNIT 1 PULLED OUT FROM THE STOP SIGN AT THE INTERSECTION OF PECK ROAD AND CTH JJ INTO THE PATH OF UNIT 2. UNIT 2 THEN HIT THE PASSENGER SIDE OF UNIT 1. BOTH VEHICLES CAME TO REST IN THE SOUTH DITCH LINE JUST EAST OF PECK ROAD. INJURIES REPORTED BY ALL FOUR SUBJECTS INVOLVED. UNIT 1 OPERATOR TOLD ME SHE WAS ON THE WAY HOME FROM AN ADDRESS ON HAYES RD AFTER PICKING UP HER SON.

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Location

Table with 3 columns: Location description, Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type.

Crash Scene

Table with 3 columns: Event details, Location, and Control/Study information.

Unit Summary

Table with 3 columns: Unit Status, Vehicle Operating As Classification, Unit Type, and various unit details.

Table with 4 columns: Vehicle details including License Plate Number, Plate Type, St, Country of Issuance, etc.

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01 01	Owner Name <b>ASHER DANN SHREERAN (224) 239-9195</b>		Owner Address <b>407 S ASH ST LONE ROCK, WI 53556 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ASHER DANN SHREERAN (224) 239-9195</b>		Citations Issued <b>3</b>	Sex <b>FEMALE</b>
	Address <b>407 S ASH ST LONE ROCK, WI 53556 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
01 001	<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>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</b>
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>532</b>	EMS Run #	
Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>		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>				
<b>Non Motorist</b>		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action	
		Action	
01	001	Action Other	
		To/From School	
01	001	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>
			Suspected Drug Use <b>NO</b>
01	001	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
		Alcohol Test Results	
01	001	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type
		Drug Test Results	
01	001	Drug Type	
		Individual Condition <b>APPEARED NORMAL</b>	
UNIT	INDIVIDUAL	<b>Individual</b>	
		Passenger <b>EVAN J ROSENOW (224) 239-9195</b>	Citations Issued <b>0</b>
01	002	Sex <b>MALE</b>	Date of Birth
		Race <b>WHITE</b>	
01	002	Address <b>407 S ASH ST LONE ROCK, WI 53556 , US</b>	Driver License Number
		<b>Safety Equipment</b>	On Duty Crash
01	002	Safety Equipment	<b>BOOSTER SEAT</b>
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	
01	002	Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
01	002	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>
			Airbag <b>DEPLOYED-CURTAIN</b>
01	002	Ejected <b>TOTALLY EJECTED</b>	Ejection Path <b>THROUGH SIDE WINDOW</b>
		Trapped/Extricated <b>NOT TRAPPED</b>	
01	002	Medical Transport <b>EMS AIR</b>	EMS Agency Identifier <b>531</b>
		EMS Run #	
01	002	Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>	Date of Death
		Time of Death	
01	002	<b>Distracted By</b>	Distracted By Source
		Distracted By Action	
01	002	<b>Non Motorist</b>	Striking Unit #
		Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
01	002	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>NOT OBSERVED</b>			
		<b>Individual</b>			
		Passenger <b>PRESTON O KOENIG (224) 239-9195</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>407 S ASH ST LONE ROCK, WI 53556 , US</b>		Date of Birth Race <b>WHITE</b>	
		Driver License Number			
01	003	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>			
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>532</b>	EMS Run #	
		Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>	Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source		
		Distracted By Action			
<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>01</b>	<b>003</b>	<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>01</b>	<b>Violations</b>			
			UTC Number <b>BB336973</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
			UTC Number <b>BB336974</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>
UTC Number <b>BB336975</b>			Issue To? <b>001</b>	Statute Number <b>341.03(1)</b>	Description <b>OPERATE AFTER REV/SUSP OF REGISTRATION</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 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>							

<b>UNIT</b>	<b>02</b>	<b>Vehicle</b>					
		License Plate Number <b>ACX3958</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FAHP58S43A275943</b>		Make <b>FORD</b>		Year <b>2003</b>	Model <b>TAURUS SE</b>
		Color <b>GLD - GOLD</b>		Body Style <b>SW - STATIONWAGON</b>			Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>					

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>GEORGES AUTO BODY</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
02 02	Owner Name <b>HANNAH MAY BROWN (608) 459-5192</b>	Owner Address <b>311 OAK STREET LONE ROCK, WI 53556 , US</b>
	<b>Sequence Of Events</b>	
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	<b>Policy Holder</b>	
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	Individual <b>HANNAH BROWN</b>
02 004	<b>Individual</b>	
	Driver <b>HANNAH MAY BROWN (608) 459-5192</b>	Citations Issued <b>0</b>
		Sex <b>FEMALE</b>
		Date of Birth
	Race <b>WHITE</b>	
	Address <b>311 OAK STREET LONE ROCK, WI 53556 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
02 004	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>
	Airbag <b>DEPLOYED-COMBINATION</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>532</b>
	EMS Run #	
	Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>	Date of Death
	Time of Death	

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<b>UNIT</b>	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	Distracted By Action <b>NOT DISTRACTED</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				
<b>02</b>	<b>004</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			