

6TL09N3P7K
19-10344

Wisconsin Motor Vehicle
Crash Report

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

6TL09N3P7K

Document Number Override		Primary Crash Document #		Agency Crash Number 19-10344		Investigating Officer/Deputy DEPUTY C. FRANK	
Crash Date 08/18/2019		Crash Time 03:51 PM		Date Arrived 08/18/2019		Time Arrived 04:09 PM	
Date Notified 08/18/2019		Time Notified 03:52 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 checked="" 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

Location					
ON S7523 USH12 EB 381 FT S OF NORTH RD (FIRE S7523)		Latitude 43.37144814	Longitude -89.7686790	Lat/LongSource TLT/ILT	Access Control
IN THE TOWN OF SUMPTER IN SAUK COUNTY		X Coordinate 275688.5937	Y Coordinate 4805788	On Roadway Link ID# 6320118	On Roadway Link Offset 1547
		Override <input type="checkbox"/>	Tribal Land	Structure Type FIRE	

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	Environment Factor(s) NONE
Roadway 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
Within Interchange Area NO	Junction Location NON-JUNCTION
	Intersection Type NOT AN INTERSECTION
Work Zone Crash Location ACTIVITY AREA	Work Zone Crash Type LANE CLOSURE
Workers Present NO	Law Enforcement Present NO
Work Zone Speed Limit 55	Advisory/Regulatory Speed Limit REGULATORY
	Normal Posted Speed Limit 55

Unit Summary	
Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS
Vehicle Type (SPORT) UTILITY VEHICLE	Unit Type AUTOMOBILE
	Operating As Endorsements
Total Occs 1	Train/Bus # Recorded
Total # Citations Issued 1	Total Trailers 0
	Total HazMat Types 0
Insurance? YES	Direction Of Travel SOUTHBOUND
<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55
	Total Lanes 4
Most Harmful Event: Collision With OVERTURN/ROLLOVER	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	Road Curvature
	Road Grade

01
UNIT

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01	BLACKTOP (BITUMINOUS)		STRAIGHT		LEVEL	
	Truck Bus or HazMat NO					
01	Role DRIVER		Citations Issued 1	<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL
	Last Name BLAKE		First Name MARIA		Middle Initial ELIZABETH	Suffix
01	Street Address 1214 EAST ST		Street Address 2		PO Box	
	City BARABOO		State WI	Zip Code 53913	Country of Residence UNITED STATES	
01	DOB [REDACTED]	Sex F	Race A	Hair BLACK	Eyes BROWN	Height 500
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
01	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2022	
	Equipment On Duty Accident		Safety Equipment SHOULDER & LAP BELT			
01	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		Helmet Compliance			
	Helmet Use		Tint Compliance			
01	Eye Protection		Airbag NON DEPLOYED			
	Injury Injury Severity NO APPARENT INJURY		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
01	Ejected NOT EJECTED		EMS Agency Identifier		EMS Run #	
	Medical Transport NOT TRANSPORTED		Date of Death		Time of Death	
01	Hospital		Location		To/From School	
	Non Motorist Striking Unit #		Action			
01	Prior Action		Action Other			
	Distracted By Action NOT DISTRACTED		Action Other			
01	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Individual Condition APPEARED NORMAL			
	Drug & Alcoh		Suspected Alcohol Use NO			
01	Suspected Alcohol Use NO		Suspected Drug Use NO		Alcohol Test Results	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Drug Test Results	
01	Drug Test Given		Drug Test Type		Drug Test Results	

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UNIT INDIVIDUAL	TEST NOT GIVEN					
	Drug Type					
	License Plate Number AET7635			Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FMCU0GD0HUA53548			Year 2017	Make FORD	
	Model ESCAPE		Body Style UT - SPORT UTILITY VEHICLE		Color WHI - WHITE	
	Initial Contact Point 12--FRONT		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		12--FRONT			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Factors			
	Vehicle Removed By MIKES TOWING		NOT APPLICABLE			
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		Bus Use NOT A BUS	
UNIT VEHICLE	Driver Actions SPEED TOO FAST/COND, FOLLOWING TOO CLOSE, FAILURE TO CONTROL					
	<input type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL		Company Name			
	Last Name BLAKE		First Name ANNE		Middle B	Suffix Date of Birth [REDACTED]
	Street Address 1214 EAST ST		Street Address2		PO Box	
	City BARABOO		St WI	Zip Code 53913	Country of Residence UNITED STATES	
	Telephone Number (608) 963-2660 EXT.					
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
04	Event					
UNIT HOL DER	UTC Number AE754941		Issue To? 001	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY	
	Insurance Company UNITED-SERVICES-AUTOMOBILE-ASSN		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver	
Organization Type INDIVIDUAL		Last Name BLAKE		First Name ANNE		
		Policy Holder Company				

