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19-07370

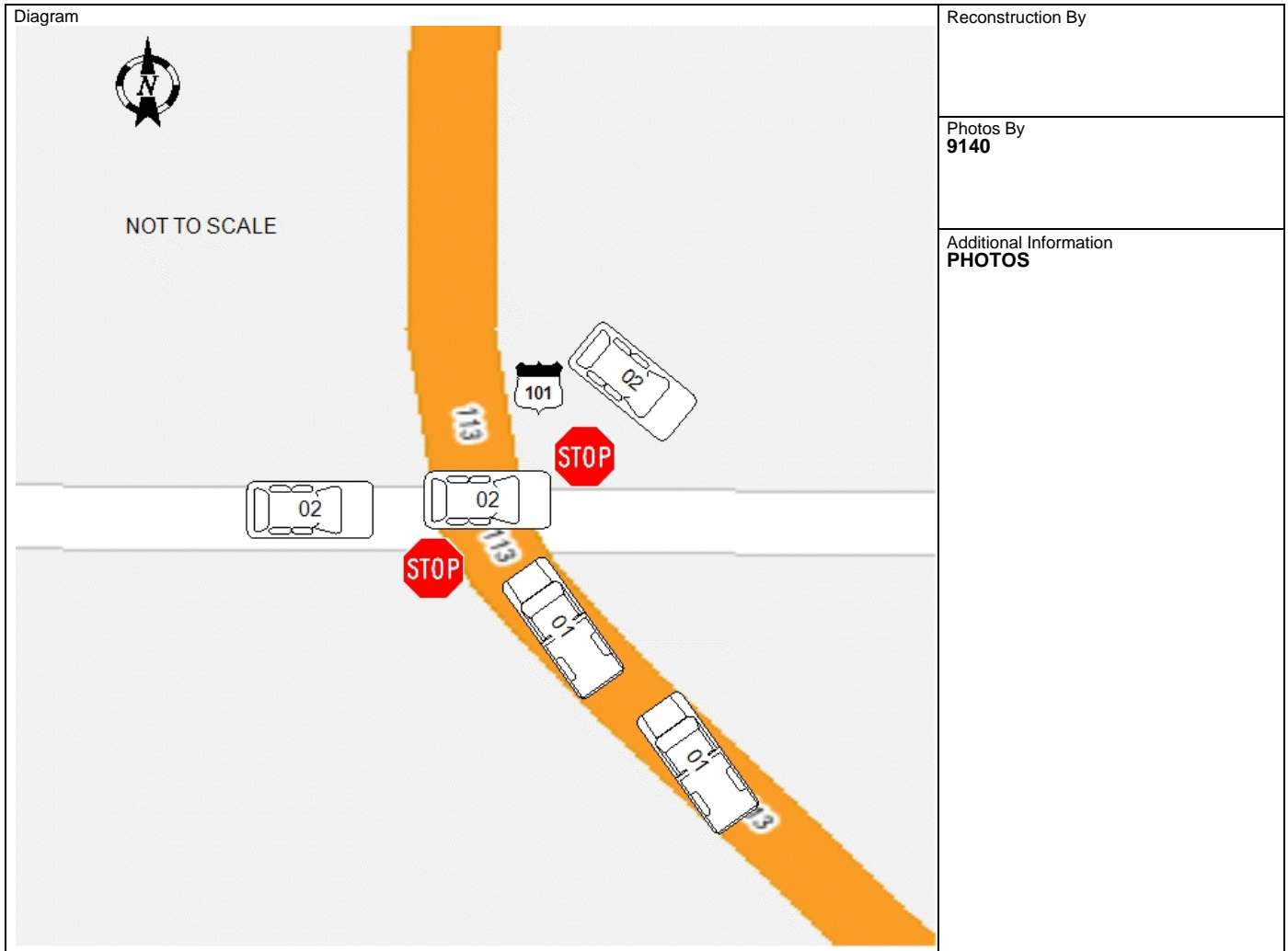
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 19-07370	Investigating Officer/Deputy DEPUTY A. SUKOWATEY	
Crash Date 06/19/2019		Crash Time 06:13 PM	Date Arrived 06/19/2019	Time Arrived 06:19 PM	
Date Notified 06/19/2019		Time Notified 06:14 PM	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



