

6TL09T1TNF
19-08180

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL09T1TNF

Document Number Override		Primary Crash Document #	Agency Crash Number 19-08180	Investigating Officer/Deputy DEPUTY C. GALLAGHER	
Crash Date 07/05/2019		Crash Time 01:01 PM	Date Arrived 07/05/2019	Time Arrived 01:09 PM	
Date Notified 07/05/2019		Time Notified 01:06 PM	Total Units 02	Total Injured 01	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</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.

UNIT 1 CAME TO A COMPLETE STOP AT A RED STOP LIGHT. UNIT 2 COLLIDED WITH THE REAR BUMPER OF UNIT 1.

Location

ON USH12 NB 1050 FT N OF MOON RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.564170338	Longitude -89.778260615
	X Coordinate 275626.875	Y Coordinate 4827218.5
	Structure Type NO STRUCTURE	

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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 FULL CONTROL	Special Study
Within Interchange Area YES	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 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 4	
	Most Harmful Event: Collision With JACKKNIFE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number R354722		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 4T1BF1FK1CU196187		Make TOYOTA	Year 2012	Model CAMRY
	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 6--REAR		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		6--REAR		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors		
Driver Prior Action Other		NOT APPLICABLE			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
		Owner Name MICHAEL T HOSMER (708) 323-0640	Owner Address 872 WHITE OAK LN UNIVERSITY PARK, IL 60484 , US		
01	01	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual MICHAEL HOSMER			
UNIT	Individual				
	Driver LINDA K BATTLE (708) 362-8934	Citations Issued 0	Sex FEMALE		
	Address 6017 W FORD CT MONEE, IL 60449 , US	Date of Birth	Race BLACK		
	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES				
01	001	Safety Equipment			
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		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	
		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		
Prior Action					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL	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 MICHAEL T HOSMER (708) 323-0640	Citations Issued 0	Sex MALE
	Address 872 WHITE OAK LN UNIVERSITY PARK, IL 60484 , US	Date of Birth	Race WHITE
Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		
	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		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location
	Prior Action		

WISCONSIN MOTOR VEHICLE
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UNIT INDIVIDUAL	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 JORDYN M HOSMER (708) 362-8934	Citations Issued 0	Sex FEMALE
	Address 6017 W FORD CT MONEE, IL 60449 , US		Date of Birth BLACK
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 6--SECOND SEAT-RIGHT SIDE	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	
	Distracted By Action		
Non Motorist	Striking Unit #	Location	
Prior Action			

UNIT INDIVIDUAL	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 MICHAEL J HOSMER (708) 362-8934	Citations Issued 0	Sex MALE
	Address 6017 W FORD CT MONEE, IL 60449 , US		Date of Birth BLACK
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	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	
	Distracted By Action		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	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					
		01	004				

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 1		Total Trailers 0		Total HazMat Types 0			
		Insurance? YES		Direction Of Travel NORTHBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 45		Total Lanes 4			
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER				Traffic Control TRAFFIC SIGNAL				Traffic Control Inoperative/Missing NO			
		Surface Type CONCRETE				Road Curvature STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat NO											

UNIT	VEHICLE	Vehicle								
		License Plate Number 99251D			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 1G1PC5SB5F7280170			Make CHEVROLET		Year 2015	Model CRUZE LT		
		Color GRN - GREEN			Body Style 4D - 4DR			Bus Use NOT A BUS		
		Initial Contact Point 12--FRONT			Vehicle Damage					
		Extent Of Damage FUNCTIONAL DAMAGE			12--FRONT					
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR					
		What Driver Was Doing GOING STRAIGHT			Vehicle Factors					
		Driver Prior Action Other			NOT APPLICABLE					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions FOLLOWING TOO CLOSE	
		Owner Name GARY DEAN GATREL (608) 758-9607	Owner Address 109 FALLING CREEK CIR JANESVILLE, WI 53548 , US
02	02	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	INDIVIDUAL	Policy Holder	
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual GARY GATREL
UNIT	INDIVIDUAL	Driver GARY DEAN GATREL (608) 758-9607	Citations Issued 1
			Sex MALE
		Date of Birth	Race WHITE
		Address 109 FALLING CREEK CIR JANESVILLE, WI 53548 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02	005	Safety Equipment	On Duty Crash
			Safety Equipment SHOULDER & LAP BELT
		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
		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
		Non Motorist	Striking Unit #
			Location
		Prior Action	

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	02	005	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			
	01	Violations				
		UTC Number AE756543	Issue To? 005	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY	