19-08673

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #	Agency Crash Nu 19-08673	mber	Investigating Off DEPUTY B. S		
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 Killer	1
On Emergency	and Run	ire 🗌 Woi	k Zone	Trailer or	Towed	Reporting
Government Property	Active School Zone	School Bus Relate	ed	Tags		L
Reportable	Crash Type DT4000 (STANDARD CRASH)		Amended		Secondary Crash
Description				Re	construction	Bv
	USH 14			Ad	otos By ditional Infor DNE	mation
PR	IVATE DRIVE ACCESS					
		DRAWING	ONOT TO SCA	ALE.		
UNIT 2 WAS TRAVELING E/B ON TRAVELING E/B ON USH 14. OP	nt officer, agree that I have no USH 14 AND JUST STARTING TO ERATOR OF UNIT 2 DID NOT SEE O OVER THE CENTER OF THE RO, LOT.	MAKE A LEFT TUI UNIT 1 AND ATTE	RN INTO RIVER V MPTED TO AVOI	ALLEY MOBIL E	COLLISION	BY OVERTAKING UNIT 2
ON USH14 EB 507 FT E OF STH60 EB IN THE TOWN OF SPRING GI IN SAUK COUNTY	REEN		Latitude 43.188509045 X Coordinate 250672.46875 Structure Type		Longitud -90.068 Y Coord 478632	221929 linate
unsin Motor Vahicle Crash	This sense the	oes not include any			Creek Det	e 07/14/2019

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Crash Scene

]						First Harmful Event Location				
	MO	FOR VEH IN TRANSP	ORT			ON ROADWAY				
	Manı	ner of Collision				Light Condition				
	05	SIDESWIPE/SAME DI	RECTION			DAYLIG	ΗT			
	Road Surface Condition(s)					Roadway	Factor(s)			
	DR۱	,								
	Envi	conment Factor(s)								
	NOM	1E				NONE				
	Wea	ther Condition(s)								
	CLE	AR								
	Anim	al Type				Relation T		-		
	Cras	h Classification - Location	l					Jurisdiction		
	PUE	LIC PROPERTY				NO SPE	CIAL JUF	RISDICTION		
	Triba	I Land				Access Control Special Study			Special Study	
	10/241-		lunation la satism		late as a stic	NO CON	TROL			
	NO	n Interchange Area	Junction Location DRIVEWAY ACCESS-RE		Intersectio	INTERSE	CTION			
	_	Summary								
		Status		Vehicle Ope	erating As C	lassification		Unit Type		
	IN T	RANSIT		D CLASS				AUTOMO	BILE	
-	Vehi	Vehicle Type						Operating A	s Endorser	nents
9	PASSENGER CAR									
	Total Occs Train/Bus # Recorded			Total # Cita	ations Issued		Total Trailers		Total HazMat Types	
	2			1			0		0	
_	Insurance? Direction Of Travel			Pre	CrashTire	Speed Lin 45		mit	Total Lane	es
UNIT	YES	Harmful Event: Collision	EASTBOUND		Special Function		45		2 Emergency Motor Vehicle Use	
5		FOR VEH IN TRANSP		NO SPECIAL FUNCTI			NOT APPLICABLE			
		ic Way		Traffic Control NO CONTROL Road Curvature CURVE RIGHT		NO		Traffic Control Inoperative/Missing		ive/Missing
		D-WAY, NOT DIVIDED								
								Road Grade		
		CKTOP (BITUMINOU	5)					LEVEL		
	NO	K DUS OF HAZIVIAL								
	١	Vehicle								
		License Plate Number		Plate Type	9		St	Country of Is	suance	
		464ZWP		AUT - AL	JTOMOBIL	.E	WI	UNITED ST	TATES	
2	~	Vehicle Identification Nu		Make			Year	Model		
0	6	1GNEL19W7WB1298	322	CHEVRO			1998	ASTRO		
		Color BLU - BLUE		Body Style VN - VAN				Bus Use NOT A BU	S	
	ш	Initial Contact Point		Vehicle Da						
⊑∣	С	5RIGHT REAR CO	RNER							
UNIT	5RIGHT REAR CORNER Extent Of Damage DISABLING DAMAGE				T FRONT C	ORNER				
	Towed Due To Damage Vehicle Remo									
		NOT TOWED		OWNER						
		What Driver Was Doing		Vehicle Fa	actors					
		GOING STRAIGHT Driver Prior Action Other			PLICABLE					
		Envert not Action Other								

