19-05394

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	19-05394 DEPUTY V ne Date Arrived Time Arrived		g Officer/Deputy N. NEUBAUER		
2	Crash Date 05/10/2019	Crash Time 09:20 PM			Time Arrived		
551	Date Notified	Time Notified	Total U	nits	Total Injured Total Killed		ed
365	05/10/2019	09:23 PM	02	1	00	00	
6TL0B655P1	On Emergency	and Run		Work Zone		or Towed	Reporting Threshold
6TI	Government Property	Active School Zone	School NO	Bus Related	Tags		
	✓ Reportable	Crash Type DT4000 (STANDARD CRASH	I)		Amend	ed	Secondary Crash
l	Description						÷
			02			Photos By DEP NEUBA Additional Info PHOTOS	
	NOT TO						
		nt officer, agree that I have no					
	TIME. UNIT 2 REARENDED UNIT	ELING W/B ON USH 12. UNIT 1 AB 1 AND THEN CAME TO REST FAC A DODGE RAM PICK UP TRUCK, B	ING NO	RTH IN THE W/B LANE. U	JNIT 1 FLED TH	IE SCENE TRA	

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2

UNIT

2

UNIT

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ام	ation								ζ, γ		
	USH12 WB				Latitude			Longitud	10		
-	B MI E				43.27090	9714		0	082533		
	STH60 EB				X Coordina			Y Coord			
	THE TOWN OF PRAIR	IE DU SAC			276746.15625 4794575						
IN S	SAUK COUNTY										
					Structure Type NO STRUCTURE						
					NUSIK	JUTURE					
Cra	ish Scene										
First	t Harmful Event				First Harmful Event Location						
MO	TOR VEH IN TRANSP	ORT			ON ROADWAY						
Man	ner of Collision				Light Condition						
02	-FRONT TO REAR				DARK/UNLIT						
Roa	d Surface Condition(s)				Roadway	Factor(s)					
DR	v				-						
Env	ironment Factor(s)										
NO	NE				NONE						
14/											
vvea	ather Condition(s)										
CLI	EAR										
Anir	nal Type				Relation T	o Trafficwa	v				
Cra	sh Classification - Location										
	BLIC PROPERTY	1			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
	al Land				Access Control			Special Study			
THU					NO CONTROL			Special Sludy			
10/24						IKUL					
	nin Interchange Area	Junction Location		Intersection		OTION					
NO		NON-JUNCTION		NUTAN	INTERSE	CHON					
	t Summary										
	Status		Vehicle Ope	erating As Cl	assification		Unit Type				
	AND RUN		D CLASS			AUTOMO					
	icle Type						Operating As Endorsements				
	SSENGER CAR					-					
	al Occs	Train/Bus # Recorded		Total # Citations Issued					Mat Types		
1			0	0		0		0			
Insu	irance?	Direction Of Travel	Pre 0	Pre CrashTire		Speed Limit 55		Total Lanes			
UN	KNOWN	UNKNOWN		Mark			2				
Mos	t Harmful Event: Collision	With	Special Fun				Emergency Motor Vehicle Use		icle Use		
MO	TOR VEH IN TRANSP	ORT	UNKNOW	N			UNKNOWN				
Traf	fic Way		Traffic Contr			Traffic Control Inoperative/Missing					
UNI	KNOWN		UNKNOW	UNKNOWN				UNKNOWN			
Surf	ace Type		Road Curva	Road Curvature		Road Grade					
UN	KNOWN		UNKNOW	N		UNKNOW		N			
Truc	k Bus or HazMat										
NO											
-	Vehicle										
	License Plate Number		Plate Type			St	Country of Is	suance			
				TOMOBIL	F	WI UNITED STATES					
Vehicle Identification Number		Make									
6		ווואבו	DODGE		Year						
0	Color										
				Body Style			Bus Use NOT A BUS				
	BLK - BLACK		PK - PICKUP NOT A BUS Vehicle Damage Vehicle Damage								
CLE	Initial Contact Point		venicie Dai	mage							
2	6REAR		6REAR								
Ĩ	Extent Of Damage										

FUNCTIONAL DAMAGE

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		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing		Vehicle Factors				
		UNKNOWN						
		Driver Prior Action Other		UNKNOWN				
		Driver Actions						
	щ	OTHER CONTRIBUTING	ACTION					
È	CI							
UNIT	VEHICL							
	K							
		Owner Name UNKNOWN UNKNOWN		Owner Address UNKNOWN				
2	01			UNKNOWN, ,				
0	0			·····, ,				
		Sequence Of Events						
	01	MOTOR VEH IN TRANSP	ORT					
	02	Event						
	8 Event							
	Event							
	04	Lven						
		ndividual						
		Driver		Citations Issued		Sex		
		UNKNOWN UNKNOWN		0		Sex		
	AL			Date of Birth		Race		
L	INDIVIDUAL			Date of Birth				
UNIT	N	Address		Driver License Number				
	Ī	UNKNOWN						
	4	UNKNOWN, ,						
	Saf	On Duty fety Equipment	y Crash	Safety Equipment				
		Seat Position		RESTRAINT USE U				
		1FRONT SEAT-LEFT SI						
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
	_	Injury S	everity	Airbag				
2	001							
	-	Ejected	Ejection Path			Trapped/Extricated		
		NOT APPLICABLE	NOT EJECTED/NOT AP	PLICABLE		NOT APPLICABLE		
		Medical Transport		EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
		Distract	ed By Source					
		Distracted By						
		Distracted By Action						
		Striking Non Motorist	Unit # Location					

