

6TL09CGFC7

19-05626

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 19-05626	Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 05/15/2019		Crash Time 09:33 PM	Date Arrived 05/15/2019	Time Arrived 09:51 PM	
Date Notified 05/15/2019		Time Notified 09:34 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 checked="" 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

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

UNIT 1 AND UNIT 2 WERE BOTH DRIVING NORTH ON HWY 12 BETWEEN COUNTY RD BD AND I90. A UNKNOWN WAS DRIVING IN THE MIDDLE LANE AND SLOWED TO A NEAR STOP. UNIT 1 SWERVED IN TO THE LEFT LANE TO AVOID STRIKING IT. UNIT 1 STRUCK UNIT 2 WHEN IT CHANGED LANES.

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Location

Table with location details: ON USH12 WB 737 FT N OF MOON RD IN THE TOWN OF DELTON IN SAUK COUNTY. Includes Latitude (43.563312144), Longitude (-89.778223417), X Coordinate (275626.6875), Y Coordinate (4827123), and Structure Type.

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (05--SIDESWIPE/SAME DIRECTION), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLOUDY), Animal Type, Crash Classification (PUBLIC PROPERTY), and Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Type (PASSENGER CAR), Total Occs (2), Direction of Travel (NORTHBOUND), Most Harmful Event (MOTOR VEH IN TRANSPORT), and Traffic Way (DIVIDED HWY W/TRAFFIC BARRIER).

Table with vehicle details: License Plate Number (455WCJ), Vehicle Identification Number (1C4PJMCX9JD601221), Color (BLU - BLUE), and Extent of Damage (FUNCTIONAL DAMAGE).

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing CHANGING LANES		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.			
01	Owner Name BRADLEY T WOHLRAB (608) 477-2154		Owner Address 187 CLIFFSIDE DR PO BOX 700 WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual BRADLEY WOHLRAB	
UNIT INDIVIDUAL	Individual			
	Driver BRADLEY T WOHLRAB (608) 477-2154		Citations Issued 0	Sex MALE
	Address 187 CLIFFSIDE DR PO BOX 700 WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	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				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 APPEARED NORMAL						
		Individual						
		Passenger JENNIFER MARIE SULLIVAN (608) 434-3335			Citations Issued 0	Sex FEMALE		
		Address S1085 CLARA AVE # 14 WISCONSIN DELLS, WI 53965 , US			Date of Birth	Race WHITE		
		Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES			
		UNIT	INDIVIDUAL	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				
01	002			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					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
	01	002	Drug & Alcohol		
			Suspected Alcohol Use	Suspected Drug Use	
			NO	NO	
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
			TEST NOT GIVEN		
			Drug Test Given	Drug Test Type	Drug Test Results
			TEST NOT GIVEN		
Drug Type					
Individual Condition		APPEARED NORMAL			

Unit Summary

UNIT	02	Unit Status	Vehicle Operating As Classification	Unit Type		
		IN TRANSIT	D CLASS	TRUCK		
		Vehicle Type	Operating As Endorsements			
		UTILITY TRUCK/PICKUP TRUCK				
		Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
		2		0	1	0
		Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
		YES	NORTHBOUND		65	5
		Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use		
		MOTOR VEH IN TRANSPORT	NO SPECIAL FUNCTION	NOT APPLICABLE		
Traffic Way	Traffic Control	Traffic Control Inoperative/Missing				
DIVIDED HWY W/TRAFFIC BARRIER	NO CONTROL	NO				
Surface Type	Road Curvature	Road Grade				
BLACKTOP (BITUMINOUS)	STRAIGHT	DOWNHILL				
Truck Bus or HazMat	NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number	Plate Type	St	Country of Issuance
		XD76929	HTK - HEAVY TRUCK	WI	UNITED STATES
		Vehicle Identification Number	Make	Year	Model
		3C63RRGLXDG544019	RAM	2013	NO DATA FO
		Color	Body Style	Bus Use	
		SIL - SILVER (ALUMINUM)	PK - PICKUP	NOT A BUS	
		Initial Contact Point	Vehicle Damage		
1--RIGHT FRONT CORNER	1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER				
Extent Of Damage					
MINOR DAMAGE					
Towed Due To Damage	Vehicle Removed By				
NOT TOWED	OPERATOR				

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Form with sections: UNIT VEHICLE (02), Sequence Of Events (01-04), UNIT POLICY HOLDER (02), TRAILER/TOWED (02), UNIT INDIVIDUAL (02), Injury (003). Includes fields for driver actions, vehicle factors, owner information, event sequence, insurance, trailer details, individual driver info, and injury status.

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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		
02	003	Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
		Passenger ELLEN LEA RATHE (920) 659-1967			Citations Issued 0		Sex FEMALE
		Address 1935 DIVISION ST STEVENS POINT, WI 54481 , US			Date of Birth		
					Race WHITE		
		Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES		
		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					
02	004	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	

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UNIT	Distracted By		Distracted By Source		
	Distracted By Action				
	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	004	Individual Condition			
		APPEARED NORMAL			