

6TL0B4X4LN
19-09789

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 19-09789	Investigating Officer/Deputy DEPUTY E. KNULL		
Crash Date 08/06/2019	Crash Time 01:52 PM	Date Arrived 08/06/2019	Time Arrived 02:06 PM		
Date Notified 08/06/2019	Time Notified 01:52 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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)	<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash		

Description

Diagram	Reconstruction By
NON COLLISION. UNIT 2 OPERATOR STATES DRIVER OF UNIT 1 THREW OBJECT OUT WINDOW THAT STRUCK UNIT 2 WINDSHIELD. UNIT 1 OPERATOR STATES HE DID NOT THROW ANYTHING OUT WINDOW. UNKNOWN WHERE THE OBJECT CAME FROM	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 WB ON USH 12 IN THE BARABOO TOWNSHIP. OPERATOR OF UNIT 1 THREW AN OBJECT OUT THE DRIVERS WINDOW THAT STRUCK THE WINDSHIELD OF UNIT 2 CAUSING DAMAGE. NO INJURIES REPORTED BY UNIT 2. OPERATOR OF UNIT 1 DENIES THROWING ANYTHING OUT THE WINDOW AND STATES HE IS NOT SURE WHERE THE OBJECT CAME FROM. UNIT 2 SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED BY OWNER/OPERATOR.

Location

ON USH12 WB 0.48 MI S OF STH33 EB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.503905777	Longitude -89.781447359
	X Coordinate 275145.5	Y Coordinate 4820534
	Structure Type NO STRUCTURE	

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Crash Scene

First Harmful Event THROWN OR FALLING OBJECT		First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT		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

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				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 CrashTire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With OTHER NON-COLLISION		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	License Plate Number 335RHH		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number WMWZC3C58CWM27979		Make MINI	Year 2012	Model NO DATA
	Color WHI - WHITE		Body Style SW - STATIONWAGON		Bus Use NOT A BUS
	Initial Contact Point NON-COLLISION		Vehicle Damage		
	Extent Of Damage NO DAMAGE		NO DAMAGE		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
Driver Prior Action Other		NOT APPLICABLE, UNKNOWN			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions OTHER CONTRIBUTING ACTION		
		Owner Name DAVID JOSEPH MURPHY (715) 305-3267	Owner Address 408 S CEDAR AVE MARSHFIELD, WI 54449 , US	
UNIT	SEQUENCE OF EVENTS	Event OTHER NON-COLLISION		
		Event		
		Event		
		Event		
UNIT	POLICY HOLDER	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual DAVID MURPHY	
		Individual		
UNIT	INDIVIDUAL	Driver DAVID JOSEPH MURPHY (715) 305-3267	Citations Issued 0	
			Sex MALE	
			Race ASIAN	
	Address 408 S CEDAR AVE MARSHFIELD, WI 54449 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	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 NOT APPLICABLE
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
	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 01 001	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 NOT OBSERVED		

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 2	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 65	Total Lanes 4
	Most Harmful Event: Collision With THROWN OR FALLING OBJECT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 02 VEHICLE	Vehicle			
	License Plate Number ACE6598	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FM5K8DH2GGC73307	Make FORD	Year 2016	Model EXPLORER
	Color	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
	Initial Contact Point NON-COLLISION	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	12--FRONT		
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name MANDI J BROWN (608) 604-2928	Owner Address E3460 MCCARVILLE RD PLAIN, WI 53577 , US	
02	02	Sequence Of Events		
UNIT	01	Event THROWN OR FALLING OBJECT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual MANDI BROWN		
UNIT	Individual			
	INDIVIDUAL	Driver MANDI J BROWN (608) 604-2928	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
		Address E3460 MCCARVILLE RD PLAIN, WI 53577 , 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
	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 ROSALIE ELIZABETH SMITH (262) 313-7702	Citations Issued 0	Sex FEMALE
	Address W224N2621 SPRINGWOOD LN WAUKESHA, WI 53186 , 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 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		
	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	003	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			