WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash D	ocument #	Agency 19-110	Crash Number 92	Investigating DEPUTY A	Officer/Deputy A. KULAS				
Crash Date 09/04/2019	9/04/2019 06:25 PM (Date Ar			Time Arrived 06:43 PM				
Date Notified				otal Units To			d			
09/04/2019	06:25 PM		02		00	00	T			
	and Run	✓ Lane Clos		Work Zone		or Towed	Reporting Threshold			
Government Property	Active Sch	nool Zone	NO School	Bus Related	Tags		1			
✓ Reportable	Crash Type DT4000 (STAN	NDARD CRASI	H)		Amend	led	Secondary Crash			
Description						1	-			
Diagram						Reconstruction	Ву			
						Photos By				
Hv 14)	Hy 14/60									
Additional Information										
	Additional Information PHOTOS, DASH CAMERA VIDEO									
				-	_					
,										
U2	U2	U2								
	<u> </u>	02			1					
				J U1						
U1	A FIRE	n Ä								
A Gent				<u>N</u>	U1					
				민	اسلم					
				4						
		No	t to Scale							
				*						
I a avecum law autono	nt efficar area	a that I barra	ا ما اما ا	any CIIC data in this	. romort	<u> </u>				
I, a sworn law enforceme				-		/EHICI E DASSE	ED LINIT 1 LINIT 1			
ACTIVATED EMERGENCY LIGHT	S AND STARTED	TO CONDUCT A	A U TURN	UNIT 1 PULLED BACK (ONTO THE RO	ADWAY IN FRO	NT OF UNIT 2. UNIT 2			
COLLIDED WITH UNIT 1. UNIT 1	KE ENTEKED TH	E DITCH AND CA	AME IO A	STOP. UNIT 2 SPUN AR	OUND AND C	AME TO A STOP	PROUNG THE SOUTH.			
Location						1				
ON USH14 EB 1040 FT W				Latitude 43.19034573	34	Longitud	de 0505327			
OF DONALD RD IN THE TOWN OF SPRING G	REEN			X Coordinate		Y Coord	dinate			
IN SAUK COUNTY				243993.2656 Structure Type		478677	/2.5			
NO STRU										

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

Crash Scene

		U TURN									
		TOWED DUE TO DIS	ABLING DAMAGE			R'S TOWIN	IG				
	V.	Towed Due To Damage	<u>E</u>	Vel	nicle Re	emoved By					
UNIT	VEHICL	Extent Of Damage		1	1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT						
_	ΊΈ	Initial Contact Point 11LEFT FRONT CO	RNFR	Veł	Vehicle Damage						
		BLK - BLACK		SD	- SEC	DAN			NOT A BU	S	
	J				dy Style)		2013	Bus Use		
01	01				ke D GE			Year 2019	Model CHARGER		
		AFC4275				JTOMOBIL	.E	WI	UNITED STATES		
		License Plate Number		Pla	Plate Type		St Country of Issuance				
		Vehicle									
	Trucl	k Bus or HazMat									
				RAIGHT			LEVEL				
	·			ad Curvature			Road Grade				
		D-WAY, NOT DIVIDED			affic Control CONTROL			NO			
ر		MOTOR VEH IN TRANSPORT Fraffic Way Traff				trol			EMERGENCY OPERATOR, EMERGENC Traffic Control Inoperative/Missing		
UNIT	Most	Most Harmful Event: Collision With Spe			Special Function			Emergency	Motor Veh		
_	Insur	rance?	EASTBOUND		Pre	CrashTire Mark		Speed Lim	III.	1 otal Lan	ies
	1	range?	Direction Of Travel	0				0 Speed Lim	Limit Total La		200
				otal # Citations Issued Total Traile			' '				
01	POLICE EMERGENCY								Sporating A	בוומטוטט	
	ON EMERGENCY Vehicle Type				CLASS			Operating A		ments	
	Unit Status Vehic				ehicle Operating As Classification			Unit Type			
	Unit	Summary ==	•					I			
		4/2019	07:25 PM			4/2019			:54 PM		
	09/04/2019 06:25 PM Date All Lanes Open Time All Lanes Open				Date	Scene Clear	ed	Tim	ne Scene Clea	ared	
	LANE CLOSURE Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed				LAW	ENFORCI	EMENT, T	OW TRUC	K		
					110031	00 101 01030					
	Closure Type				Reas	ons for Closu		CHON			
	Withi	n Interchange Area	Junction Location NON-JUNCTION			Intersectio	n Type INTERSE	CTION			
						_	NO CON	TROL			
	Tribal Land						Access Co				Special Study
		h Classification - Location BLIC PROPERTY						ssification CIAL JUR	Jurisdiction ISDICTION		
								CWAY - OI			
	Animal Type						Relation T	o Trafficway	/		
	CLE	AR									
	Wea	ther Condition(s)									
	пои	NE .					NONE				
	Envi	onment Factor(s)									
	DRY										
	Road Surface Condition(s)						Roadway				
		FRONT TO SIDE					DAYLIGHT				
		TOR VEH IN TRANSPO ner of Collision	ORI		ON ROADWAY Light Condition						
	First Harmful Event				First Harmful Event Location						

