

6TL097RB3M

19-08526

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 19-08526	Investigating Officer/Deputy DEPUTY L. GJORGJIEV	
Crash Date 07/11/2019		Crash Time 09:55 PM	Date Arrived 07/11/2019	Time Arrived 09:58 PM	
Date Notified 07/11/2019		Time Notified 09:56 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

Diagram <p>not to scale</p> <p>Lynn St</p> <p>W mulberry st</p>	Reconstruction By
	Photos By 9188
	Additional Information PHOTOS

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

UNIT 2 WAS STOPPED AT THE STOP SIGN AT W MULBERRY ST AND LYNN ST. UNIT 1 WAS DRIVING WEST ON LYNN ST. UNIT 1 WAS TURNING LEFT ONTO W MULBERRY ST WHEN IT STRUCK UNIT 2. THE DRIVER OF UNIT 1 STATED HE DID NOT SEE UNIT 1 STOPPED AT THE STOP SIGN PRIOR TO TURNING LEFT. THE DRIVER OF UNIT 1 STATED HE BELIEVES UNIT 2 DID NOT HAVE ITS HEADLIGHTS ON WHICH IS WHY HE WAS NOT ABLE TO SEE IT. THE DRIVER OF UNIT 2 STATED SHE WAS STOPPED AT THE STOP SIGN AND WAS WAITING TO TURN ONTO LYNN ST WHEN UNIT 1 STRUCK HER AS IT WAS TURNING ONTO W MULBERRY ST. THE DRIVER OF UNIT 2 STATED SHE HAD HER HEADLIGHTS ON AT ALL TIMES. BOTH DRIVERS STATED THEY WERE NOT INJURED. UNIT 2 WAS TOWED DUE TO DISABLING DAMAGE. UNIT 1 WAS DRIVEABLE WITH MINOR DAMAGE AND WAS REMOVED BY THE OPERATOR.

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Location

ON MULBERRY ST 52 FT S OF LINN ST/ STH33 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474657015	Longitude -89.767046166
	X Coordinate 276201.71875	Y Coordinate 4817246.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03--FRONT TO FRONT		Light Condition DARK/LIGHTED	
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 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 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	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 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 01 VEHICLE	Vehicle					
		License Plate Number ADZ3368		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1C4RJFJGXE214003		Make JEEP	Year 2014	Model GRAND CHER			
Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS			
Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage 11--LEFT FRONT CORNER					
Extent Of Damage FUNCTIONAL DAMAGE							
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					

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UNIT VEHICLE	What Driver Was Doing LEFT TURN	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE		
	Owner Name JOSEPH JOHN BOOS (608) 513-8733	Owner Address PO BOX 26 REEDSBURG, WI 53959 , US	
UNIT 01	Sequence Of Events		
	Event LEFT TURN		
	Event MOTOR VEH IN TRANSPORT		
	Event		
UNIT 01	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual JOSEPH BOOS	
	Individual		
	Driver JOSEPH JOHN BOOS (608) 513-8733	Citations Issued 0	Sex MALE
UNIT INDIVIDUAL		Date of Birth	Race WHITE
	Address PO BOX 26 REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
UNIT 01	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
UNIT 001	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		
UNIT 01	Non Motorist	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action	
		Action Other	
01	001	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			
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	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	Vehicle			
		License Plate Number 476BFR	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2FMDK3KC9DBB09965	Make FORD	Year 2013	Model EDGE LIMIT
		Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
		Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	11--LEFT FRONT CORNER, 12--FRONT		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING		
		What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors		
Driver Prior Action Other	NOT APPLICABLE				

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UNIT	VEHICLE	Driver Actions UNKNOWN		
		Owner Name KURT ALLEN LEIS (608) 586-5680	Owner Address 501 FREEDOM LN WISCONSIN DELLS, WI 53965 , US	
02	02	Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual MONICA DOROW LEIS		
UNIT	Individual			
	INDIVIDUAL	Driver MONICA L DOROW LEIS (608) 963-3971	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
		Address 501 FREEDOM LN WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN 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 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	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			