

6TLOBFKDBD
19-05568

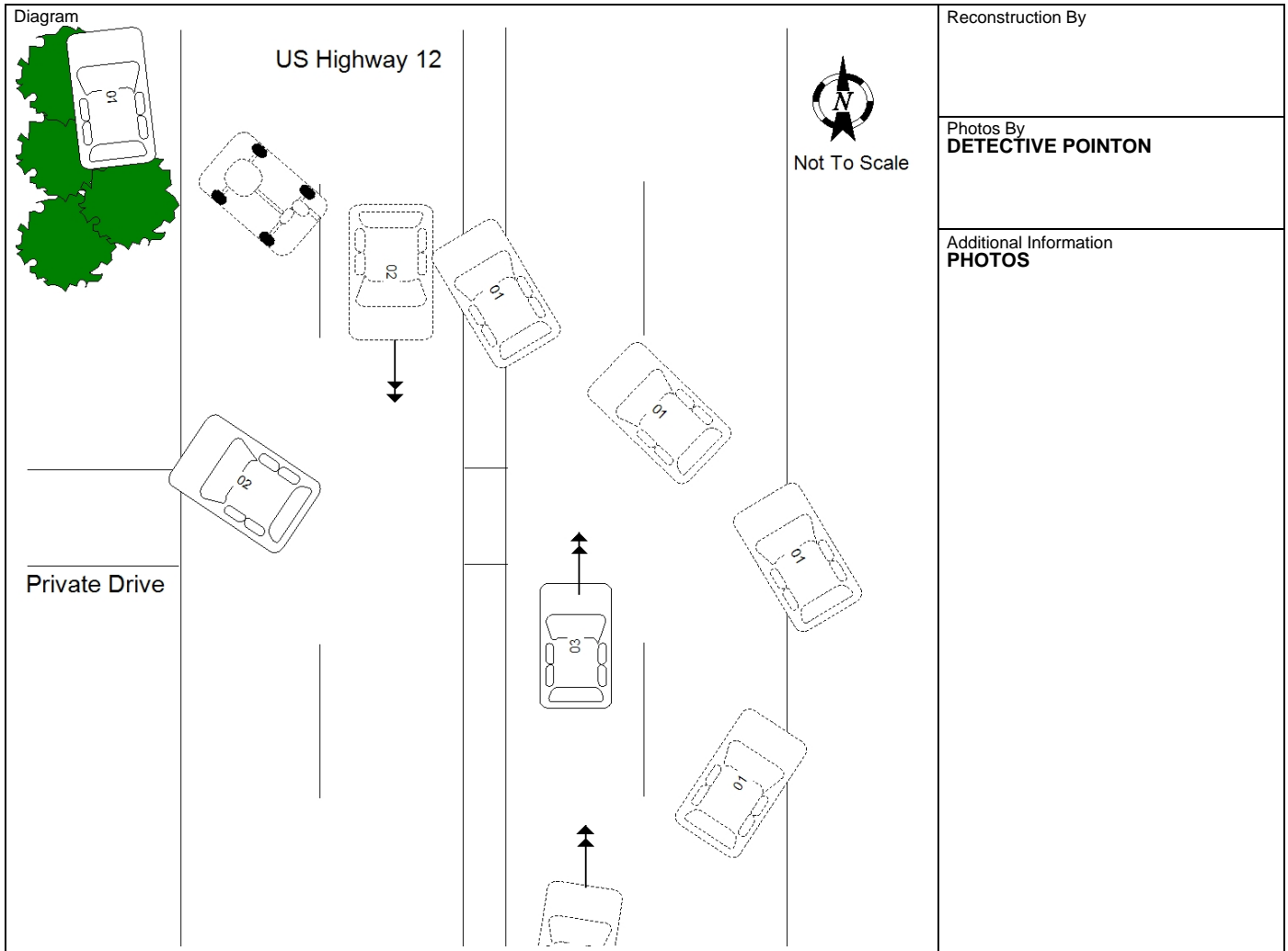
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 19-05568		Investigating Officer/Deputy DEPUTY H. LARKIN	
Crash Date 05/14/2019		Crash Time 04:30 PM		Date Arrived 05/17/2019		Time Arrived 04:41 PM	
Date Notified 05/14/2019		Time Notified 04:35 PM		Total Units 03		Total Injured 02	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