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				(000) 000 4000			
			Vehicle Factors				
		Driver Prior Action Other	NOT APPLICABLE				
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY					
⊨	쁫	TALLED TO TILLED MOTITION WAT					
LNO	VEHICL						
	>						
		Owner Name	Owner Address				
_	_	WISCONSIN STATE PATROL	911 W NORTH ST				
5	5	(608) 846-8500	DEFOREST, WI 53532 , US				
		Samuanaa Of Evanta					
		Sequence Of Events Event					
	5	MOTOR VEH IN TRANSPORT					
	05	Event					
	03	Event					
		Event					
	9	LVGIII					
⊨	ı	Policy Holder					
LNO		Insurance Company SELF-INSURED	Government WISCONSIN STATE PATROL				
		ndividual	WIGGORDIN CTATE LATROE				
		Driver	Citations Issued	Sex			
	ب	SCOTT THIEDE	0	MALE			
	INDIVIDUAL	(608) 846-8500	Date of Birth	Race WHITE			
L	Ĭ	Address	Driver License Number				
_	S	911 W NORTH ST DEFOREST, WI 53532,US	STATE: WISCONSIN COUNTRY: UNITED STATES				
	_						
	Cod	On Duty Crash	Safety Equipment				
	Sai	Fety Equipment POLICE Seat Position	CHOILI DED 8 I AD DEL T				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT				
		Helmet Use	Helmet Compliance Tint Compliance				
		Eye Protection					
		-, - · · · · · · · · · · · · · · · · · ·	Till Compilation				
5	001	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED				
		Ejected Ejection Path	NON DEL EGTED	Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT AP	PLICABLE	NOT TRAPPED			
		Medical Transport LAW ENFORCEMENT	EMS Agency Identifier	EMS Run #			
		Hospital	Date of Death	Time of Death			
		ST CLARE HOSP					
		Distracted By Source NOT APPLICABLE (NOT DISTR	ACTED)				
		Distracted By Action NOT DISTRACTED	·				
		Striking Unit # Location					
		Non Motorist					
		Prior Action					