Unit Summary

Unit Status

Vehicle Operating As Classification

Unit Type

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UNIT 02	IN TRANSIT		D CLASS		AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 6	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4	
	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	
UNIT 02	Truck Bus or HazMat NO					

UNIT 02	INDIVIDUAL 02	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
		Last Name ROACH		First Name GABRIELLA		Middle Initial KENNA	Suffix		
		Street Address 1105 MEADOW MIST RD		Street Address 2		PO Box			
		City MIDDLETON		State WI	Zip Code 53562	Country of Residence UNITED STATES			
		DOB	Sex F	Race W	Hair BROWN	Eyes GREEN	Height 510	Weight 140	Phone Number (608) 416-9679 EXT.
		Driver's License Number		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES			
		License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2021			
		Equipment		On Duty Accident		Safety Equipment SHOULDER & LAP BELT			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		Helmet Compliance					
		Helmet Use		Tint Compliance					
		Eye Protection		Airbag NON DEPLOYED					
		Injury		Injury Severity NO APPARENT INJURY		Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED
		Ejected NOT EJECTED		EMS Agency Identifier		EMS Run #			
		Medical Transport NOT TRANSPORTED		Date of Death		Time of Death			
		Hospital		Striking Unit #		Location		To/From School	
		Non Motorist		Prior Action		Action			
		Distracted By Action NOT DISTRACTED		Action Other					
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Individual Condition APPEARED NORMAL					
		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		Drug Test Type		Drug Test Results					

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UNIT	INDIVIDUAL	TEST NOT GIVEN			
		Drug Type			
02	03	Role PASSENGER	Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
		Last Name FORTNEY	First Name LAUREN	Middle Initial VIRGINIA	Suffix
UNIT	INDIVIDUAL	Street Address 10 BYARS CIR		Street Address 2	
		City MADISON		State WI	Zip Code 53719
UNIT	INDIVIDUAL	DOB [REDACTED]	Sex F	Race W	Hair BROWN
			Eyes GREEN	Height 508	Weight 130
UNIT	INDIVIDUAL	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE
		License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE	
UNIT	INDIVIDUAL	DL Expire Year 2020		Country of Issuance UNITED STATES	
		Equipment	On Duty Accident	Safety Equipment	
UNIT	INDIVIDUAL	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE		SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
UNIT	INDIVIDUAL	Eye Protection		Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
UNIT	INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
UNIT	INDIVIDUAL	Hospital		Date of Death	Time of Death
		Non Motorist	Striking Unit #	Location	To/From School
UNIT	INDIVIDUAL	Prior Action		Action	
		Distracted By Action		Action Other	
UNIT	INDIVIDUAL	Distracted By Source		Action Other	
		Drug & Alcoh	Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol Test Results
UNIT	INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results
		Drug Type			

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02 UNIT										
	Role PASSENGER				Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name ROZUM			First Name EMMA			Middle Initial ROSE		Suffix	
	Street Address 6612 HUBBARD AVE				Street Address 2			PO Box		
	City MIDDLETON			State WI		Zip Code 53562		Country of Residence UNITED STATES		
	DOB		Sex F	Race W	Hair BROWN	Eyes GRAY	Height 506	Weight 155	Phone Number (608) 225-0944 EXT.	
	Driver's License Number				State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE				License Status VALID LICENSE			DL Expire Year 2021		
	Equipment			On Duty Accident			Safety Equipment			
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/B			SHOULDER & LAP BELT						
04 UNIT	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 APPLICA			Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #			
	Hospital			Date of Death			Time of Death			
	Non Motorist		Striking Unit #		Location			To/From School		
	Prior Action			Action						
	Distracted By Action			Action Other						
	Distracted By Source			Action Other						
04 UNIT	Drug & Alcoh		Individual Condition APPEARED NORMAL							
	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

