

6TL0BFKDBT

19-08407

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON REEDSBURG RD 1112 FT W OF CTHU WB IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.532244616	Longitude -89.743065678
	X Coordinate 278352.28125	Y Coordinate 4823578.5
	Structure Type	

Crash Scene

First Harmful Event CARGO/EQUIPMENT LOSS OR SHIFT	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) SAND, GRAVEL	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	Unit Status IN TRANSIT	Vehicle Operating As Classification B CLASS		Unit Type TRUCK	
	Vehicle Type TRUCK TRACTOR (NOT ATTACHED)	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With OTHER NON-COLLISION		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 TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

UNIT	VEHICLE	Vehicle				
		License Plate Number	Plate Type	St	Country of Issuance	
		Vehicle Identification Number	Make	Year	Model	
		Color	Body Style		Bus Use NOT A BUS	
		Initial Contact Point NON-COLLISION	Vehicle Damage NO DAMAGE			
		Extent Of Damage NO DAMAGE				
Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR					

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UNIT
VEHICLE
01 01

What Driver Was Doing GOING STRAIGHT	Vehicle Factors
Driver Prior Action Other	NOT APPLICABLE
Driver Actions NO CONTRIBUTING ACTION	
Owner Name	Owner Address

Sequence Of Events

01
02
03
04

Event CARGO/EQUIPMENT LOSS OR SHIFT
Event
Event
Event

Individual

UNIT
INDIVIDUAL

Driver	Citations Issued 0	Sex
	Date of Birth	Race
Address	Driver License Number	

Safety Equipment

01
001

On Duty Crash	Safety Equipment
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	RESTRAINT USE UNKNOWN
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
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Prior Action

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	001	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			
	01	01	Carrier			
			<input type="checkbox"/> Use Vehicle Owner Same as Carrier		Source	
			Name		Address	
GVWR			Vehicle Configuration	Cargo Body Type		
US DOT #			Carrier Type	Permitted Load		
<input type="checkbox"/> OS/OW Load			WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present
Measured Height			Measured Length	Measured Width	Measured Weight	

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE							
		Vehicle Type PASSENGER CAR				Operating As Endorsements							
		Total Occs 3		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 45		Total Lanes 2			
		Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT				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

02	02	License Plate Number ACY6399		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2T1BURHE1JC120351		Make TOYOTA	Year 2018	Model COROLLA	

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UNIT VEHICLE	Color BLK - BLACK	Body Style SD - SEDAN	Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	12--FRONT	
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions FOLLOWING TOO CLOSE		
	Owner Name MEGAN KAY SCHEHR (608) 432-6699	Owner Address W5627 HAYNES RD PARDEEVILLE, WI 53954 , US	
UNIT 02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event CARGO/EQUIPMENT LOSS OR SHIFT	
	03	Event	
	04	Event	
UNIT 02	Policy Holder		
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual MEGAN SCHEHR	
UNIT INDIVIDUAL	Individual		
	Driver MEGAN KAY SCHEHR (608) 432-6699	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address W5627 HAYNES RD PARDEEVILLE, WI 53954 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	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 NON DEPLOYED
UNIT 002	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

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	Non Motorist	Striking Unit # Location
	Prior Action	
	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		
UNIT	Individual	
	Passenger KYLE MICHAEL BERG	Citations Issued 0 Sex MALE
	Date of Birth	Race WHITE
	Address 206 GILLETTE ST APT 3 PARDEEVILLE, WI 53954 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	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	
UNIT	Distracted By Distracted By Source	
	Distracted By Action	

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CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
02	003	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 MICHAEL A BLECHER JR (608) 566-7645			Citations Issued 0	Sex MALE	
		Address 114 E HOWARD ST APT D PORTAGE, WI 53901 , US			Date of Birth	Race WHITE	
					Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02	004	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					
		Non Motorist		Striking Unit #	Location		
		Prior Action					

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
02	004	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		