

6TL0BJ1GJ3

19-07223

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 19-07223		Investigating Officer/Deputy DEPUTY J. MACASKILL	
Crash Date 06/16/2019		Crash Time 06:50 PM		Date Arrived 06/16/2019		Time Arrived 07:35 PM	
Date Notified 06/16/2019		Time Notified 06:56 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>Unit 2</p> <p>Unit 2</p> <p>Unit 2</p> <p>Unit 1</p> <p>Unit 1</p> <p>Unit 2</p> <p>Unit 1</p> <p>Unit 2</p> <p>County Highway G</p> <p>Not Drawn to Scale</p>		<p>Reconstruction By</p> <p>Photos By</p> <p>Additional Information NONE</p>
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 6/16/19 AT APPROXIMATELY 1850, UNIT 2 WAS DRIVING SOUTHBOUND ON CTH G NAER USH 14. AS UNIT 2 WAS DRIVING SOUTHBOUND, UNIT 1 TURNED LEFT OUT OF A DRIVEWAY HEADING SOUTH ON CTH G. UNIT 1 STATED THEY DID NOT SEE UNIT 2 DRIVING WHEN THEY PULLED OUT. UNIT 2 STATED THAT AS UNIT 1 PULLED OUT IN FRONT OF THEM, THEY HAD TO SWERVE TO TRY AND MISS STRIKING UNIT 1. UNIT 2 WAS UNABLE TO AVOID UNIT 1. UNIT 2 SIDE SWIPED UNIT 1 AS IT WAS ATTEMPTING TO AVOID A COLLISION. UNIT 2 STRUCK UNIT 1 ON THE PASSENGER SIDE OF THE VEHICLE CAUSING SCRATCHES TO UNIT 1 AS WELL AS DAMAGING THE SIDE MIRROR. UNIT 2 SUSTAINED DAMAGE TO THE FRONT DRIVER SIDE TIRE DAMAGING THE RIM, WHEEL WELL, AND POSSIBLY FURTHER DAMAGE UNDER THE VEHICLE.

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Location

ON CTHG SB 303 FT S OF USH14 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.188868934	Longitude -90.073868357
	X Coordinate 250215.078125	Y Coordinate 4786377
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME 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 NON-JUNCTION	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 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	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 LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE 01	Vehicle					
		License Plate Number 731XGH		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 2LMDJ8JC8ABJ27424		Make LINCOLN	Year 2010	Model MKX AWD			
Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS			
Initial Contact Point 5--RIGHT REAR CORNER		Vehicle Damage 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER					
Extent Of Damage MINOR DAMAGE							

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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 REBECCA CHRISTY MEAD (608) 669-6379	Owner Address E3031 PHYLANE RD LONE ROCK, WI 53556 , US		
Sequence Of Events					
UNIT	INDIVIDUAL	01	Event LEFT TURN		
		02	Event MOTOR VEH IN TRANSPORT		
		03	Event		
		04	Event		
Policy Holder					
UNIT	INDIVIDUAL	Insurance Company USAA-CASUALTY-INS-CO		Individual REBECCA MEAD	
		Individual			
		Driver REBECCA CHRISTY MEAD (608) 669-6379		Citations Issued 0	Sex FEMALE
		Date of Birth		Race WHITE	
Address E3031 PHYLANE RD LONE ROCK, WI 53556 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment					
UNIT	INDIVIDUAL	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	INDIVIDUAL	Injury		Airbag	
		Injury Severity NO APPARENT INJURY		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 UNKNOWN					
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						
	Violations						
01	UTC Number AE140467		Issue To? V01	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN		

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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	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 LEVEL	
	Truck Bus or HazMat NO					

02	02	Vehicle				
		License Plate Number 863261		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GTHK23657F528777		Make GENERAL MOTORS COR	Year 2007	Model SIERRA K25
		Color GRY - GRAY		Body Style PK - PICKUP		Bus Use NOT A BUS
		Initial Contact Point 11--LEFT FRONT CORNER				

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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By GEORGES AUTO BODY	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name DYLAN JAMES PETERSON (608) 588-5531	Owner Address E3403 US HIGHWAY 14 AND 60 SPRING GREEN, WI 53588 , US	
		Sequence Of Events		
UNIT	VEHICLE	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company GEICO-CASUALTY-CO	Individual DYLAN PETERSON	
		Individual		
		Driver DYLAN JAMES PETERSON (608) 588-5531	Citations Issued 0	Sex MALE
UNIT	INDIVIDUAL	Date of Birth	Race WHITE	
		Address E3403 US HIGHWAY 14 AND 60 SPRING GREEN, WI 53588 , 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 Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
UNIT	INDIVIDUAL	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 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	
02	002	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		