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UNIT 02	[Redacted]											
	Role PASSENGER					Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name MORMINO					First Name MADISON					Middle Initial AUBREY	Suffix
	Street Address 3710 MANDIMUS CT					Street Address 2					PO Box	
	City MIDDLETON					State WI		Zip Code 53562		Country of Residence UNITED STATES		
	DOB [Redacted]		Sex F	Race W		Hair BROWN	Eyes BROWN	Height 503	Weight 130	Phone Number (608) 347-6860 EXT.		
	Driver's License Number [Redacted]					State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE					License Status VALID LICENSE					DL. Expire Year 2021	
	Equipment On Duty Accident					Safety Equipment						
	Seat Position 6--SECOND SEAT-RIGHT SIDE					SHOULDER & LAP BELT						
UNIT 05	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 APPLICA			Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED					EMS Agency Identifier			EMS Run #			
	Hospital					Date of Death			Time of Death			
	Non Motorist		Striking Unit #			Location			To/From School			
	Prior Action					Action						
	Distracted By Action											
	Distracted By Source					Action Other						
UNIT INDIVIDUAL	Drug & Alcoh		Individual Condition APPEARED NORMAL									
	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											

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UNIT 02											
UNIT 06 INDIVIDUAL	Role PASSENGER			Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL			
	Last Name MEISTER			First Name SAMANTHA			Middle Initial MAXINE		Suffix		
	Street Address 6414 OTTO KERL RD			Street Address 2			PO Box				
	City CROSS PLAINS			State WI		Zip Code 53528		Country of Residence UNITED STATES			
	DOB [REDACTED]	Sex F	Race W	Hair BROWN	Eyes BROWN	Height 501	Weight 150	Phone Number (608) 843-2490 EXT.			
	Driver's License Number [REDACTED]			State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES			
	License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE			DL Expire Year 2021				
	Equipment		On Duty Accident		Safety Equipment						
	Seat Position 7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTOR			SHOULDER & LAP BELT							
	UNIT 06 INDIVIDUAL	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 APPLICA			Trapped/Extricated NOT TRAPPED					
Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #					
Hospital			Date of Death			Time of Death					
Non Motorist		Striking Unit #		Location			To/From School				
Prior Action			Action								
Distracted By Action											
Distracted By Source			Action Other								
UNIT 06 INDIVIDUAL	Drug & Alcoh		Individual Condition APPEARED NORMAL								
	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											

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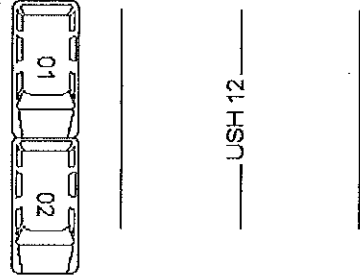
SAUK COUNTY SHERIFFS DEPARTMENT
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UNIT 02										
	INDIVIDUAL 07									
UNIT 07	Role PASSENGER			Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name REED			First Name ASHTON			Middle Initial ELIZABETH		Suffix	
	Street Address 2811 PARK ST			Street Address 2			PO Box			
	City MIDDLETON			State WI		Zip Code 53562		Country of Residence UNITED STATES		
	DOB [REDACTED]	Sex F	Race W	Hair BROWN	Eyes BROWN	Height 508	Weight 120	Phone Number (608) 234-3640 EXT.		
	Driver's License Number [REDACTED]			State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE			DL Expire Year 2020			
	Equipment	On Duty Accident		Safety Equipment						
	Seat Position 9--THIRD SEAT-RIGHT SIDE			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 APPLICA			Trapped/Extricated NOT TRAPPED				
Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #				
Hospital			Date of Death			Time of Death				
Non Motorist	Striking Unit #		Location			To/From School				
Prior Action			Action							
Distracted By Action										
Distracted By Source			Action Other							
Drug & Alcoh	Individual Condition APPEARED NORMAL									
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			
UNIT INDIVIDUAL 07										
Drug Type										

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S7523				Photos By 9198
				Additional Information NONE, PHOTOS
		Not to scale		

ON THE ABOVE DATE AND TIME UNIT 1 AND UNIT 2 WERE SOUTHBOUND ON USH 12 JUST SOUTH OF S7523. UNIT 2 SLOWED IN TRAFFIC. UNIT 1 STRUCK UNIT 2 IN THE REAR. UNIT 1 OPERATOR STATED SHE FELT SHE MAY HAVE BEEN GOING TO FAST. UNIT 2 HAD TWO TREK BICYCLES ATTACHED TO THE REAR OF UNIT 2 THAT WERE DAMAGED AS WELL.

Signature _____

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

Law Enforcement Agency _____

Agency Space 19-10344				
Officer Rank DEP	Officer Last Name FRANK	Officer First Name C	Officer Middle Name M	Suffix
DOT Officer ID 9198		DNR Officer ID	Officer Badge Number 9198	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMENT			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205	