WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

	Document Number Override			Agency Crash Number 19-05216		Investigating Officer/Deputy DEPUTY B. STODDARD				
≱ [ຕ	Crash Date 05/06/2019	Crash Time 02:45 PM		Date A		Time Arrived 02:47 PM				
	Date Notified 05/06/2019	Time Notified 02:47 PM		Total Units 02		Total Injur	Total Injured Total Kille 00 00		;d	
160 1	On Emergency Hit	and Run	Lane Clos		Work Zone	Ш	er or	Towed	Reporting Threshold	
֡֡֞֞֞֞֞֞֞֡֞֞֞֞֡֞֞֡֞֞֞֡֞	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Ame	nded		Secondary Crash	
_	Description						ı			
	Diagram				Q	5	Pho	construction		
	Not to Scale	Cor	nnie Rd	On Line	302 Linn	St	Add	ditional Infor	rmation	
	I, a sworn law enforceme									
	UNITS 1 AND 2 WERE SOUTHBO OPERATOR THOUGHT UNIT 2 W RIGHT. UNIT 2 OPERATOR TUR	AS SLOWING TO	TURN LEFT FRO	OM CONI	NIE RD ONTO LINN. UN					

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	Location									
Ŧ	ON CONNIE RD				Latitude			Longitud	le	
	85 FT N				43.47503	5817		-89.76383969		
	OF LINN ST/ STH33 WB IN THE VILLAGE OF WI				X Coordina	ate		Y Coord	inate	
	IN SAUK COUNTY	EST BARABUU			276462.46875 4817280				30	
					Structure Type					
(Crash Scene									
ī	First Harmful Event				First Harm	ful Event Lo	ocation			
	MOTOR VEH IN TRANS	ON ROA								
ŀ	Manner of Collision									
	05SIDESWIPE/SAME I		Light Condition DAYLIGHT							
F	Road Surface Condition(s)		Roadway F	actor(s)						
	DRY									
	Environment Factor(s)									
	NONE				NONE					
•	Weather Condition(s)				1					
	CLEAR									
•	Animal Type				Relation To		•			
ļ					_	WAY - O				
	Crash Classification - Location -	on					Jurisdiction			
ŀ	Tribal Land				NO SPECIAL JURISDICTION Access Control Special Study					
		nual Land			NO CONTROL					
	Within Interchange Area	Junction Location		Intersection						
Į	NO	NON-JUNCTION		NOT AN	INTERSE	CTION				
	Unit Summary $\;\blacksquare\;$									
	Unit Status			erating As C	Classification Unit Type					
	IN TRANSIT					AUTOMOBILE				
5	• • • • • • • • • • • • • • • • • • • •	hicle Type						Operating As Endorsements		
	PASSENGER CAR	Train/Bus # Recorded	Total # Cita	Total # Citations Issued			ailers Total HazMat Types		Mat Types	
	Total Occs 1	Train/bus # Recorded	otal # Cita	tions issued					wat Types	
ļ	Insurance?	Direction Of Travel	Pre CrashTi				imit Total Lar		00	
	YES	SOUTHBOUND							55	
;	Most Harmful Event: Collisio		Special Fun	Mark	25		Emergency Motor Vehic		icle Use	
	MOTOR VEH IN TRANS			NO SPECIAL FUNCTION						
ŀ	Traffic Way		Traffic Cont	rol	Tr			Traffic Control Inoperative/Missing		
	TWO-WAY, NOT DIVIDE	:D	NO CONT	ROL			NO			
İ				Road Curvature			Road Grade			
	Surface Type		Road Curva	iture						
	BLACKTOP (BITUMINO	US)	Road Curva				LEVEL			
		US)								
	BLACKTOP (BITUMINO Truck Bus or HazMat	US)								
	BLACKTOP (BITUMINO Truck Bus or HazMat NO	US)		Т		St	Country of Is	suance		
	BLACKTOP (BITUMINO Truck Bus or HazMat NO Vehicle	US)	STRAIGH Plate Type	Т	E_	St WI	LEVEL	suance		
	Truck Bus or HazMat NO Vehicle License Plate Number 650ZMT Vehicle Identification N	lumber	Plate Type AUT - AU Make	Т	.E	WI Year	Country of Is UNITED ST	suance FATES		
5	Truck Bus or HazMat NO Vehicle License Plate Number 650ZMT	lumber	Plate Type AUT - AU Make HONDA	JTOMOBIL	.E	WI	Country of Is UNITED ST Model NO DATA	suance FATES		
-	Truck Bus or HazMat NO Vehicle License Plate Number 650ZMT Vehicle Identification N JHLRD186XYC002 Color	lumber 684	Plate Type AUT - AL Make HONDA Body Style	JTOMOBIL	.E	WI Year	Country of Is UNITED ST Model NO DATA I Bus Use	suance FATES		
5	Truck Bus or HazMat NO Vehicle License Plate Number 650ZMT Vehicle Identification N JHLRD186XYC002 Color SIL - SILVER (ALU	lumber 684	Plate Type AUT - AU Make HONDA Body Style 4D - 4DR	T JTOMOBIL	.E	WI Year	Country of Is UNITED ST Model NO DATA	suance FATES		
	Truck Bus or HazMat NO Vehicle License Plate Number 650ZMT Vehicle Identification N JHLRD186XYC002 Color SIL - SILVER (ALU Initial Contact Point	lumber 684 MINUM)	Plate Type AUT - AL Make HONDA Body Style	T JTOMOBIL	.E	WI Year	Country of Is UNITED ST Model NO DATA I Bus Use	suance FATES		
	Truck Bus or HazMat NO Vehicle License Plate Number 650ZMT Vehicle Identification N JHLRD186XYC002 Color SIL - SILVER (ALU Initial Contact Point	lumber 684 MINUM)	Plate Type AUT - AU Make HONDA Body Style 4D - 4DR Vehicle Da	TUTOMOBIL		WI Year 2000	Country of Is UNITED ST Model NO DATA I Bus Use NOT A BUS	suance FATES FO	FT SIDE FRONT, 11	
	Truck Bus or HazMat NO Vehicle License Plate Number 650ZMT Vehicle Identification N JHLRD186XYC002 Color SIL - SILVER (ALU Initial Contact Point	lumber 684 MINUM)	Plate Type AUT - AU Make HONDA Body Style 4D - 4DR Vehicle Da	TUTOMOBIL	CORNER, 2	WI Year 2000	Country of Is UNITED ST Model NO DATA I Bus Use NOT A BUS	suance FATES FO	FT SIDE FRONT, 11	

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		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	Щ	IMPROPER OVERTAKIN	IG / PASSING RIGHT							
⊨	占									
UNIT	VEHICL									
_	Ä									
		Owner Name		Owner Address						
_	_	JULIE M SHELDON		5137 MERWOOD LN						
6	5	(608) 577-4388		MADISON, WI 53718 , US						
	;	Sequence Of Events	3							
	_	Event	DODT							
	2	MOTOR VEH IN TRANSI	PORT							
	02	Event								
	0									
	03	Event								
	0									
	9	Event								
	0									
_	1	Policy Holder								
UNIT		Insurance Company		Individual						
\supset		RURAL-MUTUAL-INS-C	O-(ATTN:-CLAIMS-DEPT)	JULIE SHELDON						
		Individual								
	•	Driver		Citations Issued	Sex					
	_	COREY JAMES SHELD	ON	0	MALE					
	₹	(608) 335-1435		Date of Birth	Race					
—	ᆸ				WHITE					
	INDIVIDUAL	Address		Driver License Number	<u>'</u>					
_	身	5137 MERWOOD LN	10	STATE: WISCONSIN COUNTRY: UNITED STATES						
	=	MADISON, WI 53718 , U	15							
	Sai	On Du	ty Crash	Safety Equipment						
	Sai	• • •								
		Coot Docition		SHOULDER & LAP BELT						
		Seat Position		SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT S	SIDE (DRIVER/MOTORCY							
			SIDE (DRIVER/MOTORCY	Helmet Compliance						
		1FRONT SEAT-LEFT S Helmet Use	SIDE (DRIVER/MOTORCY	Helmet Compliance						
		1FRONT SEAT-LEFT S	BIDE (DRIVER/MOTORCY							
	_	1FRONT SEAT-LEFT S Helmet Use Eye Protection		Helmet Compliance Tint Compliance						
01	001	1FRONT SEAT-LEFT S Helmet Use Eye Protection	Severity	Helmet Compliance Tint Compliance Airbag						
01	001	1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A	Severity PPARENT INJURY	Helmet Compliance Tint Compliance	Trapped/Extricated					
10	001	1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A	Severity PPARENT INJURY Ejection Path	Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated NOT TRAPPED					
01	001	1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A	Severity PPARENT INJURY	Helmet Compliance Tint Compliance Airbag NON DEPLOYED						
01	001	1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED	Severity PPARENT INJURY Ejection Path	Helmet Compliance Tint Compliance Airbag NON DEPLOYED	NOT TRAPPED					
10	001	1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport	Severity PPARENT INJURY Ejection Path	Helmet Compliance Tint Compliance Airbag NON DEPLOYED	NOT TRAPPED					
01	001	1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Severity PPARENT INJURY Ejection Path	Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	NOT TRAPPED EMS Run #					
01	001	1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Severity PPARENT INJURY Ejection Path	Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	NOT TRAPPED EMS Run #					
01	001	1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By	Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT API	Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	NOT TRAPPED EMS Run #					
01	001	1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT API	Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	NOT TRAPPED EMS Run #					

Crash Date **05/06/2019**Crash Time **02:45 PM**

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Crash Date 05/06/2019

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		Non Motorist	Striking Unit #	Location						
		Prior Action		ı						
L	UAL	Action								
TINO	INDIVIDUAL									
		Action Other			To/From School					
	1	Drug & Alcohol	Suspected Alcohol U NO	lse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Te	est Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Res	ults			
10	001	Drug Type								
		Individual Condition								
		APPEARED NORM	//AL							
		t Summary States		LV	shiele Osessia a As Olessi	('	11127			
	Unit Status IN TRANSIT				ehicle Operating As Classi CLASS	ncation	Unit Type TRUCK			
7	Vehicle Type							Operating As Endorsements		
02	CAF	RGO VAN (10,000 L								
	Tota 1	Total Occs Train/Bus # Recorded 1		corded To 0	otal # Citations Issued	Total T	railers	Total Hazi	Mat Types	
ı		Insurance? Direction Of Travel YES SOUTHBOUND			Pre CrashTire Mark	Speed 25		Total Lane		
UNIT	MO	t Harmful Event: Collision TOR VEH IN TRANS			NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED				affic Control O CONTROL		Traffic Cor	Traffic Control Inoperative/Missing		
		ace Type			Road Curvature			Road Grade		
		CKTOP (BITUMING	DUS)	S.	STRAIGHT			LEVEL		
	Truc NO	k Bus or HazMat								
	,	Vehicle								
		License Plate Number	r		Plate Type St		-	Country of Issuance		
		Vehicle Identification I	Number		.TK - LIGHT TRUCK	WI Year	Model Model	STATES		
05	02	Vehicle Identification Number 1GTZGFBA7A1118022			BENERAL MOTORS C		SAVANA	G25		
		Color WHI - WHITE			ody Style /N - VAN	<u>'</u>	Bus Use NOT A BU	JS		
	Щ	Initial Contact Point			YN - YAN Yehicle Damage					
UNIT	<u></u>	1RIGHT FRONT	CORNER							
Ś	VEHICLE	Extent Of Damage MINOR DAMAGE			RIGHT FRONT COR	NER, 2RIGI	HT SIDE FRO	NT		
		Towed Due To Damag	ge		ehicle Removed By PERATOR					

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		What Driver Was Doing			Vehicle Factors				
		RIGHT TURN			NOT ADDITION DE				
		Driver Prior Action Other			NOT APPLICABLE				
		Driver Actions							
	Е	NO CONTRIBUTING A	CTION						
╘	CL								
L	VEHICL								
	VE								
		Own an Name			O Address				
		Owner Name SHIELDS HEATING AN	ID AIR COND	ITIONING INC	Owner Address 302 LINN ST				
05	02	(608) 355-9060			BARABOO, WI 539	13 , US			
		Sequence Of Event	s						
	01	Event MOTOR VEH IN TRANS	SDODT						
	0		3FOR I						
	02	Event							
	03	Event							
	4	Event							
	04								
╘	ļ	Policy Holder							
L		Insurance Company			Organization/Company SHIELDS HEATING AND AIR CONDITIONING INC				
		INTEGRITY-MUTUAL-INS-CO			SHIELDS HEATING AND AIR CONDITIONING INC				
		Individual Driver		Citations Issued		Sex			
	JAL	DARREN ANDREW SHIELDS (608) 355-9060			0		MALE		
					Date of Birth		Race		
╘	INDIVIDUAL								
	<u>></u>	Address E10136 SHADY LANE RD REEDSBURG, WI 53959 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Z								
	Sat	On Duty Crash fety Equipment			Safety Equipment				
	Jai				SHOULDER & LAP BELT				
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
05	005	I	y Severity		Airbag				
٥	Ō		APPARENT II		NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pa	tn CTED/NOT APP	LICARI E		Trapped/Extricated NOT TRAPPED		
		Medical Transport	1101 202	OILDING! AII	EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		Distracted By Distra	acted By Source	3	1		<u> </u>		
		Distracted By Action UNKNOWN							
		Striki	ing Unit #	Location					
		Non Motorist							

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Crash Time 02:45 PM

		Prior Action						
		Action						
	ΑL							
╘	חם							
UNIT	INDIVIDUAL							
	5							
	=							
		Action Other						To/From School
	L	Orug & Alcohol			Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN				1		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	002	Drug Type	<u> </u>			•		
	0							
		Individual Condition	_	_				
		APPEARED NORM	ИAL					