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

UNIT 3 WAS TRAVELING NB ON USH 12. UNIT 3 STOPPED IN LANE 1 TO TURN LEFT INTO A PRIVATE DRIVEWAY. UNIT 1 WAS TRAVELING NB ON USH 12 IN LANE 1. UNIT 1 CHANGED LANES TO AVOID STRIKING UNIT 3. UNIT 1 LEFT THE ROADWAY ON THE EAST SIDE OF USH 12. UNIT 1 OVERCORRECTED THEIR STEERING AND TRAVELED ACROSS THE MEDIAN AND CENTERLINE AND INTO THE SOUTHBOUND LANES. UNIT 1 STRUCK UNIT 2 THAT WAS TRAVELING SB ON USH 12. UNIT 1 OVERTURNED BEFORE COMING TO REST ON THE WEST SIDE OF US HIGHWAY 12 IN THE RAVINE.

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Location

ON S6565 USH12 WB 1.19 MI S OF SKIHI RD (HOUSE/BUILDING S6565) IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.402961669	Longitude -89.772217435
	X Coordinate 275518.3125	Y Coordinate 4809297.5
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION		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 DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 05/14/2019	Time Initial Lane/Rd Closed 05:00 PM		
Date All Lanes Open 05/14/2019	Time All Lanes Open 05:28 PM	Date Scene Cleared 05/14/2019	Time Scene Cleared 05:38 PM

Unit Summary

UNIT	01	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 2		Total Trailers 0		Total HazMat Types 0			
		Insurance? YES		Direction Of Travel NORTHBOUND		<input type="checkbox"/> Pre CrashTire 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 DIVIDED HWY W/O TRAFFIC BARRIER				Traffic Control NO CONTROL				Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT				Road Grade HILLCREST			
		Truck Bus or HazMat NO											
		01	Vehicle										
			License Plate Number ABR8164				Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES		
Vehicle Identification Number 2G1WN52K3X9163452				Make CHEVROLET		Year 1999		Model LUMINA					

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UNIT VEHICLE	Color BLU - BLUE	Body Style 4D - 4DR	Bus Use NOT A BUS
	Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	ALL AREAS	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING	
	What Driver Was Doing CHANGING LANES	Vehicle Factors	
Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-STEERING		
	Owner Name JOHN PHILIP HARTWIG (920) 342-0353	Owner Address S4400 CEDARBERRY LN BARABOO, WI 53913 , US	
UNIT 01	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event RUN OFF ROADWAY RIGHT		
	Event CROSS CENTERLINE		
	Event CROSS MEDIAN		
UNIT 01	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual JOHN HARTWIG	
UNIT INDIVIDUAL	Individual		
	Driver JOHN PHILIP HARTWIG (920) 342-0353	Citations Issued 2	Sex MALE
		Date of Birth	Race WHITE
	Address S4400 CEDARBERRY LN BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 01	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 SUSPECTED MINOR 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 #	

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UNIT	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					
	Violations					
	01	001	UTC Number AE139379	Issue To? 001	Statute Number 346.05(1)	Description OPERATING LEFT OF CENTER LINE
	02	01	UTC Number AE139380	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL

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 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 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 DIVIDED HWY W/O TRAFFIC BARRIER				Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT			Road Grade UPHILL	
	Truck Bus or HazMat NO								

Vehicle

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02 UNIT VEHICLE	License Plate Number ACC4421		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KNDJN2A20J7568534		Make KIA MOTORS CORPORA	Year 2018	Model SOUL
	Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
	Initial Contact Point 9--LEFT SIDE MIDDLE		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		9--LEFT SIDE MIDDLE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
02 UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
02 UNIT VEHICLE	Owner Name VANNGUARD UTILITY PARTNERS INC (608) 223-2014		Owner Address 5927 HAASE RD DEFOREST, WI 53532 , US		
	Sequence Of Events				
02 UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
02 UNIT VEHICLE	Policy Holder				
	Insurance Company TRAVELERS-COMMERCIAL-INS-CO		Organization/Company VANNGUARD UTILITY PARTNERS INC		
02 UNIT INDIVIDUAL	Individual				
	Driver ANTHONY THOMAS BART (608) 739-1000		Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
	Address 803 N 1ST ST AVOCA, WI 53506 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02 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		
02 UNIT INDIVIDUAL	Injury		Injury Severity		
	SUSPECTED MINOR INJURY		Airbag DEPLOYED-COMBINATION		

