

6TL09H5JQ5

19-06398

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 19-06398		Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 05/31/2019		Crash Time 05:16 PM		Date Arrived 05/31/2019		Time Arrived 05:35 PM	
Date Notified 05/31/2019		Time Notified 05:19 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 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> <p>Reconstruction By</p> <p>Photos By DEP. STEVEN MESSNER</p> <p>Additional Information PHOTOS</p>	
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON FRIDAY, MAY 31, 2019, AT APPROXIMATELY 5:16PM, UNIT 1, BEARING WISCONSIN REGISTRATION PLATE #866VDR, BEING DRIVEN BY STEPHANIE R. HOLZEM. UNIT 1 WAS WEST BOUND ON CTH P AND WAS COMING TO A STOP TO TURN INTO THE DRIVEWAY OF PET RETREAT, E9391 COUNTY HIGHWAY P. THE SPEED LIMIT OF THIS SECTION OF THE HIGHWAY WAS POSTED AT 45 MPH. UNIT 2, BEARING WISCONSIN REGISTRATION PLATE #169ZFR, WAS DRIVEN BY KAITLIN L. WALDNER. UNIT 2 WAS WEST BOUND ON CTH P WHEN IT STRIKE UNIT 2. THE DRIVER OF UNIT 2 EXPLAINED SHE LOOKED TO GET HER DRINK AND SHE DROVE INTO UNIT 1. FRONT AIRBAGS WERE DEPLOYED WITH UNIT 2. NEITHER DRIVERS WERE INJURED AND BOTH DENIED MEDICAL ASSISTANCE. BOTH VEHICLES WERE INOPERABLE AND REMOVED BY PLATTS TOWING.

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Location

ON CTHP WB 0.42 MI E OF HERWIG RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.590358848	Longitude -89.828942234
	X Coordinate 271632.71875	Y Coordinate 4830265.5
	Structure Type NO STRUCTURE	

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) 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 NO	Junction Location DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE				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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 UPHILL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE 01	Vehicle					
		License Plate Number 866VDR		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number JTMRFREY1JJ215025		Make TOYOTA	Year 2018	Model RAV4			
Color SIL - SILVER (ALUMINUM)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS			
Initial Contact Point 6--REAR		Vehicle Damage 5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER, UNDERCARRIAGE					
Extent Of Damage DISABLING DAMAGE							

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name STEPHANIE RENEE HOLZEM (608) 393-7703		Owner Address 4399 DUTCH DIAMOND WAY DEFOREST, WI 53532 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
04	Policy Holder			
	Insurance Company GEICO-GENERAL-INS-CO		Individual STEPHANIE HOLZEM	
UNIT INDIVIDUAL	Individual			
	Driver STEPHANIE RENEE HOLZEM (608) 393-7703		Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address 4399 DUTCH DIAMOND WAY DEFOREST, WI 53532 , US		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	
001	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 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 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 2	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 UPHILL		
	Truck Bus or HazMat NO						
	UNIT VEHICLE 02 02	Vehicle					
		License Plate Number 169ZFR		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1B3EL46R05N508653		Make DODGE	Year 2005	Model STRATUS SX			
Color GRY - GRAY		Body Style 4D - 4DR		Bus Use NOT A BUS			
Initial Contact Point 12--FRONT		Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT					
Extent Of Damage DISABLING DAMAGE							
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER					

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE, OTHER CONTRIBUTING ACTION		
	Owner Name TRUDY F WALDNER (608) 986-2580	Owner Address E3462 COUNTY ROAD S LA VALLE, WI 53941 , US	
UNIT 02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
UNIT 04	04	Event	
	Policy Holder		
	Insurance Company AUTO-OWNERS-INS-CO	Individual TRUDY WALDNER	
	Individual		
UNIT INDIVIDUAL	Driver KAITLIN LEIGH WALDNER (608) 986-2580	Citations Issued 2	Sex FEMALE
		Date of Birth	Race WHITE
	Address E3462 COUNTY ROAD S LA VALLE, WI 53941 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		
UNIT 02	On Duty Crash	Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
UNIT 002	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT
	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 002	Distracted By	Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)	
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)		
	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	UTC Number BD756920	Issue To? 002	Statute Number 346.89(1)
02	UTC Number BD756921	Issue To? 002	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY	