

6TL09JDKXG
19-08673

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 19-08673	Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 07/14/2019		Crash Time 01:45 PM	Date Arrived 07/14/2019	Time Arrived 02:12 PM	
Date Notified 07/14/2019		Time Notified 01:46 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

Diagram		Reconstruction By
		Photos By
		Additional Information NONE

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

UNIT 2 WAS TRAVELING E/B ON USH 14 AND JUST STARTING TO MAKE A LEFT TURN INTO RIVER VALLEY MOBIL ENTRANCE. UNIT 1 WAS TRAVELING E/B ON USH 14. OPERATOR OF UNIT 2 DID NOT SEE UNIT 1 AND ATTEMPTED TO AVOID A REAR END COLLISION BY OVERTAKING UNIT 2 ON THE LEFT. UNIT 1 CROSSED OVER THE CENTER OF THE ROADWAY AND SIDE SWIPED UNIT 2. AFTER IMPACT BOTH UNITS PULLED INTO THE RIVER VALLEY MOBIL PARKING LOT.

Location

ON USH14 EB 507 FT E OF STH60 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.188509045	Longitude -90.068221929
	X Coordinate 250672.46875	Y Coordinate 4786320
	Structure Type	

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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) 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 DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION	

Unit Summary

01 UNIT	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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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					

Vehicle

01 UNIT VEHICLE	License Plate Number 464ZWP		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1GNEL19W7WB129822		Make CHEVROLET	Year 1998	Model ASTRO	
	Color BLU - BLUE		Body Style VN - VAN		Bus Use NOT A BUS	
	Initial Contact Point 5--RIGHT REAR CORNER		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		1--RIGHT FRONT CORNER			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			

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UNIT	VEHICLE	Driver Actions FAILURE TO CONTROL, WRONG SIDE OR WRONG WAY, FAILED TO KEEP IN DESIGNATED LANE		
		Owner Name JOSEPH A KELLER (608) 513-2215	Owner Address 940 US HIGHWAY 51 STOUGHTON, WI 53589 , US	
UNIT	01	Sequence Of Events		
		01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
UNIT	04	Policy Holder		
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual JOSEPH KELLER	
UNIT	INDIVIDUAL	Individual		
		Driver JOSEPH A KELLER (608) 513-2215	Citations Issued 1	
		Date of Birth	Sex MALE	
		Address 940 US HIGHWAY 51 STOUGHTON, WI 53589 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	001	Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance	
		Helmet Use	Tint Compliance	
		Eye Protection	Airbag NON DEPLOYED	
		Injury	Injury Severity NO APPARENT INJURY	
UNIT	001	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 ROBERT J FREEMAN (000) 000-0000 EXT. 00000	Citations Issued 0	Sex MALE
	Address 1000 BLAINE ST EDGERTON, WI 53534 , US	Date of Birth	
	Race WHITE		
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	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			

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	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	Violations				
		UTC Number AD977937	Issue To? 001	Statute Number 346.05(1)	Description OPERATING LEFT OF CENTER LINE	

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 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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				

Vehicle

UNIT	02	VEHICLE	License Plate Number MV2251	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 1D4GP25323B178982	Make DODGE	Year 2003	Model CARAVAN
			Color MAR - MAROON (BURGUNDY)	Body Style VN - VAN		Bus Use NOT A BUS
			Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage		
			Extent Of Damage DISABLING DAMAGE	11--LEFT FRONT CORNER		
			Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
			What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors		
			Driver Prior Action Other	NOT APPLICABLE		

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UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
		Owner Name WHEEL CITY MOTORS INC (608) 524-1300	Owner Address 548 S ALBERT AVE REEDSBURG, WI 53959 , US
02	02	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	INDIVIDUAL	Individual	
		Driver MAGDALINE MAE BERNING (608) 415-7930	Citations Issued 0
		Date of Birth	Sex FEMALE
		Race WHITE	
		Address 505 MODERN AVE REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT	003	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 SUSPECTED MINOR INJURY
		Airbag	NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
		Hospital	EMS Run #
		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	
		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 THOMAS G MITTLESTEADT (608) 495-4943	Citations Issued 0	Sex MALE	
		Address 125 W MAIN ST REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	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		
	Individual		
	Passenger JENNA LYNN MEIXELSPERGER (608) 588-5096	Citations Issued 0	Sex FEMALE
	Address S10659 STATE ROAD 23 SPRING GREEN, WI 53588 , US		Date of Birth WHITE
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 6--SECOND SEAT-RIGHT SIDE		
	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		
	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			