

6TLOB4X4L0

19-04475

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 19-04475	Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 04/19/2019		Crash Time 12:48 PM	Date Arrived 04/19/2019	Time Arrived 12:56 PM	
Date Notified 04/19/2019		Time Notified 12:48 PM	Total Units 02	Total Injured 03	Total Killed 00
<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

Diagram	Reconstruction By
	Photos By LARKIN
	Additional Information PHOTOS

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

UNIT 1 WAS AT STOP SIGN ON EVERGREEN RD AND FAILED TO YIELD TO UNIT 2. UNIT 2 WAS UNABLE TO AVOID COLLISION. DRIVER OF UNIT 1 REPORTED NO INJURY. FRONT SEAT PASSENGER OF UNIT 1 WAS TRANSPORTED FROM SCENE BY REEDSBURG AMBULANCE. BACK SEAT PASSENGER OF UNIT 1 REPORTED NO INJURY HOWEVER WAS TRANSPORTED BY PRIVATE VEHICLE TO REEDSBURG HOSPITAL FOR CHEST PAIN. OPERATOR OF UNIT 2 WAS TRANSPORTED TO REEDSBURG HOSPITAL BY REEDSBURG AMBULANCE FOR CHEST PAIN AND LEG PAIN. BOTH UNITS SUSTAINED DISABLING DAMAGE AND UNIT 1 REMOVED BY STEVES TOWING AND UNIT 2 REMOVED BY REEDSBURG SALVAGE. OPERATOR OF UNIT 1 WAS CITED FOR FAILURE TO YIELD RIGHT AWAY CAUSING BODILY HARM.

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Location

ON STH33 EB 27 FT E OF COUNTY LAND FILL LN IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.532209903	Longitude -89.891644701
	X Coordinate 266346	Y Coordinate 4823981.5
	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	Intersection Type FOUR-WAY INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 04/19/2019	Time Initial Lane/Rd Closed 12:56 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 04/19/2019	Time All Lanes Open 01:41 PM	Date Scene Cleared 04/19/2019	Time Scene Cleared 01:46 PM

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements				
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	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 LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number KR9147	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1GKFK16R1WJ731687		Make GENERAL MOTORS COR	Year 1998	Model K1500 SUBU		

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UNIT VEHICLE	Color BGE - BEIGE		Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS
	Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE		11--LEFT FRONT CORNER, 12--FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing ENTERING TRAFFIC LANE		Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
	Owner Name CHRISTINE A SULLIVAN (608) 573-0859		Owner Address N710 STATE ROAD 113 LODI, WI 53555 , US	
	Sequence Of Events			
	01	01	Event MOTOR VEH IN TRANSPORT	
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	Policy Holder			
	Insurance Company GEICO-GENERAL-INS-CO		Individual CHRISTINE SULLIVAN	
	Individual			
UNIT INDIVIDUAL	Driver JAIYAH ALEXANDRIA MUEHLENBRUCH (608) 573-2060		Citations Issued 1	Sex FEMALE
	Address N710 STATE ROAD 113 LODI, WI 53555 , US		Date of Birth	Race BLACK
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	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	
	UNIT INDIVIDUAL	Injury		Injury Severity NO APPARENT INJURY
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	

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Hospital		Date of Death		Time of Death	
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 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 ISAAC ZACKERY JONES (608) 432-6190		Citations Issued 0		Sex MALE	
Address 1109 E HIAWATHA DR WISCONSIN DELLS, WI 53965 , US		Date of Birth		Race BLACK	
Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment		On Duty Crash		Safety Equipment	
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		SHOULDER & LAP BELT			
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
Injury		Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-COMBINATION	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND		EMS Agency Identifier 6001024		EMS Run #	
Hospital REEDSBURG AREA MED CTR		Date of Death		Time of Death	

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UNIT	INDIVIDUAL	Distracted By Distracted By Source				
		Distracted By Action				
		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 NOT GIVEN	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		
01	002	Drug Type				
Individual Condition APPEARED NORMAL						
UNIT	INDIVIDUAL	Individual				
		Passenger JORDAN M HARTING (608) 432-1673	Citations Issued 0	Sex MALE		
		Date of Birth		Race WHITE		
		Address S1085 CLARA AVE #29 WISCONSIN DELLS, WI 53965 , US		Driver License Number		
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Seat Position 6--SECOND SEAT-RIGHT SIDE		Helmet Compliance		
		Helmet Use		Tint Compliance		
		Eye Protection				
		01	003	Injury	Injury Severity POSSIBLE 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				

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UNIT	INDIVIDUAL	Distracted By Action						
		Non Motorist	Striking Unit #	Location				
			Prior Action					
	Action							
	Action Other			To/From School				
	01	003	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					
01	Violations							
	UTC Number AD979536	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN (RESULTING BODILY HARM)				

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 EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55		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 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 471ZZX			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 2C4RDGEGXJR344968				Make DODGE		Year 2018	Model GRAND CARA			
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		12--FRONT		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By REEDSBURG SALVAGE		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name EAN HOLDINGS (918) 401-6000		Owner Address 14002 E 21ST ST #1500 TULSA, OK 74134 , US		
02 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company EMC-PROPERTY-&-CASUALTY-CO		Organization/Company EAN HOLDINGS		
UNIT INDIVIDUAL	Individual				
	Driver STEVEN W NEW (608) 782-7555		Citations Issued 0	Sex MALE	
	Address 2002 STATE ST LA CROSSE, WI 54601 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02 004	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 POSSIBLE INJURY	Airbag DEPLOYED-COMBINATION	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND		EMS Agency Identifier 6001024	EMS Run #	
Hospital REEDSBURG AREA MED CTR		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 NOT GIVEN		Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
02	004	Individual Condition		
		APPEARED NORMAL		

Witness

WITN 01	Individual TIMOTHY M CHICKER (608) 495-4267	Address 2347 DORIS RD REEDSBURG, WI 53959 , US	Date of Birth
	ESS		

Witness

WITN 02	Individual MICHELLE L CHICKER (608) 495-1864	Address 2347 DORIS RD REEDSBURG, WI 53959 , US	Date of Birth
	ESS		