

6TL0BSNQ77

19-05482

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 19-05482	Investigating Officer/Deputy DEPUTY M. BURCH	
Crash Date 05/13/2019		Crash Time 06:40 AM	Date Arrived 05/13/2019	Time Arrived 06:55 AM	
Date Notified 05/13/2019		Time Notified 06:41 AM	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 type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By
	Additional Information NONE
	<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
<p>UNIT #1 WAS TRAVELING SOUTH ON STH 136 WHEN THE OPERATOR ATTEMPTED TO MAKE A LEFT TURN ONTO CHESTNUT ST. THE OPERATOR OF UNIT # 1 FAILED TO YIELD THE RIGHT OF WAY TO UNIT #2 WHICH WAS NORTHBOUND ON STH 136. UNIT #1 WAS STRUCK BY UNIT #2 IN THE PASSENGERS SIDE. BOTH UNITS RECEIVED FUNCTIONAL DAMAGE AND WERE REMOVED BY OPERATORS.</p>	

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Location

ON STH136 WB 28 FT S OF STHCRO WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.472843078	Longitude -89.768785578
	X Coordinate 276054.3125	Y Coordinate 4817049.5
	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 YES	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				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 SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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 DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle					
	01	License Plate Number ADA3353		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1HGES16532L014308		Make HONDA	Year 2002	Model CIVIC LX
		Color BLK - BLACK		Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 3--RIGHT SIDE MIDDLE		Vehicle Damage		
VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR			

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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				
01	01	Owner Name DAVID J KAROW (608) 448-8860		Owner Address 301 W BROADWAY ROCK SPRINGS, WI 53961 , US	
		Sequence Of Events			
UNIT INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
01	01	Policy Holder			
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual DAVID KAROW		
01	001	Individual			
		Driver ANDREW JOHN KAROW (608) 448-8860		Citations Issued 0	Sex MALE
		Address 301 W BROADWAY ROCK SPRINGS, WI 53961 , US		Date of Birth	Race WHITE
		Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	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 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		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					

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UNIT	INDIVIDUAL	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					

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 2		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0			
	Insurance? YES		Direction Of Travel NORTHBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 30		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 DIVIDED HWY W/O TRAFFIC BARRIER				Traffic Control NO CONTROL				Traffic Control Inoperative/Missing NO			
	Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT				Road Grade LEVEL			
	Truck Bus or HazMat NO											

UNIT	VEHICLE	Vehicle							
		License Plate Number 132XED		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 2G2WC55C381137195		Make PONTIAC		Year 2008		Model GRAND PRIX	
		Color BLK - BLACK		Body Style 4D - 4DR				Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT		Vehicle Damage 12--FRONT					
		Extent Of Damage FUNCTIONAL DAMAGE							
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER					

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name MICHELLE MARGARET SMITH (608) 209-8449	Owner Address 534 W OAK ST BARABOO, WI 53913 , US		
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company GEICO-CASUALTY-CO	Individual MICHELLE SMITH		
	Individual			
UNIT INDIVIDUAL	Driver MICHELLE MARGARET SMITH (608) 209-8449	Citations Issued 0	Sex FEMALE	
	Date of Birth		Race WHITE	
UNIT INDIVIDUAL	Address 534 W OAK ST BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
UNIT INDIVIDUAL	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Use	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	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	
Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
Non Motorist	Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action			
		Action			
02	002	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 TYSON C HARTMAN (608) 209-8449	Citations Issued 0	Sex MALE	
		Address 534 W OAK ST BARABOO, WI 53913 , US		Date of Birth	Race WHITE
		Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
02	003	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 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	
		Distracted By	Distracted By Source		
		Distracted By Action			
Non Motorist	Striking Unit #	Location			

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UNIT	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		
	02	003	