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UNIT INDIVIDUAL 02 002
Ejected: NOT EJECTED, Ejection Path: NOT EJECTED/NOT APPLICABLE, Trapped/Extricated: NOT TRAPPED
Medical Transport: EMS GROUND, EMS Agency Identifier: 6000368, EMS Run #:
Hospital: SAUK PRAIRIE HOSP, Date of Death: , Time of Death:
Distracted By Source: NOT APPLICABLE (NOT DISTRACTED)
Distracted By Action: NOT DISTRACTED
Striking Unit #: , Location:
Prior Action:
Action:
Action Other: , To/From School:
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 03
Unit Status: NON-CONTACT, Vehicle Operating As Classification: D CLASS, Unit Type: TRUCK
Vehicle Type: (SPORT) UTILITY VEHICLE, Operating As Endorsements:
Total Occs: 2, Train/Bus # Recorded: , Total # Citations Issued: 0, Total Trailers: 0, Total HazMat Types: 0
Insurance?: UNKNOWN, Direction Of Travel: NORTHBOUND, Pre Crash Tire Mark: [], Speed Limit: 55, Total Lanes: 4
Most Harmful Event: Collision With: OTHER NON-COLLISION, 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: HILLCREST
Truck Bus or HazMat: NO

Vehicle

License Plate Number: NU1322, Plate Type: AUT - AUTOMOBILE, St: WI, Country of Issuance: UNITED STATES

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UNIT VEHICLE	03	Vehicle Identification Number 1FTSW21P96EB63238	Make FORD	Year 2006	Model F250	
	03	Color BLK - BLACK	Body Style PK - PICKUP	Bus Use NOT A BUS		
	03	Initial Contact Point NON-COLLISION	Vehicle Damage			
	03	Extent Of Damage NO DAMAGE	NO DAMAGE			
	03	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR			
	03	What Driver Was Doing SLOW/STOPPING	Vehicle Factors			
	03	Driver Prior Action Other	NOT APPLICABLE			
UNIT VEHICLE	03	Driver Actions NO CONTRIBUTING ACTION				
	03	Owner Name MARK S BEARD (608) 381-0629	Owner Address S6565 US HIGHWAY 12 BARABOO, WI 53913 , US			
Sequence Of Events						
UNIT	01	Event OTHER NON-COLLISION				
UNIT	02	Event				
UNIT	03	Event				
UNIT	04	Event				
Individual						
UNIT INDIVIDUAL	03	Driver MARK S BEARD (608) 381-0629	Citations Issued 0	Sex MALE		
	03		Date of Birth	Race WHITE		
	03	Address S6565 US HIGHWAY 12 BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment		On Duty Crash	Safety Equipment			
UNIT	003	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	NONE USED - VEHICLE OCCUPANT			
UNIT	003	Helmet Use	Helmet Compliance			
UNIT	003	Eye Protection	Tint Compliance			
UNIT	003	Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE		
UNIT	003	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE		
UNIT	003	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		

WISCONSIN MOTOR VEHICLE
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UNIT	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		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 NOT OBSERVED					
		Individual					
		Passenger ANNE M BEARD (608) 381-0630		Citations Issued 0		Sex FEMALE	
		Date of Birth		Race WHITE			
		Address S6565 US HIGHWAY 12 BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Safety Equipment		On Duty Crash		Safety Equipment NONE USED - VEHICLE OCCUPANT	
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Helmet Use			
		Eye Protection		Tint Compliance			
		03	004	Injury		Injury Severity NO APPARENT INJURY	
Ejected NOT APPLICABLE				Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE	
Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By	Distracted By Source		
		Distracted By Action		
	Non Motorist	Striking Unit #	Location	
		Prior Action		
	INDIVIDUAL	Action		
		Action Other		
		To/From School		
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	03	004	Drug Test Given TEST NOT GIVEN	Drug Test Type
Drug Type				
Individual Condition NOT OBSERVED				

Witness

WITN 01	Individual MARK S BEARD (608) 381-0629	Address S6565 US HIGHWAY 12 BARABOO, WI 53913 , US	Date of Birth
	ESS		

Witness

WITN 02	Individual ANNE M BEARD (608) 381-0630	Address S6565 US HIGHWAY 12 BARABOO, WI 53913 , US	Date of Birth
	ESS		