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

		Prior Action								
		Action								
	_									
.	INDIVIDUAL									
UNIT	Ĩ									
	Z									
		Action Other	To/From School							
		Drug & Alcohol	pected Alcohol U	lse	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Ty	pe			Alcohol Tes	st Results	
		TEST NOT GIVEN			-					
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug	Test Results			
	—	Drug Type								
9	001	Drug Type								
		Individual Condition								
		Individual Condition								
		NOT OBSERVED								
I	Uni	t Summary								
		Status			Vehicle Operating As Classification			Unit Type		
		RANSIT			D CLASS			AUTOMOBILE		
62								Operating A	As Endorser	nents
		SSENGER CAR	Train/Bus # Re	corded	Total # Citations Issued		Total Traile	ers	Total Haz	Mat Types
	2				0		0		0	
	Insurance? Direction Of Travel			i le clasifile		Speed Lim	it	Total Lane	es	
UNIT		UNKNOWN WESTBOUND Most Harmful Event: Collision With			Special Function		55	Emergency	2 Motor Vehi	cle Use
5		MOTOR VEH IN TRANSPORT			NO SPECIAL FUNCTION				LICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED			Traffic Control			Traffic Control Inoperative/Missing			
				NO CONTROL			NO Road Grad			
		ACKTOP (BITUMINOUS))		Road Curvature STRAIGHT					
		k Bus or HazMat	,		1					
	NO									
		Vehicle					0.	2		
		License Plate Number ABK5193			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance		
		Vehicle Identification Numb	ber		Make		Year	UNITED STATES Model		
03	02	JT2BF22K7W0116038			ΤΟΥΟΤΑ		1998	CAMRY CE/L		
		Color			Body Style			Bus Use NOT A BUS		
	ш	GRY - GRAY Initial Contact Point			4D - 4DR Vehicle Damage				-	
E	VEHICLE	12FRONT			Veniore Buintage					
UNIT	Ĩ	Extent Of Damage			1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT					
	< E	DISABLING DAMAGE			Vobiolo Domovic d Div					
		Towed Due To Damage TOWED DUE TO DISA	BLING DAMA	GE	Vehicle Removed By EVERETTS TOWING					
I		What Driver Was Doing								
		GOING STRAIGHT								

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				Veh	icle Factors				
		Driver Prior Action Other		NO	T APPLICABLE				
		Driver Actions							
	ш	NO CONTRIBUTING ACTION							
F	VEHICLE		-						
UNIT	Ξ								
	Ш Х								
	-								
		Owner Name			Owner Address				
02	02	PATRICK M STANDIFOR	D		411 OLD US HWY 16 E #11 RIO, WI 53960, US				
0	0								
		Sequence Of Events							
	6	Event MOTOR VEH IN TRANSP	ORT						
	02	Event							
	03	Event							
	04	Event							
	I	Individual							
		Driver		С	itations Issued	Sex			
	Ļ	TINA MARIE STANDIFORD (608) 617-6845		0		FEMALE			
	NDIVIDUAL			D	ate of Birth	Race WHITE			
UNIT	Ξ	Address 714 CONNIE RD		D	river License Number				
	ā								
	2	BARABOO, WI 53913 , U	S	S	STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	fety Equipment	Crash	S	Safety Equipment				
		Seat Position		-	HOULDER & LAP BELT				
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY						
		Helmet Use			elmet Compliance				
		Eye Protection		Т	int Compliance				
	2	Injury So	everity	А	irbag				
02	002		PARENT INJURY		NON DEPLOYED				
		Ejected	Ejection Path			Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT AP	PLIC	ABLE	NOT TRAPPED			
	Medical Transport			E	MS Agency Identifier	EMS Run #			
		NOT TRANSPORTED				T. (D			
		Hospital		D	ate of Death	Time of Death			
	Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action							
		Non Motorist	Unit # Location						
		Prior Action							

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UNIT	INDIVIDUAL	Action							
		Action Other					To/From School		
	L	Suspecter Drug & Alcohol NO	d Alcohol Use	Suspected Drug Use			I		
		Alcohol Test Given	Alcohol Test Ty	vpe		Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given	•	Drug Test Results					
		TEST NOT GIVEN	Drug Test Type						
02	002	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
	ļ	ndividual							
		Passenger CIRENADE I STANDIFORD		Citations Issued			Sex FEMALE		
	UAL			Date of Birth			e		
UNIT	INDIVIDUAL	Address 714 CONNIE RD BARABOO, WI 53913, US		Driver License Number					
	Sat	On Duty C	Crash	Safety Equipment					
		Seat Position 6SECOND SEAT-RIGHT S	SIDE	CHILD RESTRAINT	CHILD RESTRAINT SYSTEM - FORWARD FACING				
		Helmet Use		Helmet Compliance	Helmet Compliance				
		Eye Protection		Tint Compliance					
02	003	Injury Sev	verity	Airbag					
0	6	Injury NO APP	PARENT INJURY	NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT AP			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death		Time of Death			
	Distracted By Source								
		Distracted By Action							
		Striking U Non Motorist	nit # Location						
		Prior Action	I						

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F	DUAL	Action					
UNIT	INDIVIDUAL						
		Action Other					To/From School
	L	Suspected Alcohol U Drug & Alcohol NO	se	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
03	003	Drug Type					
		Individual Condition					
		APPEARED NORMAL					