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

THE OPERATOR OF UNIT ONE WAS TRAVELING NORTH ON HWY 113 WHEN THE OPERATOR OF UNIT TWO FAILED TO YIELD THE RIGHT OF WAY OF UNIT ONE, CAUSING UNIT ONE TO STRIKE UNIT TWO. UNIT ONE CAME TO REST JUST SOUTH OF THE INTERSECTION AND UNIT TWO CAME TO REST IN THE NORTH DITCH OF HWY W AT HWY 113 AFTER STRIKING A STOP SIGN AND STATE HWY SIGN.

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Location

ON STH113 NB 38 FT N OF CTHW EB IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.452792615	Longitude -89.715078851
	X Coordinate 280325.78125	Y Coordinate 4814679.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE	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 FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	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 NORTHBOUND	<input checked="" 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 CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number XD46850	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GCJK39G61F110114	Make CHEVROLET	Year 2001	Model SILVERADO
	Color WHI - WHITE	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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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name DEAN GLEN OLSON		Owner Address N2458 COUNTY ROAD V # 103 LODI, WI 53555 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		Individual DEAN OLSON	
UNIT INDIVIDUAL	Individual			
	Driver DEAN GLEN OLSON		Citations Issued 0	Sex MALE
	Address N2458 COUNTY ROAD V # 103 LODI, WI 53555 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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				

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UNIT 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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire 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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 02 02	Vehicle					
	License Plate Number 910GZD		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3FA6P0HD3FR222897		Make FORD		Year 2015	Model FUSION
	Color GRY - GRAY		Body Style SD - SEDAN		Bus Use NOT A BUS	
	Initial Contact Point 2--RIGHT SIDE FRONT		Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER			
	Extent Of Damage DISABLING DAMAGE					
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING			

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
	Owner Name DAVID M KEECH	Owner Address 12905 HAMPSTEAD DR BROOKFIELD, WI 53005 , US	
UNIT 02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event DITCH	
	03	Event TRAFFIC SIGN POST	
	04	Event	
UNIT	Policy Holder		
	Insurance Company 1ST-AUTO-&-CASUALTY-INS-CO	Individual DAVID KEECH	
UNIT INDIVIDUAL	Individual		
	Driver AARON MALCOLM KEECH	Citations Issued 1	Sex MALE
		Date of Birth	Race WHITE
	Address 12905 HAMPSTEAD DR BROOKFIELD, WI 53005 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	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 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 NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	Location

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	002	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
02	002	Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		Passenger SARAH E EASON	Citations Issued 0	Sex FEMALE
02	003	Date of Birth		Race WHITE
		Address 3326 BRAGG DRIVE WILMINGTON, NC 28409 6978, US		Driver License Number STATE: NORTH CAROLINA COUNTRY: UNITED STATES
02	003	Safety Equipment	On Duty Crash	Safety Equipment
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT	
02	003	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
02	003	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
02	003	Medical Transport EMS GROUND	EMS Agency Identifier 6000368	EMS Run #
		Hospital ST CLARE HOSP	Date of Death	Time of Death
02	003	Distracted By	Distracted By Source	
		Distracted By Action		
02	003	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						
02	003	UTC Number AD980477		Issue To? 002	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN	
		Property Owner					
PROP OWNER	01	Government SAUK COUNTY HWY DEPT (608) 356-3855			Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US		
		Fixed Objects Struck					
01	02	Striking Unit	Struck Object		Structure Number	Damage Tag Number	
		02	TRAFFIC SIGN POST			337763	
02	02	Striking Unit	Struck Object		Structure Number	Damage Tag Number	
		02	TRAFFIC SIGN POST			337764	