

6TL09T1TNJ  
19-10428

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 <b>19-10428</b>	Investigating Officer/Deputy <b>DEPUTY C. GALLAGHER</b>	
Crash Date <b>08/20/2019</b>		Crash Time <b>02:14 PM</b>	Date Arrived <b>08/20/2019</b>	Time Arrived <b>02:20 PM</b>	
Date Notified <b>08/20/2019</b>		Time Notified <b>02:14 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram	Reconstruction By
	Photos By <b>DEPUTY C.GALLAGHER#9170</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS TRAVELING SOUTHBOUND ON STH 12 APPROACHING THE INTERSECTION OF CTH PF. UNIT 2 SLOWED DOWN DUE TO THE TRAFFIC CONTROL LIGHTS AT THE INTERSECTION. UNIT 2 WAS OPERATING IN THE SAME LANE INFRONT OF UNIT 1. UNIT 1 REAR ENDED UNIT 2 AT THE INTERSECTION OF STH 12 AND CTH PF.

Location

<b>ON USH12 WB 50 FT N OF CTHPF SB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY</b>	Latitude <b>43.293196516</b>	Longitude <b>-89.759144666</b>
	X Coordinate <b>276173.65625</b>	Y Coordinate <b>4797071.5</b>
	Structure Type	

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## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>FULL CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	

## Unit Summary

<b>UNIT</b> 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b> 01 <b>VEHICLE</b>	<b>Vehicle</b>				
	License Plate Number <b>PK1444</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GCWGAFG6J1903703</b>		Make <b>CHEVROLET</b>	Year <b>2018</b>	Model <b>EXPRESS G2</b>
	Color <b>WHI - WHITE</b>		Body Style <b>VN - VAN</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>12--FRONT</b>		
	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>EVERETTS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
Driver Prior Action Other		<b>NOT APPLICABLE</b>			

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UNIT	VEHICLE	Driver Actions <b>FOLLOWING TOO CLOSE</b>	
		Owner Name <b>SERVICE SPECIALISTS OF DANE CO INC (608) 255-6667</b>	Owner Address <b>645 S BIRD ST SUN PRAIRIE, WI 53590 , US</b>
UNIT	01	<b>Sequence Of Events</b>	
		01	Event <b>MOTOR VEH IN TRANSPORT</b>
		02	Event
		03	Event
UNIT	04	<b>Policy Holder</b>	
		Insurance Company <b>LE-MARS-INSURANCE-COMPANY</b>	Organization/Company <b>SERVICE SPECIALISTS OF DANE CO INC</b>
UNIT	INDIVIDUAL	<b>Individual</b>	
		Driver <b>CALEB MICHAEL ZEHNER (608) 228-7662</b>	Citations Issued <b>1</b>
		Date of Birth	Sex <b>MALE</b> Race <b>WHITE</b>
UNIT	001	Address <b>12202 S ROY RD BELOIT, WI 53511 , US</b>	
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>	On Duty Crash
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier		
Hospital	EMS Run #		
Date of Death	Time of Death		
<b>Distracted By</b>	Distracted By Source <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>			
<b>Non Motorist</b>	Striking Unit #		
Location			
Prior Action			

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
	01	001	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition <b>APPEARED NORMAL</b>		
	01	001	<b>Violations</b>		
			UTC Number <b>AE756566</b>	Issue To? <b>001</b>	Statute Number <b>346.14(1m)</b>

## Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
		Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>4</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

## Vehicle

UNIT	02	VEHICLE	License Plate Number <b>BG79315</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>1GNSKBE08BR356340</b>	Make <b>CHEVROLET</b>	Year <b>2011</b>	Model <b>TAHOE</b>
			Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>	
			Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>6--REAR</b>		
			Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>		
			What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors		
			Driver Prior Action Other	<b>NOT APPLICABLE</b>		

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UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	02	02	Owner Name <b>KIMBERLY J MAHONEY (815) 238-7203</b>
			Owner Address <b>2812 RED FOX CT FREEPORT, IL 61032 , US</b>
<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>KIMBERLY MAHONEY</b>
UNIT INDIVIDUAL	<b>Individual</b>		
		Driver <b>KIMBERLY J MAHONEY (815) 238-7203</b>	Citations Issued <b>0</b>
			Sex <b>FEMALE</b>
			Date of Birth <b>WHITE</b>
	Address <b>2812 RED FOX CT FREEPORT, IL 61032 , US</b>	Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
UNIT 002	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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UNIT 02	INDIVIDUAL	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>KIMBERLY L BENDER (815) 291-1139</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>647 N HUNT AVE FREEPORT, IL 61032 , US</b>		Date of Birth <b>WHITE</b>	
UNIT 02	INDIVIDUAL	Driver License Number			
		<b>Safety Equipment</b>	On Duty Crash		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		UNIT 03	INDIVIDUAL	<b>Distracted By</b> Distracted By Source	
Distracted By Action					
<b>Non Motorist</b>	Striking Unit #			Location	
Prior Action					

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action				
		Action Other			To/From School	
	<b>02</b>	<b>003</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			