

6TL09JDKXJ

19-09263

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 19-09263	Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 07/26/2019		Crash Time 03:40 PM	Date Arrived 07/31/2019	Time Arrived 06:32 AM	
Date Notified 07/26/2019		Time Notified 03:42 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>DRAWING NOT TO SCALE</p>	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 1 WAS TRAVELING S/B ON STH 136 AND WAS ATTEMPTING TO MAKE A RIGHT TURN ON A RED TRAFFIC SIGNAL ONTO STH 33. UNIT 2 WAS TRAVELING N/B ON STH 136 MAKING A LEFT TURN ONTO STH 33 ON A GREEN LEFT TURN ARROW. OPERATOR OF UNIT 1 FAILED TO YIELD THE RIGHT AWAY TO UNIT 2. UNIT 1 STRUCK UNIT 2 AT AN ANGLE. AFTER IMPACT BOTH UNITS PULLED INTO THE WALGREENS PARKING LOT.

Location

ON STH33 WB 43 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474793548	Longitude -89.768994534
	X Coordinate 276044.625	Y Coordinate 4817267
	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 08--FRONT TO SIDE		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 INTERSECTION-RELATED	Intersection Type FOUR-WAY 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 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 DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		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 266XXU		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2FMDK3JC0DBA43646		Make FORD	Year 2013	Model EDGE SEL
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 10--LEFT SIDE FRONT		Vehicle Damage 10--LEFT SIDE FRONT		
	Extent Of Damage FUNCTIONAL DAMAGE				
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing RIGHT TURN		Vehicle Factors		
Driver Prior Action Other		NOT APPLICABLE			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY	
		Owner Name DEBORAH K LAYMON (608) 393-3458	Owner Address E10634 SHADY LANE RD BARABOO, WI 53913 , US
01	01	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	INDIVIDUAL	Policy Holder	
		Insurance Company AMERIPRISE INSURANCE	Individual DEBORAH LAYMON
UNIT	INDIVIDUAL	Individual	
		Driver DEBORAH K LAYMON (608) 393-3458	Citations Issued 0
		Date of Birth	Sex FEMALE
		Race WHITE	
		Address E10634 SHADY LANE RD BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN 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	Airbag NON DEPLOYED
		Injury Severity NO APPARENT INJURY	
		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
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given Alcohol Test Type Alcohol Test Results
Drug Test Given Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
IN TRANSIT D CLASS TRUCK
Vehicle Type Operating As Endorsements
UTILITY TRUCK/PICKUP TRUCK
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
1 0 0 0 0
Insurance? Direction Of Travel Pre Crash Tire Mark Speed Limit Total Lanes
YES WESTBOUND [] 25 4
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT NO SPECIAL FUNCTION NOT APPLICABLE
Traffic Way Traffic Control Traffic Control Inoperative/Missing
DIVIDED HWY W/O TRAFFIC BARRIER TRAFFIC SIGNAL NO
Surface Type Road Curvature Road Grade
BLACKTOP (BITUMINOUS) STRAIGHT LEVEL
Truck Bus or HazMat
NO

UNIT 02 VEHICLE
Vehicle
License Plate Number Plate Type St Country of Issuance
ND8835 LTK - LIGHT TRUCK WI UNITED STATES
Vehicle Identification Number Make Year Model
1C6RR7FT4JS214946 RAM 2018 1500
Color Body Style Bus Use
BLU - BLUE PK - PICKUP NOT A BUS
Initial Contact Point Vehicle Damage
3--RIGHT SIDE MIDDLE
Extent Of Damage
FUNCTIONAL DAMAGE
Towed Due To Damage Vehicle Removed By
NOT TOWED OPERATOR
What Driver Was Doing Vehicle Factors
LEFT TURN
Driver Prior Action Other
NOT APPLICABLE

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name CHRISTOPHER M LARSON (608) 434-7121	Owner Address 309 2ND ST ROCK SPRINGS, WI 53961 , US	
02	02	Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual CHRISTOPHER LARSON		
UNIT	Individual			
	INDIVIDUAL	Driver CHRISTOPHER M LARSON (608) 434-7121	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address 309 2ND ST ROCK SPRINGS, WI 53961 , 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 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
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			