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		Driver Actions									
	ш	FAILURE TO CONTROL	., WRONG SIDE OR WRON	G WAY, FAILED TO KEEP IN DESIGI	NATED LANE						
- L	VEHICLE										
UNIT	C										
Z	Ŧ										
–	Ξ										
	>										
		Owner Niemer		Oursean Astronom							
		Owner Name		Owner Address							
		JOSEPH A KELLER		940 US HIGHWAY 51							
2	5	(608) 513-2215		STOUGHTON, WI 53589, US							
<u> </u>	•	. ,									
		Sequence Of Events	S								
		Event									
	5	MOTOR VEH IN TRANS	PORT								
	0										
		Event									
	02										
	0										
		Event									
	03										
	0										
		Event									
	64										
	0										
		Deliev Helder									
LINU		Policy Holder									
Ξ		Insurance Company		Individual							
5		PROGRESSIVE-CASUA	TV INC CO	JOSEPH KELLER							
_		PROGRESSIVE-CASUA		JUSEPH KELLER							
		Individual									
		Driver		Citations Issued	Sex						
		JOSEPH A KELLER		1	MALE						
		(608) 513-2215									
		(000) 0100		Date of Birth	Race						
<u>н</u>	ก				WHITE						
	NDIVIDUAL	A -1 -1		Deiven Lissen an Number							
5	\leq	Address		Driver License Number							
-	9	940 US HIGHWAY 51									
	4	STOUGHTON, WI 53589	9,US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Du	uty Crash	Safety Equipment							
	Sat	fety Equipment		earety Equipment							
	Uu,	oty Equipmon									
		Seat Position		SHOULDER & LAP BELT							
			SIDE (DRIVER/MOTORCY								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
			•								
3	001	injury	Severity	Airbag							
0	ō	injury _{NO} A	PPARENT INJURY	NON DEPLOYED							
		Ejected	Ejection Path		Trapped/Extricated						
			,								
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE	NOT TRAPPED						
		Medical Transport		EMS Agency Identifier	EMS Run #						
		NOT TRANSPORTED									
		Hospital		Date of Death	Time of Death						
		Distracted By Source									
		Distracted By NOT APPLICABLE (NOT DISTRACTED)									
		Distracted By Action									
		NOT DISTRACTED									
		Strikir	ng Unit # Location								
		Non Motorist	I								
		Prior Action									

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UNIT	INDIVIDUAL	Action						
		Action Other					To/From School	
	l	Suspect	ed Alcohol Use	Suspected Drug Use				
	Ľ	Drug & Alcohol No		NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	9		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
5	001	Drug Type	I		I			
		Individual Condition						
		APPEARED NORMAL						
	i	ndividual						
		Passenger ROBERT J FREEMAN		Citations Issued		Sex MALE		
	IAL	(000) 000-0000 EXT. 0000	0	0 Date of Birth		Race		
╘│	חםו					WHITE		
UNIT	INDIVIDUAL	Address 1000 BLAINE ST EDGERTON, WI 53534 , U	JS	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	0-4	On Duty	Crash	Safety Equipment				
	Sat	Seat Position						
		3FRONT SEAT-RIGHT S	IDE (TRAIN ENGINEER	SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
~	002	Injury Se	everity	Airbag				
2	8	Injury NO AP	PARENT INJURY	NON DEPLOYED		Tropped/Extrineted		
			Ejection Path NOT EJECTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport		EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED Hospital		Date of Death		Time of Death		
		Distracted By	ed By Source					
		Distracted By Action						
		Non Motorist	Unit # Location					
		Prior Action						

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UNIT	INDIVIDUAL	Action										
		Action Other										To/From School
	L	Drug & Alcohol	Susp NO	pected Alcohol U	lse		Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug Test Results				
6	002	Drug Type										
Individual Condition APPEARED NORMAL												
	i	Violations										
	01	UTC Number AD977937	lssu 001		tute Number 5 .05(1)		Description OPERATING LEFT O	F CE	NTER LINE	-		
		t Summary				/-1						
		Status RANSIT					hicle Operating As Classif CLASS	ication		Unit Type AUTOMOI	BILE	
02		cle Type SENGER CAR			I					Operating As Endorsements		
_	Tota	al Occs Train/Bus # Record			-	orded Total # Citations Issued 0			Total Traile	ers	s Total HazMat Types 0	
		rance?	nce? Direction Of Tra		avel		Pre CrashTire		0 Speed Lim	nit Total Lanes		S
UNIT		KNOWN t Harmful Event: Collisio	on Wi	EASTBOUNE ith		Spe	ecial Function		45	Emergency	2 Motor Vehic	le Use
D	MO	TOR VEH IN TRANS					D SPECIAL FUNCTION	N		NOT APPI	ICABLE	
		ic Way D-WAY, NOT DIVIDI	ED				affic Control CONTROL			Traffic Conti NO	ol Inoperativ	ve/Missing
		ace Type ACKTOP (BITUMINC		<u> </u>			ad Curvature JRVE RIGHT			Road Grade	•	
	Truc	k Bus or HazMat	/03)	/								
	NO	Vehicle										
		License Plate Number	r				ate Type			Country of Is		
		MV2251 Vehicle Identification N	Numt	ber			UT - AUTOMOBILE ake			UNITED ST Model	TATES	
02	02	1D4GP25323B178					ODGE		2003	CARAVAN		
		Color MAR - MAROON (I	BUR	GUNDY)			ody Style N - VAN			Bus Use NOT A BUS		
Е	CLE	Initial Contact Point 11LEFT FRONT (COR	NER		Ve	ehicle Damage					
UNIT	VEHICL	Extent Of Damage				11	1LEFT FRONT CORI	NER				
	-	Towed Due To Damag	је				ehicle Removed By PERATOR					
		What Driver Was Doin	-				ehicle Factors					
		STOP IN TRAFFIC Driver Prior Action Oth				N	OT APPLICABLE					

