

6TLOBFKDBV

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|--|---|--|--|---|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 19-10660 | Investigating Officer/Deputy DEPUTY H. VOLZ | |
| Crash Date 08/25/2019 | | Crash Time 11:45 AM | Date Arrived 08/25/2019 | Time Arrived 01:14 PM | |
| Date Notified 08/25/2019 | | Time Notified 12:52 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 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

| | |
|----------------|---------------------------------------|
| <p>Diagram</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 TRAVELING WB ON PHYLANE ROAD. UNIT 1 WAS EXITING A PRIVATE DRIVEWAY. UNIT 1 FAILED TO YIELD TO UNIT 2 WHILE EMERGING FROM A NON-HIGHWAY ACCESS. UNIT 1 STRUCK UNIT 2 IN THE ROAD WAY.

Location

| | | |
|---|---|-----------------------------------|
| ON E3055 PHYLANE RD 324 FT E OF QUAIL COVE (HOUSE/BUILDING E3055) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY | Latitude 43.178435723 | Longitude -90.165580213 |
| | X Coordinate 242718.15625 | Y Coordinate 4785496 |
| | Structure Type HOUSE/BUILDING | |

Crash Scene

| | | | |
|---|---|---|---------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 08--FRONT TO SIDE | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | | 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 DRIVEWAY ACCESS | Intersection Type NOT AN INTERSECTION | |

Unit Summary

| | | | | | | |
|-------------|---|--|---|----------------------------|--|--|
| UNIT | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | | | | Operating As Endorsements | |
| | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 3 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? NO | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit N/A | Total Lanes 1 | |
| | 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 SLAG, GRAVEL, OR STONE | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | | | | |
|-------------|----------------|---|--|---------------------------------------|--|-----------------------------|---------------------|------------------------|
| UNIT | VEHICLE | License Plate Number | | | | Plate Type | St | Country of Issuance |
| | | Vehicle Identification Number 1FMYU02141KE70983 | | | | Make FORD | Year 2001 | Model ESCAPE |
| | | Color YEL - YELLOW | | Body Style 4D - 4DR | | 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 OPERATOR | | | | |
| | | What Driver Was Doing LEFT TURN | | Vehicle Factors | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | |
|---|------------|---|---|--|
| UNIT | VEHICLE | Driver Actions FAILED TO YIELD RIGHT-OF-WAY | | |
| | | Owner Name TYANN M EVERSON (608) 553-4564 | Owner Address E3055 PHYLANE RD LONE ROCK, WI 53556 , US | |
| Sequence Of Events | | | | |
| UNIT | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| Individual | | | | |
| UNIT | INDIVIDUAL | Driver DAWSON FREDERICK LINS (608) 553-4564 | Citations Issued 3 | Sex MALE |
| | | Date of Birth | | Race |
| Address E3055 PHYLANE RD LONE ROCK, WI 53556 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| Safety Equipment | | 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 | | |
| UNIT | 001 | 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 | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | |
|------------|------------|--|---|--|--|
| UNIT 01 | INDIVIDUAL | 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 | | | |
| | | Individual | | | |
| | | Passenger DAYTON M LINS (608) 425-9104 | Citations Issued 0 | Sex MALE | |
| | | Address 302 E UNION ST LONE ROCK, WI 53556 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| UNIT 01 | INDIVIDUAL | Safety Equipment | On Duty Crash | Safety Equipment | |
| | | Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER | 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 | | |
| | | Distracted By Action | | | |
| UNIT 01 | INDIVIDUAL | Non Motorist | Striking Unit # | Location | |
| | | Prior Action | | | |

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19-10660

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL
Action
Action Other
To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given Alcohol Test Type Alcohol Test Results
Drug Test Given Drug Test Type Drug Test Results
Drug Type
Individual Condition
Violations
UTC Number Issue To? Statute Number Description
AE139439 001 346.18(4) FAIL/YIELD EMERGING FROM NONHIGHWAY ACCESS
AE139440 001 343.44(1)(a) OPERATING WHILE SUSPENDED
AE139441 001 344.62(1) OPERATE MOTOR VEHICLE W/O INSURANCE

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
IN TRANSIT D CLASS AUTOMOBILE
Vehicle Type Operating As Endorsements
(SPORT) UTILITY VEHICLE
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
1 0 0 0 0
Insurance? Direction Of Travel Pre Crash Tire Mark Speed Limit Total Lanes
YES WESTBOUND 35 2
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT NO SPECIAL FUNCTION NOT APPLICABLE
Traffic Way Traffic Control Traffic Control Inoperative/Missing
TWO-WAY, NOT DIVIDED NO CONTROL NO
Surface Type Road Curvature Road Grade
BLACKTOP (BITUMINOUS) STRAIGHT LEVEL
Truck Bus or HazMat
NO

UNIT 02 VEHICLE
Vehicle
License Plate Number Plate Type St Country of Issuance
ZHYW12 AUT - AUTOMOBILE WI UNITED STATES
Vehicle Identification Number Make Year Model
5NMS3CAD7KH051484 HYUNDAI 2019 SANTA FE
Color Body Style Bus Use
RED - RED UT - SPORT UTILITY VEHICLE NOT A BUS
Initial Contact Point Vehicle Damage
1--RIGHT FRONT CORNER
Extent Of Damage
FUNCTIONAL DAMAGE 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE
Towed Due To Damage Vehicle Removed By
NOT TOWED OPERATOR

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | |
|---|---|---|--|
| UNIT VEHICLE | What Driver Was Doing GOING STRAIGHT | Vehicle Factors | |
| | Driver Prior Action Other | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | |
| | Owner Name ZIMBRICK INC (800) 362-5497 | Owner Address 1601 W BELTLINE HWY MADISON, WI 53713 , US | |
| UNIT 02 | Sequence Of Events | | |
| | 01 | Event MOTOR VEH IN TRANSPORT | |
| | 02 | Event | |
| | 03 | Event | |
| | 04 | Event | |
| UNIT | Policy Holder | | |
| | Insurance Company PROGRESSIVE-CASUALTY-INS-CO | Individual MARIA SCHAUF | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver MARIA LYNN SCHAUF | Citations Issued 0 | Sex FEMALE |
| | | Date of Birth | Race WHITE |
| | Address 840 COLE ST SPRING GREEN, WI 53588 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| UNIT 02 | Safety Equipment | | On Duty Crash |
| | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | Safety Equipment SHOULDER & LAP BELT |
| | Helmet Use | | Helmet Compliance |
| | Eye Protection | | Tint Compliance |
| | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| UNIT 003 | 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 | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | |
|-------------|-------------------|--------------|--|-------------------|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Action | | | | |
| | | Action Other | | To/From School | | |
| | 02 | 003 | 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 | | | |