6TL08F2KWL

19-09877

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash Document #	Agency Crash Nu 19-09877			g Officer/Deputy T. SUTHERLAND		
Crash Date 08/08/2019	Crash Time 02:45 PM	Date Arrived 08/08/2019		Arrived 1 PM			
Date Notified 08/08/2019	Time Notified 02:47 PM	Total Units 02	Total	Injured	Total Kille	d	
	t and Run Lane Clo			Trailer or 1	1	Reporting Threshold	
Government Property	Active School Zone	School Bus Relate	ed Tags	;		l	
✓ Reportable	Crash Type DT4000 (STANDARD CRA	SH)		Amended		Secondary Crash	
Description				l n -		Div	
Diagram				Red	construction	n Ву	
				Pho	otos By		
				Add NO	ditional Info	rmation	
Janes V							
/	Old LoganVille	Poad					
	Old Logariville	Nodu					
Not To Scale							
	ent officer, agree that I have	not added any CJI	S data in this repor	t.			
ON 08-08-19 UNIT 2 WAS TRAVI	ELING WEST ON OLD LOGANVII	LLE ROAD. UNIT 1 WA	AS MAKING A LEFT TU	JRN TO GO			
PORTION OF OLD LOGANVILLE	ROAD. UNIT 1 CAUSED A HEAD	D-ON CRASH WITH U	NIT 2 ON OLD LOGAN	VILLE ROAD). NO INJU	RIES REPORTED.	
Location ———							
ON OLD LOGANVILLE RD 124 FT N			Latitude		Longitu		
OF STH23 EB	IDO.		43.501164636 X Coordinate		-90.01	449699 dinate	
IN THE TOWN OF REEDSBUIN SAUK COUNTY	JKG		256293.65625		48208		
			Structure Type NO STRUCTURE				
			NO STRUCTURE				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Scene

]	First Harmful Event						First Harmful Event Location				
	MO	TOR VEH IN TRANSPO	ON ROADWAY								
	Manr	ner of Collision		Light Condition							
	03	FRONT TO FRONT				DAYLIGHT					
	Road	d Surface Condition(s)				Roadway F	actor(s)				
	DRY	'									
	Envir	ronment Factor(s)				1					
	NON	NE				NONE					
	Weat	ther Condition(s)									
	CLE	AR									
	Anim	nal Type				Relation To	n Trafficwa	V			
						TRAFFIC		-			
	Cras	h Classification - Location				Crash Clas	sification -	Jurisdiction			
		BLIC PROPERTY						ISDICTION			
	Triba	al Land				Access Co				Special Study	
	1454				I	NO CON.	TROL				
	vvitni NO	· ·	Junction Location INTERSECTION-RELATED		Intersectio	n rype SECTION					
			INTEROEUTION-RELATED		I -IIII EIX	OLOTION					
		t Summary Status		Vehicle Ope	erating As C	assification		Unit Type			
		RANSIT		D CLASS	g / 10 0	4000401.		AUTOMOBILE			
_		cle Type						Operating A		ments	
6	(SP	ORT) UTILITY VEHICLE	.								
		Occs	Total # Citations Issued Total Traile			, ,					
	1		1			0		0			
.	Insur YES	rance?		Pre CrashTire Mark		'		Total Land	es		
UNIT		Harmful Event: Collision W	EASTBOUND	Special Function			33	Emergency Motor Vehicle Use			
ס		TOR VEH IN TRANSPO		NO SPECIAL FUNCTION				NOT APPLICABLE			
	Traffi	ic Way	Traffic Control				Traffic Conti	rol Inoperat	tive/Missing		
	TWC	D-WAY, NOT DIVIDED		NO CONTROL Road Curvature			NO				
		ace Type						Road Grade			
		ACKTOP (BITUMINOUS) k Bus or HazMat)	CURVE LEFT				HILLCREST			
	NO	K Bus of Hazivial									
		Vehicle									
		License Plate Number		Plate Type		I	St	Country of Is:	suance		
		AAE5790	AUT - AUTOMOBIL		LE WI		UNITED STATES				
_		Vehicle Identification Numb	ber	Make			Year	Model			
5	01	3G7DB03E33S599880		PONTIAC			2003				
		Color	Body Style			Bus Use NOT A BUS					
	ш	WHI - WHITE Initial Contact Point			RT UTILIT	Y VEHICL	.E	NOT A BUS			
_		12FRONT		Vehicle Damage							
LNO	Ĭ	Extent Of Damage		11LEFT	FRONT C	ORNER, 1	12FRON	IT			
٦	VEHICL	MINOR DAMAGE									
		Towed Due To Damage		Vehicle Re	moved By						
		NOT TOWED		OPERAT							
		What Driver Was Doing		Vehicle Fac	ctors						
		LEFT TURN Driver Prior Action Other		NOT APP	LICABLE						
		PHYSI FIIOL ACTION OTHER									
				1							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

							(000) 000 4000					
LINO	VEHICLE											
6	5	Owner Name KASSIDY CHYANN (608) 415-9522	NE KLEEBE	R	Owner Address E5561 COUNTY ROAD REEDSBURG, WI 5395							
	;	Sequence Of Ev	vents									
	5	Event MOTOR VEH IN TR										
	05	Event										
	03	Event										
	9	Event										
_	1	Policy Holder										
LNO		Insurance Company			Individual							
_		PROGRESSIVE-U	NIVERSAL-	INSURANCE-COMP	KASSIDY KLEEBER							
	ı	Individual										
		Driver	NE KI EEDE	:D	Citations Issued	Sex						
	A F	KASSIDY CHYANNE KLEEBER (608) 415-9522			1 Date of Birth	FEMALE Race						
_	Ž	, ,			Date of Birth	WHITE						
LINO	INDIVIDUAL	Address E5561 COUNTY ROAD S REEDSBURG, WI 53959, US		Driver License Number STATE: WISCONSIN CO								
	Sat	fety Equipment	On Duty Cras	sh	Safety Equipment							
		Seat Position			SHOULDER & LAP BEL	Т						
		1FRONT SEAT-L	EFT SIDE (I	DRIVER/MOTORCY								
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
7	001		Injury Severit		Airbag							
0	Ō			ENT INJURY	NON DEPLOYED							
		NOT EJECTED	,	ction Path T EJECTED/NOT APF	DIICABI E	Trapped/Extricated NOT TRAPPED						
		Medical Transport	INO	T EJECTED/NOT APP	EMS Agency Identifier	EMS Run #						
		NOT TRANSPORTED										
		Hospital			Date of Death Time of Death							
		Distracted By	Distracted By NOT APPL	Source ICABLE (NOT DISTRA	ACTED)	•						
		Distracted By Action NOT DISTRACTED										
		Non Motorist	Striking Unit	# Location								
		Prior Action										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	INDIVIDUAL	Action											
		Action Other										To/From Scho	ool
	L	Drug & Alcohol	usp IO	pected Alcohol U	Jse		Suspected Drug Use NO						
•		Alcohol Test Given		Alcohol Test Ty	/ре				Alcohol Tes	t Results			
		TEST NOT GIVEN Drug Test Given			Drug Test Type	<u> </u>	<u> </u>	Drug -	Test Results				
		TEST NOT GIVEN			9 //			Diag	root recount	,			
10	00	Drug Type											
		Individual Condition											
		APPEARED NORMAL											
	,	 Violations											
		UTC Number I		0.44	tute Number 6.18(2)		Description FAIL/YIELD WHILE N	A A IZIA	IC LEET T	TUDN			
	6		001	340	0.10(2)		FAIL/ FIELD WHILE I	WANII	NG LEFT I	UKN			
		t Summary Status				V۵	hicle Operating As Classit	fication	1	Unit Type			
	Unit Status IN TRANSIT					D CLASS			TRUCK				
05	Vehicle Type							Operating As Endorsements					
0		TY TRUCK/PICKUP TRUCK Docs Train/Bus # Recorded				Total # Citations Issued Total Trail			oro	Total Hazl	Mot Typon		
	1	l Occs				0	0 0				0		
⊨	YES			Direction Of Tra			Pre CrashTire Mark		Speed Lim 55		Total Lane		
L N N		t Harmful Event: Collision TOR VEH IN TRANSF					ecial Function O SPECIAL FUNCTIO	N		NOT APP		cle Use	
		Traffic Way					affic Control			Traffic Cont	rol Inoperati	ive/Missing	
