

6TL09H5JQB

19-08402

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 19-08402	Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 07/09/2019		Crash Time 12:25 PM	Date Arrived 07/09/2019	Time Arrived 12:35 PM	
Date Notified 07/09/2019		Time Notified 12:27 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

Diagram		Reconstruction By
		Photos By DEP. S. MESSNER
		Additional Information PHOTOS
<p>Westbound Lanes</p> <p>Eastbound Lanes</p>		Intersection of W. Pine/Linn Street

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

UNIT 1, BEARING WISCONSIN REGISTRATION PLATE #ABE6847, BEING DRIVEN BY JENNIFER L. LUCE, TURNED FROM BEING NORTHBOUND ON W. PINE STREET TO WESTBOUND ONTO LINN STREET, VILLAGE OF WEST BARABOO, SAUK COUNTY, WI. UNIT 1 ACTIVATED RIGHT TURN SIGNAL, SLOWED DOWN TO TURN INTO THE ENTRANCE OF WALGREENS, 603 W. PINE STREET. UNIT 2, BEARING IOWA REGISTRATION PLATE #DQA212, BEING DRIVEN BY NATHAN A. WHITE, WAS FOLLOWING UNIT 1 FROM W. PINE STREET ONTO LINN STREET. ONCE UNIT 1 SLOWED DOWN, UNIT 2 STRUCK UNIT 1. UNIT 2'S DRIVER, NATHAN, ADMITTED TO TALKING ON THE PHONE DURING THE TIME OF THE ACCIDENT. OPERATIONAL DAMAGE OCCURRED TO THE REAR AND BOTH REAR CORNER PANELS OF UNIT 1. UNIT 2 RECEIVED DISABLING DAMAGE TO THE FRONT. NO INJURIES WERE SUSTAINED BY EITHER OPERATOR. BOTH UNITS WERE PHOTOGRAPHED. UNIT 1 WAS REMOVED BY OPERATOR. UNIT 2, AFTER RECEIVING PERMISSION BY WALGREENS STORE MANAGER, WAS PARKED IN A LEGAL PARKING STALL UNTIL IT WAS LATER REMOVED BY OWNERS. OPERATOR OF UNIT 2, NATHAN WAS CITED FOR INATTENTIVE DRIVING WHICH CAUSED THE ACCIDENT AND WAS RELEASED FROM THE SCENE.

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Location

ON STH33 WB 97 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.47479341	Longitude -89.769197406
	X Coordinate 276028.21875	Y Coordinate 4817267.5
	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) 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 DRIVEWAY ACCESS	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 Crash <input type="checkbox"/> Tire Mark	Speed Limit 35	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/TRAFFIC BARRIER		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	Vehicle					
	License Plate Number ABE6847		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1C4PJM CB1JD617529		Make JEEP	Year 2018	Model CHEROKEE	
	Color RED - RED		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	
	Initial Contact Point 6--REAR		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			

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UNIT	VEHICLE	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
01	01	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name DONALD C LUCE JR (608) 790-7274	Owner Address 575 DEWITT ST SPARTA, WI 54656 , US	
Sequence Of Events				
UNIT	VEHICLE	01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
		04	Event	
Policy Holder				
UNIT	INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual JENNIFER LUCE	
		Individual		
UNIT	INDIVIDUAL	Driver JENNIFER LYNN LUCE (608) 790-7274	Citations Issued 0	Sex FEMALE
		Date of Birth		Race WHITE
01	001	Address 575 DEWITT ST SPARTA, WI 54656 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
		Safety Equipment		
01	001	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	
01	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				
Non Motorist		Striking Unit #	Location	
Prior Action				

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	001	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 (SPORT) UTILITY VEHICLE				Operating As Endorsements		
UNIT	02	Total Occs 1	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 35	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/TRAFFIC BARRIER			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	VEHICLE	Vehicle				
		License Plate Number DQA212		Plate Type AUT - AUTOMOBILE	St IA	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GNDT13W62K135030		Make CHEVROLET	Year 2002	Model TRAIL BLAZ
		Color GRY - GRAY		Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT		Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE		12--FRONT		
		Towed Due To Damage NOT TOWED		Vehicle Removed By		
		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, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
		Owner Name MICHAEL T DRISCOLL	Owner Address 25935 KEARNEY RD CASCADE, IA 52033 , US	
02	02	Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ALLSTATE-PROPERTY-&-CASUALTY-INS-CO	Individual MICHAEL DRISCOLL		
UNIT	Individual			
	INDIVIDUAL	Driver NATHAN A WHITE (563) 580-1266	Citations Issued 1	Sex MALE
			Date of Birth	Race WHITE
		Address 790 UNIVERSITY AVE DUBUQUE, IA 52001 , US	Driver License Number STATE: IOWA COUNTRY: UNITED STATES	
02	002	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 HAND-HELD MOBILE PHONE		
Distracted By Action TALKING/LISTENING				
Non Motorist		Striking Unit #	Location	
Prior Action				

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
02	002	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	001	Violations			
		UTC Number BD756989	Issue To? 002	Statute Number 346.89(1)	Description INATTENTIVE DRIVING