

6TLOB8M7VJ

19-05062

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 # 6TLOB8M7VH	Agency Crash Number 19-05062	Investigating Officer/Deputy DEPUTY B. MEARS	
Crash Date 05/03/2019		Crash Time 12:31 PM	Date Arrived 05/03/2019	Time Arrived 01:31 PM	
Date Notified 05/03/2019		Time Notified 12:32 PM	Total Units 02	Total Injured 00	Total Killed 00
<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 NO	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input checked="" type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By SGT M BURCH
	Additional Information PHOTOS

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

UNIT 1 WAS ON STH 33/LINN ST MAKING A LEFT ONTO W MULBERRY ST , WHEN OPERATOR OF UNIT 1 FAILED TO YIELD TO UNIT 2 WHICH WAS IN THE RIGHT HAND LANE EASTBOUND ON STH 33/LINN ST. UNIT 2 STRUCK UNIT 1 WITH THE FRONT OF HER UNIT ON THE REAR PASSENGER SIDE OF UNIT 1. THERE WERE NO INJURIES. UNIT 1 HAD REAR PASSENGER SIDE DAMAGE AND A FLAT RT REAR TIRE. UNIT 2 HAD FRONT END DAMAGE. BOTH UNITS WERE MOVED PRIOR TO L.E ARRIVAL. UNIT 1 OPERATOR HAD JUST BEEN IN AN ACCIDENT WHERE HIS UNIT WAS REAR ENDED RIGHT BEFORE THIS (6TLO8M7VH)(CASE# 19-05058). UNIT 1 OPERATOR WAS CITED FOR FYR WHILE MAKING A LFT TURN. UNITS WERE REMOVED BY THE OWNERS

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Location

INTERSECTION ON LINN ST/ STH33 WB AT MULBERRY ST IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474800914	Longitude -89.767046412
	X Coordinate 276202.21875	Y Coordinate 4817262.5
	Structure Type	

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) 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 TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			Operating As Endorsements		
	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 04	
	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 DOWNHILL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number LZ9777		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FTYR14UX2TA43807		Make FORD	Year 2002	Model RANGER
	Color BLU - BLUE		Body Style PK - PICKUP		Bus Use NOT A BUS
	Initial Contact Point 5--RIGHT REAR CORNER		Vehicle Damage		
Extent Of Damage FUNCTIONAL DAMAGE		4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					
	What Driver Was Doing LEFT TURN		Vehicle Factors					
	Driver Prior Action Other		NOT APPLICABLE					
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER TURN, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, LOOKED BUT DID NOT SEE							
01	01	Owner Name CODI J MOTZ (619) 416-1720		Owner Address 221 W JEFFERSON ST # 102 WAUPUN, WI 53963 , US				
		Sequence Of Events						
UNIT INDIVIDUAL	01	01	Event MOTOR VEH IN TRANSPORT					
		02	Event					
		03	Event					
		04	Event					
UNIT INDIVIDUAL	01	Policy Holder						
		Insurance Company LIBERTY-MUTUAL-INS-CO		Individual CODI MOTZ				
UNIT INDIVIDUAL	01	Individual						
		Driver CODI J MOTZ (619) 416-1720		Citations Issued 01	Sex MALE			
		Date of Birth		Race WHITE				
		Address 221 W JEFFERSON ST # 102 WAUPUN, WI 53963 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT INDIVIDUAL	01	001	Safety Equipment					
			On Duty Crash		Safety Equipment SHOULDER & LAP BELT			
			Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance			
			Helmet Use		Tint Compliance			
			Eye Protection		Airbag NON DEPLOYED			
UNIT INDIVIDUAL	01	001	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	
UNIT INDIVIDUAL	01	001	Distracted By					
			Distracted By Source EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)					
UNIT INDIVIDUAL	01	001	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)					

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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 OTHER					
		Violations					
01	UTC Number AD980928	Issue To? 001	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN			

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE							
		Vehicle Type PASSENGER CAR				Operating As Endorsements							
		Total Occs 01		Train/Bus # Recorded		Total # Citations Issued 00		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 04			
		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 DOWNHILL			
		Truck Bus or HazMat NO											

02	02	Vehicle								
		License Plate Number 604LPL			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number JTMBK33V575027462			Make TOYOTA		Year 2007	Model RAV4		
		Color BLU - BLUE			Body Style UT - SPORT UTILITY VEHICLE			Bus Use NOT A BUS		
Initial Contact Point 12--FRONT										

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	12--FRONT, UNDERCARRIAGE
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name KORIE MARIE KLINK (608) 524-0585	Owner Address E7415 MILE RD REEDSBURG, WI 53959 , US
	Sequence Of Events	
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT VEHICLE	Policy Holder	
	Insurance Company CINCINNATI-INS-CO,-THE	Individual KORIE KLINK
UNIT INDIVIDUAL	Individual	
	Driver KORIE MARIE KLINK (608) 524-0585	Citations Issued 0
		Sex FEMALE
		Date of Birth
UNIT INDIVIDUAL	Address E7415 MILE RD REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment	
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	
UNIT INDIVIDUAL	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY
		Airbag NON DEPLOYED
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	Hospital	Date of Death
UNIT INDIVIDUAL		EMS Run #
		Time of Death

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CRASH REPORT

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	002	Individual Condition			
		APPEARED NORMAL			