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action									
±	INDIVIDUAL										
UNIT											
	Z										
		Action Other								To/From School	
		Susr	pected Alcohol U	SP	Suspected Drug Use						
	L	Drug & Alcohol No	5001047110011010	00	NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	e			Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug To	est Results				
10	00	Drug Type				<u> </u>					
		Individual Condition									
		APPEARED NORMAL									
		t Summary Status		,	Vehicle Operating As Class	sification		Unit Type			
		RANSIT			D CLASS			AUTOMOBILE			
02		cle Type				Operating A	s Endorsem	nents			
0	•	ORT) UTILITY VEHICLE	Train/Bus # Re	Total # Citations Issued Total Traile) ro	Total Haz	Mot Types		
	10ia	TOCCS	Halli/Dus # Net		Otal # Citations Issued		0	715	0	wat Types	
_	Insur	rance?	Direction Of Tra		Pre CrashTire Speed Lin Mark 55		Speed Lim	it	Total Lane	es	
UNIT	Most	Harmful Event: Collision Wi	th	+;	Special Function	ecial Function		Emergency NOT APP	Motor Vehic	cle Use	
		TOR VEH IN TRANSPOI	RT		Traffic Control			Traffic Cont		ive/Missina	
		D-WAY, NOT DIVIDED			NO CONTROL			NO	,	.	
		ace Type			Road Curvature			Road Grade			
	BLACKTOP (BITUMINOUS) Truck Bus or HazMat				STRAIGHT			LEVEL			
	NO										
		Vehicle									
		License Plate Number			Plate Type AUT - AUTOMOBILE			Country of Is			
~		128MEH Vehicle Identification Number			Make		Year	UNITED STATES Model			
02	02	1J4GL48K37W641552 Color BGE - BEIGE Initial Contact Point			JEEP		2007	LIBERTY SP			
					Body Style UT - SPORT UTILITY	VEHICL	E	Bus Use NOT A BUS			
	щ				Vehicle Damage						
UNIT	EHICL	1RIGHT FRONT COR	NER		1RIGHT FRONT COI	RNER, 2	RIGHT	SIDE FRON	IT, 3RIGI	HT SIDE MIDDLE, 4-	
n	声	Extent Of Damage DISABLING DAMAGE			RIGHT SIDE REAR, 5RIGHT REAR CORNER						
		Towed Due To Damage			Vehicle Removed By						
		TOWED DUE TO DISA What Driver Was Doing	BLING DAMA	GE	GEORGES AUTO BO	DY					
		GOING STRAIGHT									
		Driver Prior Action Other			NOT APPLICABLE						

WISCONSIN MOTOR VEHICLE CRASH REPORT

LINO	VEHICLE	NO CONTRIBUTING ACTION									
05	02	Owner Name EARLINE J WILSON (608) 604-1121		Owner Address 953 E HASELTINE STREET RICHLAND CENTER, WI 53581 , US							
		Sequence Of Events									
	01	MOTOR VEH IN TRANSP	ORT								
	02	Event									
	03	Event									
	04	Event									
_	Ì	Policy Holder									
LIN O		Insurance Company STATE-FARM-GENERAL	-INS-CO	Individual EARLINE WILSON							
		ndividual									
		Driver		Citations Issued	Sex						
	Ļ	EARLINE J WILSON (608) 604-1121		0	FEMALE						
╘	IDUA	(000) 004-1121		Date of Birth	Race WHITE						
LINO	INDIVIDUAL	Address 953 E HASELTINE STREE RICHLAND CENTER, WI		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Duty fety Equipment	Crash	Safety Equipment							
		Seat Position 1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY	SHOULDER & LAP BELT							
		Helmet Use	•	Helmet Compliance							
		Eye Protection		Tint Compliance							
05	005	Injury So	everity	Airbag							
	0		PARENT INJURY Ejection Path	NON DEPLOYED	Trapped/Extricated						
		Ejected NOT EJECTED	NOT EJECTED/NOT APPL	ICABI F	NOT TRAPPED						
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run #						
		Hospital		Date of Death	Time of Death						
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTRA	CTED)	l						
		Distracted By Action NOT DISTRACTED									
		Non Motorist Striking	Unit # Location								
		Prior Action	l								

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Crash Date 09/04/2019

Crash Time 06:25 PM

	Action					
A I						
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\leq						
Z						
	Action Other					To/From School
_	Suspected Alco	hol Use	Suspected Drug Use			•
L	rug & Alconol No		NO			
	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
	TEST NOT GIVEN					
	Drug Test Given	Drug Test Type		Drug Test Results		
	TEST NOT GIVEN					
2	Drug Type					
8						
_						
-	Individual Condition					
	Individual Condition APPEARED NORMAL					
	INDIVIDUAL	Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN	Action Other Drug & Alcohol Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Type	Action Other Drug & Alcohol Suspected Alcohol Use NO NO NO NO NO NO NO N	Action Other Drug & Alcohol Suspected Alcohol Use NO NO NO NO	Action Other Drug & Alcoho Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Given Drug Test Results Drug Type Drug Test Results Drug Test Results