

6TLOBNZM00

19-09731

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 19-09731	Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 08/05/2019		Crash Time 10:22 AM	Date Arrived 08/05/2019	Time Arrived 10:52 AM	
Date Notified 08/05/2019		Time Notified 10:25 AM	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 A BREUNIG
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING WESTBOUND ON USH 14. UNIT 1 WAS APPROACHING THE INTERSECTION WITH COUNTY LINE RD. UNIT 2 WAS TRAVELING NORTHBOUND ON COUNTY LINE RD. UNIT 2 STOPPED AT THE INTERSECTION FOR THE STOP SIGN. UNIT 2 ATTEMPTED TO TRAVEL NORTHBOUND ACROSS THE INTERSECTION. UNIT 1 SWERVED TO THE RIGHT TO ATTEMPT TO AVOID THE CRASH. UNIT 2 STRUCK UNIT 1. UNIT TRAVELED INTO A CRASH AREA IN THE NORTHWEST CORNER OF THE INTERSECTION.

Location

ON COUNTY LINE RD 33 FT S OF USH14 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.191155077	Longitude -90.192513865
	X Coordinate 240582.90625	Y Coordinate 4786992
	Structure Type	

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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) 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 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 PASSENGER VAN				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 checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number 659WNH		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5FNRL38799B040674		Make HONDA	Year 2009	Model ODYSSEY
	Color GRY - GRAY		Body Style VN - VAN		Bus Use NOT A BUS
	Initial Contact Point 7--LEFT REAR CORNER		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		5--RIGHT REAR CORNER, 6--REAR, 11--LEFT FRONT CORNER		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE		
Driver Prior Action Other					

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UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name DAWN W MUELLER (608) 434-9537	Owner Address 5304 ADMIRAL DR MONONA, WI 53716 2138, US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event RUN OFF ROADWAY RIGHT		
	03	Event		
	04	Event		
Policy Holder				
UNIT	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual DAWN MUELLER	
	Individual			
UNIT	INDIVIDUAL	Driver PHILLIP MICHAEL STADLER (608) 999-1871	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address 17197 WILLIAMS LN RICHLAND CENTER, WI 53581 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	001	Safety Equipment	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		
	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
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

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
Vehicle Type
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
Insurance? Direction Of Travel Pre Crash Tire Mark Speed Limit Total Lanes
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use
Traffic Way Traffic Control Traffic Control Inoperative/Missing
Surface Type Road Curvature Road Grade
Truck Bus or HazMat

UNIT 02 VEHICLE
Vehicle
License Plate Number Plate Type St Country of Issuance
Vehicle Identification Number Make Year Model
Color Body Style Bus Use
Initial Contact Point Vehicle Damage
Extent Of Damage
Towed Due To Damage Vehicle Removed By
What Driver Was Doing Vehicle Factors
Driver Prior Action Other

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UNIT	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
		Owner Name PECKS FEED INC (608) 588-7433	Owner Address E3752 CTH JJ PO BOX 579 SPRING GREEN, WI 53588 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
Policy Holder				
UNIT	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		Organization/Company PECKS FEED INC	
	Individual			
UNIT	INDIVIDUAL	Driver JOSEPH WARD CARSTENSEN (608) 588-5319	Citations Issued 1	Sex MALE
			Date of Birth	Race WHITE
	Address 805 S PINE ST LONE ROCK, WI 53556 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	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 NOT APPLICABLE	
	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			
01	001	Violations			
		UTC Number AE753226	Issue To? 002	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN
UNIT	TRUCK	Carrier			
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source VEHICLE-SIDE		
		Name PECKS FEED INC USDOT# 993920		Address E3752 CTH JJ PO BOX 579 SPRING GREEN, WI 53588 , US	
		GVWR 10,001-26,000 LBS	Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA	Cargo Body Type GRAIN/CHIPS/GRAVEL	
		US DOT # 993920	Carrier Type OTHER OPERATION/NOT SPECIFIED	Permitted Load	
		<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit
Measured Height	Measured Length	Measured Width	Measured Weight		