		D-WAY, NOT DIVIDE)			NO CONTROL			NO				
		ace Type	IC/			Road Curvature STRAIGHT				Road Grade	9		
		ACKTOP (BITUMINOL k Bus or HazMat	<i>,</i> 3)	·		31	KAIGHT			OPHILL			
	NO												
	,	Vehicle				1-			C4	Country	0110005		
		License Plate Number GC5286						-	untry of Issuance				
~		Vehicle Identification Nu	ımb	er			ake		Year	Model			
05	02	3GCPKSE74DG3344	477	7		_	HEVROLET		2013	SILVERADO			
		Color BLU - BLUE					ody Style K - PICKUP			Bus Use NOT A BUS			
	щ	Initial Contact Point				Vehicle Damage							
LNO	VEHICL	12FRONT				┨.							
5	Ē	Extent Of Damage MINOR DAMAGE				1	2FRONT						
	_	Towed Due To Damage	!			V	ehicle Removed By						
		NOT TOWED					PERATOR						
		What Driver Was Doing GOING STRAIGHT				V	ehicle Factors						
		Driver Prior Action Othe	r			N	OT APPLICABLE						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION Owner Name Owner Address											
02	02	Owner Name TAMMY BETH OTT (608) 963-4163			Owner Address 56071 HIGHWAY 154 PO BOX/34 HILLPOINT, WI 53937 , US								
		Sequence Of Eve	nts										
	01	Event MOTOR VEH IN TRA											
	02	Event											
	03	Event											
	04	Event											
_	Ì	Policy Holder											
LINO		Insurance Company			Individual								
_		WADENA-INSURANCE-CO			TAMMY OTT								
	1	Individual											
		Driver TAMMY BETH OTT			Citations Issued	Sex							
	AL	(608) 963-4163			Date of Birth	FEMALE Race							
_	חם	, ,			Date of Birth	WHITE							
	Ξ	Address			Driver License Number								
_	INDIVIDUAL	56071 HIGHWAY 154 PO BOX/34 HILLPOINT, WI 53937 , US			STATE: WISCONSIN COUNTRY: UNITED STATES								
	Sat	fety Equipment	n Duty Crash		Safety Equipment								
	Ju.	Seat Position			SHOULDER & LAP BELT								
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY											
		Helmet Use			Helmet Compliance								
		Eye Protection			Tint Compliance								
~	2	lnj	jury Severity		Airbag								
05	005	Injury _{No}	O APPARENT IN	NJURY	NON DEPLOYED								
		Ejected	Ejection Pat	h	•	Trapped/Extricated							
		NOT EJECTED	NOT EJEC	CTED/NOT APPL		NOT TRAPPED							
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run #							
		Hospital			Date of Death Time of Death								
Distracted By Source													
		Distracted By No	OT APPLICABL	E (NOT DISTRA	CTED)								
		Distracted By Action NOT DISTRACTED											
		Non Motorist	riking Unit #	Location									
		Prior Action											

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WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	INDIVIDUAL	Action					
		Action Other Suspected Alcohol U	se	Suspected Drug Use			To/From School
	L	Drug & Alcohol NO		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		
05	005	Drug Type					
		Individual Condition					
		APPEARED NORMAL					