

6TL0B4X4LV

19-10976

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 19-10976	Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 09/02/2019		Crash Time 10:20 AM	Date Arrived 09/02/2019	Time Arrived 11:29 AM	
Date Notified 09/02/2019		Time Notified 10:20 AM	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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram <p>not to scale</p>	Reconstruction By
	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 STOPPED IN TRAFFIC ON S WINSTEAD ST WAITING TO TURN WB ON E JEFFERSON ST. UNIT 1 WAS NOT ABLE TO STOP IN TIME AND STRUCK THE REAR END OF UNIT 2. NO INJURIES REPORTED BY EITHER PARTY. UNIT 1 SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED BY OPERATOR. UNIT 2 SUSTAINED MINOR DAMAGE AND WAS REMOVED BY OPERATOR.

Location

ON STH23 EB 25 FT S OF E JEFFERSON ST IN THE VILLAGE OF SPRING GREEN IN SAUK COUNTY	Latitude 43.176802591	Longitude -90.064012258
	X Coordinate 250966.9375	Y Coordinate 4785007.5
	Structure Type NO STRUCTURE	

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Crash Scene

Table with crash scene details including: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (02--FRONT TO REAR), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLEAR), Animal Type, Crash Classification (PUBLIC PROPERTY), and Intersection Type (T-INTERSECTION).

Unit Summary

Table with unit summary details including: Unit Status (IN TRANSIT), Vehicle Type (UTILITY TRUCK/PICKUP TRUCK), Total Occs (1), Insurance? (YES), Most Harmful Event (MOTOR VEH IN TRANSPORT), and Traffic Way (TWO-WAY, NOT DIVIDED).

Vehicle

Table with vehicle details including: License Plate Number (JT8227), Vehicle Identification Number (1C6RR7NT5HS573315), Color (BLK - BLACK), Initial Contact Point (12--FRONT), and What Driver Was Doing (GOING STRAIGHT).

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions FOLLOWING TOO CLOSE		
		Owner Name JOEL ARLEN FISHER (715) 493-1486	Owner Address W10166 NOW RD BIRNAMWOOD, WI 54414 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
Policy Holder				
UNIT	Insurance Company AMERICAN-FAMILY-INS-CO		Individual JOEL FISHER	
	Individual			
UNIT	INDIVIDUAL	Driver JOEL ARLEN FISHER (715) 493-1486	Citations Issued 0	Sex MALE
		Date of Birth		Race WHITE
	Address W10166 NOW RD BIRNAMWOOD, WI 54414 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	001	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	
	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
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 APPEARED NORMAL			

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR				Operating As Endorsements		
UNIT	02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2		
		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	
		Truck Bus or HazMat NO						

UNIT	VEHICLE	Vehicle				
		License Plate Number 992GKX		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1VWAS7A30EC032112		Make VOLKSWAGEN	Year 2014	Model PASSAT
		Color SIL - SILVER (ALUMINUM)		Body Style SD - SEDAN		Bus Use NOT A BUS
		Initial Contact Point 6--REAR		Vehicle Damage		
		Extent Of Damage MINOR DAMAGE		6--REAR		
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors		
Driver Prior Action Other		NOT APPLICABLE				

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UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	02	02	Owner Name SAMUEL ELIJAH BRUEGGEMAN (608) 393-0254
			Owner Address S6091 COUNTY ROAD PF NORTH FREEDOM, WI 53951 , US
Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual WILLIAM BRUEGGEMAN
UNIT INDIVIDUAL	Individual		
		Driver SAMUEL ELIJAH BRUEGGEMAN (608) 393-0254	Citations Issued 0
			Sex MALE
			Race WHITE
	Address S6091 COUNTY ROAD PF NORTH FREEDOM, WI 53951 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 002	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
	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
02	002	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			