

6TLOB1716V

19-09546

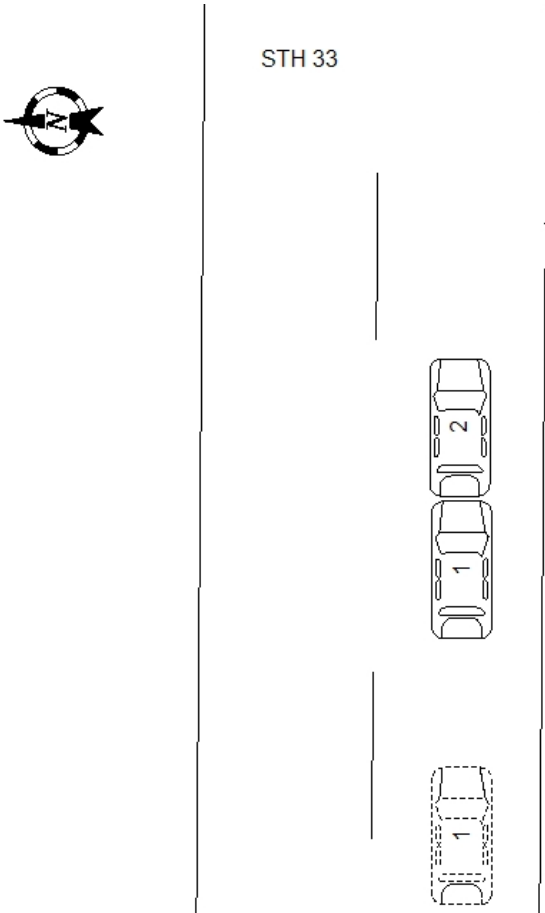
WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TLOB1716V

Document Number Override		Primary Crash Document #	Agency Crash Number 19-09546	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 08/02/2019		Crash Time 11:07 AM	Date Arrived 08/02/2019	Time Arrived 11:18 AM	
Date Notified 08/02/2019		Time Notified 11:10 AM	Total Units 02	Total Injured 02	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 STOPPED DUE TO A NON CONTACT VEHICLE STOPPING AND TURNING INTO A DRIVEWAY ABRUPTLY ABOUT 3 LENGTHS AHEAD. UNIT 1 WAS FOLLOWING UNIT 2 AND WAS UNABLE TO STOP IN TIME STRIKING UNIT 2 IN THE REAR PORTION. THE NON CONTACT CAR MAY HAVE BEEN LOST AND QUICKLY PULLED INTO A DRIVEWAY TURNED AROUND AND REVERSED DIRECTION ON STH 33. NEITHER UNIT 1 OR 2 HAD ANY INFORMATION ON THE VEHICLE THAT CAUSED THE OTHERS TO BRAKE QUICKLY. 9109

Location

ON STH23 EB 0.52 MI E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.533290756	Longitude -89.906604466
	X Coordinate 265141.34375	Y Coordinate 4824143.5
	Structure Type	

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Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02--FRONT TO REAR		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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire 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					

Vehicle

01 VEHICLE	License Plate Number 63825D		Plate Type DIS - DISABLED	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 5XYKWDA27CG212195		Make KIA MOTORS CORPORA	Year 2012	Model SORENTO	
	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By REEDSBURG SALVAGE			
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			

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UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name KEVIN J MUNSON (608) 797-3983	Owner Address S3676 BEAVER CREEK DR HILLSBORO, WI 54634 , US	
01	01	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company MT-MORRIS-MUTUAL-INS-CO	Individual KEVIN MUNSON		
UNIT	Individual			
	INDIVIDUAL	Driver HANNAH NOELLE MUNSON (608) 797-3983	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
		Address S3676 BEAVER CREEK DR HILLSBORO, WI 54634 , 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	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT
		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				
		UNIT	INDIVIDUAL	Passenger CAMRYN L HANSON (608) 548-2371	Citations Issued 0	Sex FEMALE
				Date of Birth		Race WHITE
Address S1552 CTH WW HILLSBORO, WI 54634 , US				Driver License Number		
Safety Equipment	On Duty Crash			Safety Equipment		
Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	SHOULDER & LAP BELT					
Helmet Use	Helmet Compliance					
Eye Protection	Tint Compliance					
UNIT	INDIVIDUAL			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
		Hospital		Date of Death	Time of Death	
		Distracted By	Distracted By Source			
		Distracted By Action				
		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 MALIA A LISKA (608) 604-3825	Citations Issued 0	Sex FEMALE
	Address E17715 SEBRANEK DR HILLSBORO, WI 54634 , US		Date of Birth Race WHITE
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 5--SECOND SEAT-MIDDLE	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity POSSIBLE 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		

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 KYRA J BISAREK (608) 462-3328	Citations Issued 0	Sex FEMALE	
		Address 1098 N STAR CIRCLE HILLSBORO, WI 54634 , US	Date of Birth Race WHITE		
UNIT	INDIVIDUAL	Driver License Number			
		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 DEPLOYED-FRONT	
		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	
		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	004			

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 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel EASTBOUND	<input 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	VEHICLE	Vehicle			
		License Plate Number 893NHS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GNALBEK4EZ135073	Make CHEVROLET	Year 2014	Model EQUINOX
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 6--REAR	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	6--REAR		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
		What Driver Was Doing SLOW/STOPPING	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	02	02	02
	Owner Name MICHAEL R STOCKWELL (608) 489-2345	Owner Address 671 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US	
Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company WEST-BEND-MUTUAL-INS-CO		Individual MICHAEL STOCKWELL
UNIT INDIVIDUAL	Individual		
	Driver GRACE ANN STOCKWELL (608) 489-2345		Citations Issued 0
			Sex FEMALE
			Date of Birth WHITE
Address 671 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	005	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
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 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 SIERRA LYNNEA SIEFERT (608) 604-0852	Citations Issued 0	Sex FEMALE
	Address 1045 WATER AVE HILLSBORO, WI 54634 , US		Date of Birth Race 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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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 TONI E MITCHELL (608) 572-2776	Citations Issued 0	Sex FEMALE
	Address E172924 CTH F HILLSBORO, WI 54634 , US		Date of Birth WHITE
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	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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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 GRACE ANN HOLTHE (608) 462-3805	Citations Issued 0	Sex FEMALE		
		Address 621 MECHANIC AVE HILLSBORO, WI 54634 , US	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	
	02	008	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			