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ᄂ	ιLE	Driver Actions NO CONTRIBUTING ACT	ĨON					
UNIT	VEHICL							
	-	Owner Name		Owner Address				
02	02	WHEEL CITY MOTORS IN (608) 524-1300	NC	548 S ALBERT AVE REEDSBURG, WI 53959 , US				
		Sequence Of Events						
	01	Event MOTOR VEH IN TRANSP						
	02	Event						
	03	Event						
	04	Event						
	I	Individual						
		Driver MAGDALINE MAE BERN		Citations Issued	Sex			
	AL	(608) 415-7930	ING	0 Date of Birth	FEMALE Race			
н	DU	1		Date of Dirtit	WHITE			
	INDIVIDUAL	Address		Driver License Number				
	INI	505 MODERN AVE REEDSBURG, WI 53959	, US	STATE: WISCONSIN COUNTRY: UNITED STATES				
	Saf	fety Equipment	y Crash	Safety Equipment				
		Seat Position		SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY					
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
02	003	Injury S Injury SUSPE	-	Airbag				
	0	Ejected	ECTED MINOR INJURY Ejection Path	NON DEPLOYED	Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPL	LICABLE	NOT TRAPPED			
		Medical Transport NOT TRANSPORTED	1	EMS Agency Identifier	EMS Run #			
		Hospital		Date of Death	Time of Death			
		Distracted By NOT #	ted By Source	L CTED)				
		Distracted By Action NOT DISTRACTED						
		Non Motorist	Unit # Location					
		Prior Action						

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UNIT	INDIVIDUAL	Action						
	·	Action Other					To/From School	
		Suspecte Drug & Alcohol NO	ed Alcohol Use	Suspected Drug Use				
	[Alcohol Test Given	Alcohol Test Type	-		Alcohol Test Results		
		TEST NOT GIVEN	Drug Test Type					
		Drug Test Given TEST NOT GIVEN	Diug rest type		Drug Test Results			
03	003	Drug Type						
	·	Individual Condition						
		APPEARED NORMAL						
	I	ndividual		F a b b b b b b b b b b				
	_	Passenger THOMAS G MITTLESTEA	DT	Citations Issued		Sex MALE		
_	INUC	(608) 495-4943		Date of Birth		Race WHITE		
UNIT	INDIVIDUAL	Address 125 W MAIN ST REEDSBURG, WI 53959,	US	Driver License Number	I COUNTRY: UN	ITED STATES		
	Saf	On Duty	Crash	Safety Equipment				
	[Seat Position		SHOULDER & LAP	BELT			
		3FRONT SEAT-RIGHT S Helmet Use	IDE (TRAIN ENGINEER	Helmet Compliance				
		Eye Protection		Tint Compliance				
03	004	Injury Se	verity PARENT INJURY	Airbag NON DEPLOYED				
	Ū	Ejected	Ejection Path			Trapped/Extricated		
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPI	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #		
		NOT TRANSPORTED		LING Agency Identifier				
		Hospital		Date of Death		Time of Death		
	l	Distracted By	d By Source	•				
		Distracted By Action						
		Non Motorist	Unit # Location					
		Prior Action						

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UNIT	INDIVIDUAL	Action								
		Action Other							To/From School	
			Suspec	ted Alcohol L	Jse	Suspected Drug Use				
	L	Drug & Alcohol Alcohol Test Given	NO			NO		Alcohol Test Results		
		TEST NOT GIVEN			Alcohol Test Type	9		Alconol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
02	004	Drug Type								
		Individual Condition								
			IAL							
	i	ndividual								
		Passenger JENNA LYNN MEIXELSPERGER (608) 588-5096			Citations Issued		Sex FEMALE			
	JAL				Date of Birth		Race			
	VIDI	Address			Driver License Number		WHITE			
5	INDIVIDUAL	Address S10659 STATE ROAD 23 SPRING GREEN, WI 53588 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Saf	ety Equipment	On Duty	/ Crash		Safety Equipment				
		Seat Position				SHOULDER & LAP	BELT			
		6SECOND SEAT	-RIGHT	SIDE		Helmet Compliance				
		Eye Protection				Tint Compliance				
02	005	Injury	Injury S NO AP	everity PPARENT I	NJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED		Ejection Pa				Trapped/Extricated NOT TRAPPED		
		Medical Transport				EMS Agency Identifier		EMS Run #		
		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death		
			Distant							
		Distracted By	Distract	ed By Sourc	e					
		Distracted By Action								
		Non Motorist	Striking	Unit #	Location					
		Prior Action								

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UNIT	INDIVIDUAL	Action					
	I	Action Other Suspected Alcohol NO	Use	Suspected Drug Use			To/From School
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	005	Drug Type					
		Individual Condition APPEARED NORMAL					