

6TL0BGSFDG

19-06073

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 19-06073		Investigating Officer/Deputy DEPUTY B. LUBER	
Crash Date 05/25/2019		Crash Time 08:33 AM		Date Arrived 05/25/2019		Time Arrived 08:42 AM	
Date Notified 05/25/2019		Time Notified 08:34 AM		Total Units 02		Total Injured 02	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

<p>Diagram</p>	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.

U1 WAS SLOWING TO TURN ONTO CTH WC. U2 WAS NORTH ON HWY 23. OPERATOR OF U2 SAID HE WAS DISTRACTED BY MOTORCYCLES AND STRUCK U1. POSSIBLE INJURIES REPORTED BY PASSENGERS IN U1. BOTH UNITS REMOVED BY GEORGES TOWING.

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Location

ON STH23 WB 314 FT S OF CTHWC EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.216838324	Longitude -90.072199611
	X Coordinate 250464.8125	Y Coordinate 4789478
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02--FRONT TO REAR		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 INTERSECTION	Intersection Type T-INTERSECTION	

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 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade SAG(BOTTOM)		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE 01	Vehicle					
		License Plate Number ACL2765		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1G3NL12E81C225603		Make OLDSMOBILE	Year 2001	Model ALERO GL			
Color RED - RED		Body Style CP - COUPE		Bus Use NOT A BUS			
Initial Contact Point 6--REAR		Vehicle Damage					
Extent Of Damage DISABLING DAMAGE		5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER					

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By GEORGES AUTO BODY	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	01	Owner Name MINDY J MORK (608) 459-0215		Owner Address S13009 SHIFFLET RD # 98 SPRING GREEN, WI 53588 , US
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company WISCONSIN-MUTUAL-INS-CO		Individual MINDY MORK	
UNIT INDIVIDUAL	Individual			
	Driver ALYSSA M MORK		Citations Issued 1	Sex FEMALE
			Date of Birth	Race WHITE
	Address S13009 SHIFFLET RD # 98 SPRING GREEN, WI 53588 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 001	Safety Equipment		On Duty Crash	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment RESTRAINT USE UNKNOWN	
	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 UNKNOWN				

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UNIT INDIVIDUAL	01	001	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 INDIVIDUAL	01	002	Individual				
Passenger RICHARD D PATTERSON (608) 535-3610				Citations Issued 0		Sex MALE		
Date of Birth				Race WHITE				
Address E6376 CTH WC SPRING GREEN, WI 53588 , US				Driver License Number				
Safety Equipment		On Duty Crash		Safety Equipment				
Seat Position 5--SECOND SEAT-MIDDLE		RESTRAINT USE UNKNOWN						
Helmet Use		Helmet Compliance						
Eye Protection		Tint Compliance						
Injury		Injury Severity POSSIBLE 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	INDIVIDUAL	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			
		Individual			
		Passenger WILLIAM C MASON (608) 588-5238		Citations Issued 0	Sex MALE
Address 1020 PLAIN, WI 53577 , US		Date of Birth	Race WHITE		
UNIT	INDIVIDUAL	Driver License Number			
		Safety Equipment			
		On Duty Crash			
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER			
		RESTRAINT USE UNKNOWN			
		Helmet Use			
		Eye Protection			
		Tint Compliance			
		UNIT	INDIVIDUAL	Injury	
				Injury Severity POSSIBLE 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					
UNIT	INDIVIDUAL	Distracted By			
		Distracted By Source			
		Distracted By Action			
		Non Motorist			
		Striking Unit #			
		Location			

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UNIT INDIVIDUAL	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	003	01	UTC Number AE139884
			Issue To? 001	Statute Number 343.07(1g)(a)2
			Description OPERATE MOTOR VEHICLE BY PERMITTEE W/O PARENT	

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade SAG(BOTTOM)
	Truck Bus or HazMat NO				
	Vehicle				
	UNIT 02 VEHICLE	License Plate Number NZ7540		Plate Type LTK - LIGHT TRUCK	St WI
Vehicle Identification Number 1GT120E84FF633880		Make GENERAL MOTORS COR	Year 2015	Model SIERRA K25	
Color BRZ - BRONZE		Body Style PK - PICKUP		Bus Use NOT A BUS	
Initial Contact Point 12--FRONT		Vehicle Damage 12--FRONT			
Extent Of Damage DISABLING DAMAGE					

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	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
02	Owner Name JAMES JEFFREY HARWOOD (608) 290-6665		Owner Address E4603 HORSESHOE RD PO BOX/358 SPRING GREEN, WI 53588 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Event			
	Event			
	Event			
	Event			
03	Event			
	Event			
	Event			
	Event			
04	Event			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company SCHWARZ		Individual JAMES HARWOOD	
	Individual			
	Driver JAMES JEFFREY HARWOOD (608) 290-6665		Citations Issued 1	Sex MALE
01	Date of Birth		Race WHITE	
	Address E4603 HORSESHOE RD PO BOX/358 SPRING GREEN, WI 53588 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	On Duty Crash		Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		NONE USED - VEHICLE OCCUPANT	
02	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
004	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)	
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)			

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	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	Violations				
	UTC Number AE139883	Issue To? 004	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY	