6TL09KMM0M

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913

9-11306		CRASI	H REPO	RT			BARABOO, WI 53913 (608) 356-4895
Document Number Override	Primary Crash	Document #	Agency Crasl 19-11306	n Number	Investigating O DEPUTY S. I		
Crash Date 09/10/2019	Crash Time 12:25 PM		Date Arrived 09/10/2019		Time Arrived 12:42 PM		
Date Notified	Time Notified		Total Units		Total Injured	Total Kill	led
09/10/2019	12:28 PM		02		04		
On Emergency	Hit and Run	Lane Clos		Work Zone	Trailer o	Towed	Reporting Threshold
Crash Date 09/10/2019 Date Notified 09/10/2019 On Emergency Government Property		chool Zone	School Bus R	elated	Tags		
Reportable Description	Crash Type DT4000 (ST	ANDARD CRASH	1)		Amended	t	Secondary Crash
Diagram	TRUCK STOPPE	ree that I have no	ot added any		SING FO SCALE his report.	Photos By Idditional Info IONE	ormation
113 CAME FROM BEHIND AI THOUGH IT IS A LEVEL STR	ND CRASHED INTO	UNIT 2. UNIT 1 DR	IVER STATED	SHE DID NOT SE	EE THE VEHICLES	STOPPED A	T THE RR XING EVEN
CRASH.							
Location ON STH113 NB				Latitude		Longit	ude
704 FT N				43.374849	243	_	78476926
OF STH78 NB IN THE TOWN OF MERRI	MAC			X Coordinat	e		ordinate
IN SAUK COUNTY				283009	vno.	4805	927

NO STRUCTURE

WISCONSIN MOTOR VEHICLE CRASH REPORT

First Harmful Event Location

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

Crash Scene First Harmful Event

		TOR VEH IN TRANS	PORT				ON ROADWAY					
		ner of Collision					Light Con					
		FRONT TO REAR					DAYLIG					
	Road	Surface Condition(s)					Roadway	Factor(s)				
	DRY	•										
	Envir	onment Factor(s)										
	МОИ	• • •					NONE					
		ther Condition(s)										
	CLC	UDY										
	Anim	al Type					Relation 7	To Trafficwa	ау			
								CWAY - C	N ROAD			
		h Classification - Location	on						- Jurisdiction			
		LIC PROPERTY							RISDICTION		T	
	Iriba	I Land					Access C				Special Study	
	\ A /: 41- :	- l-t A	Lucation			latana atia	NO CON	IIKUL				
	NO	n Interchange Area	Junction	Location AY GRADE CROSS	SING	Intersection NOT AN		CTION				
		· C = ============================	I WILWA	TOTALL CROSS	J10	I HOT AN		. J. ION				
_		Status			Vehicle Ope	erating As CI	assification)	Unit Tune			
		RANSIT			D CLASS	namy As O	ussiiitaiiUl	•	Unit Type AUTOMO	BII F		
		cle Type			D OLAGO				Operating A		ments	
5		SENGER CAR							, 3 = 1.121.00.			
	Total	Train/Bus # Recorded				Total # Citations Issued		Total Tra	ilers	Total Haz	:Mat Types	
	2				1			0	0			
	Insurance? Direction Of Travel			Pre	CrashTire		Speed Li			es		
╘╽	YES					Mark		55		2		
5		ost Harmful Event: Collision With OTOR VEH IN TRANSPORT				ction IAL FUNC	TION		NOT APP			
		ic Way							Traffic Cont	_		
		D-WAY, NOT DIVIDE	D		Traffic Control RAILWAY CROSSIN					NO		
		ace Type			Road Curva				Road Grade			
	BLA	CKTOP (BITUMINO	US)		STRAIGH	STRAIGHT			LEVEL			
	Truc	R Bus or HazMat										
	NO											
	,	/ehicle										
		License Plate Number			Plate Type			St	Country of Is	suance		
		296WWJ			AUT - AU	TOMOBIL	E	WI	UNITED ST	TATES		
5	1	Vehicle Identification N			Make			Year	Model			
٥	01	3KPFL4A70HE0201	174			ORS COR	PORA	2017	FORTE			
		Color BLK - BLACK			Body Style SD - SED				Bus Use NOT A BUS	s		
	ш	Initial Contact Point			Vehicle Da				1•			
╘		12FRONT				Ū						
E N O	VEHICL	Extent Of Damage					,	11LEF1	FRONT CO	RNER, 12	2FRONT,	
_ ر	۷E	DISABLING DAMA	GE		UNDERC	ARRIAGE						
		Towed Due To Damage	Vehicle Re	moved By								
		TOWED DUE TO D	ISABLING	DAMAGE	MIKES TO	OWING						
		What Driver Was Doing	•		Vehicle Fac	ctors						
		GOING STRAIGHT			NOT ARR	LICABLE						
		Driver Prior Action Other	er		INOT APP	LICABLE						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Driver Actions	VELUCI E IN IN	LATTENTIVE CA	DELECC OD EDDATIC M	ANNED								
.	Щ	OPERATED MOTOR	R VEHICLE IN IT	NATIENTIVE, CA	RELESS OR ERRATIC M	ANNER								
L N	VEHICL													
5	프													
	5													
		Owner Name			Owner Address									
_	_	CEAIRA LOUISE WI	EBER		N958 OLD 26 RD FORT ATKINSON, WI 53538 , US									
2	2	(920) 222-2944			FORT ATRINSON, WI 33330 , 03									
	;	Sequence Of Eve	ents											
		Event												
	2	MOTOR VEH IN TRA	ANSPORT											
	8	Event												
	02													
	က	Event												
	03													
	₩	Event Event												
	70 Event													
		Policy Holder												
L N		Insurance Company			Individual									
5		PAFCO-GENERAL-I	INS-CO		CEAIRA WEBER									
					CEAIRA WEBER									
		Individual			LOitatiana Ianuad									
		Driver CEAIRA LOUISE WI	FRFR		Citations Issued		Sex FEMALE							
	7	(920) 222-2944	LDLK		1									
.	Ž	`			Date of Birth		Race WHITE							
	INDIVIDUAL	Address			Driver Lieenee Mumber									
5	ā	Address N958 OLD 26 RD			Driver License Number									
	Z	FORT ATKINSON, V	VI 53538 , US		STATE: WISCONSIN CO	OUNTRY: UNI	TED STATES							
			n Duty Crash		Safety Equipment									
	Sat	fety Equipment	Duty Graon											
		Seat Position			SHOULDER & LAP BELT									
		1FRONT SEAT-LE	FT SIDE (DRIVE	R/MOTORCY	J. 100 - 100									
		Helmet Use			Helmet Compliance									
		Eye Protection			Tint Compliance									
_	Ξ	Ir	njury Severity		Airbag									
5	00	Injury _N	IO APPARENT	INJURY	NON DEPLOYED									
		Ejected	Ejection Pa				Trapped/Extricated							
		NOT EJECTED	NOT EJE	CTED/NOT APP	LICABLE		NOT TRAPPED							
		Medical Transport	I		EMS Agency Identifier		EMS Run #							
		NOT TRANSPORTE	D											
		Hospital			Date of Death		Time of Death							
		D:	istracted By Source	e	•	•								
		Distracted By												
		Distracted By Action												
		UNKNOWN												
		Non Material S	Striking Unit #	Location										
		Non Motorist												
		Prior Action												
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WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Action							
	_								
	INDIVIDUAL								
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UNIT									
5	2								
	₽∣								
	Z								
		Action Other					To/From School		
		Action Other					10/1101113011001		
		Suspected A	Icohol Use	Suspected Drug Use					
		Drug & Alcohol No		NO					
		Alaskal Tast Civer	Alashal Tark Time			Alaskal Task Daniska			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN							
		Drug Test Given	Drug Test Type		Drug Test Results	•			
		TEŠT NOT GIVEN			Ĭ				
7	001	Drug Type							
0	ō								
		Individual Condition							
		APPEARED NORMAL							
	ı	ndividual							
		Passenger		Citations Issued		Sex			
		KAITLYN MICHELLE OROUR	0		FEMALE				
	7	(608) 359-9571							
)	(555) 555		Date of Birth		Race			
-	۵					WHITE			
	INDIVIDUAL	Address		Driver License Number					
\supset		4136 EASTRIDGE DR							
	Z	JANESVILLE, WI 53546, US		STATE: WISCONSIN	N COUNTRY: UN	ITED STATES			
		,							
		On Duty Cra	sh	Safety Equipment					
	Saf	ety Equipment							
		Seat Position		CHOILI DED & LAD BELT					
				SHOULDER & LAP BELT					
		3FRONT SEAT-RIGHT SIDE	(TRAIN ENGINEER						
		Helmet Use		Helmet Compliance					
		Fue Dretection		T' + O - I'					
		Eye Protection		Tint Compliance					
_	Ø	Injury Severi	ty	Airbag					
6	005	Injury NO APPAR	RENT INJURY	NON DEPLOYED					
		Ejected Eje	ction Path			Trapped/Extricated			
			T EJECTED/NOT APPL	ICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		Поэрна		Date of Death		Time of Death			
				<u> </u>					
		Distracted By	/ Source						
		Distracted By							
		Distracted By Action							
		Distraction by Action							
		Striking Unit	# Location						
		Non Motorist							
		Prior Action	<u> </u>						

WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	INDIVIDUAL	Action										
İ		Action Other										To/From School
	ı	Drug & Alcohol Alcohol Test Given	Susp NO	pected Alcohol L	Jse Alcohol Test Ty	/ne	Suspected Drug Use NO			Alcohol Tes	t Results	
		TEST NOT GIVEN			7 doorlor rest ry	, pc		Alcohol Test Ne			r results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug ⁻	Test Results			
6	005	Drug Type										
		Individual Condition										
		APPEARED NORM	1AL									
	,	/iolations										
		UTC Number			atute Number 6.89(1)		Description	INC.				
	5	AE756987	001	341	0.09(1)		INATTENTIVE DRIVI	ING				
_	Unit Summary Init Status				Ve	hicle Operating As Classi	fication	1	Unit Type			
	IN TRANSIT						D CLASS			AUTOMO	BILE	
2		Vehicle Type								Operating A	s Endorsem	nents
05	•	(SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded				_			17 / 17 %		- · · · · · ·	4.7
	4					0	tal # Citations Issued		Total Traile 0 Speed Lim		Total HazN	
<u></u> ⊨	YES			Direction Of Tr			Mark 55				Total Lane 2	
L	MO.	t Harmful Event: Collision TOR VEH IN TRANS				Special Function NO SPECIAL FUNCTION				NOT APP	LICABLE	
		ic Way D-WAY, NOT DIVIDE	-n			Traffic Control RAILWAY CROSSING				Traffic Control Inoperative/Missing NO		
	<u> </u>	ace Type					ad Curvature			Road Grade		
		ACKTOP (BITUMING)US)		Sī	TRAIGHT			LEVEL		
	Truc NO	k Bus or HazMat										
		Vehicle										
		License Plate Number					late Type		St	Country of Is	suance	
		AEY6812					UT - AUTOMOBILE		WI Year	UNITED ST	TATES	
05	05	Vehicle Identification N JTMBK32V176027		bei			OYOTA		2007	Model RAV4 SPO	RT	
		Color GRY - GRAY					ody Style I T - SPORT UTILITY V	/EHIC	LE	Bus Use NOT A BU	s	
l	۳	Initial Contact Point				V	ehicle Damage					
UNIT	VEHICLE	6REAR Extent Of Damage FUNCTIONAL DAM	ΛAG	:F		5.	RIGHT REAR CORN	IER, 6	REAR, 7-	-LEFT REA	AR CORNE	ER
	Towed Due To Damage						ehicle Removed By					
		NOT TOWED				0	PERATOR					
		What Driver Was Doin	•			V	ehicle Factors					
		STOP IN TRAFFIC Driver Prior Action Oth				N	OT APPLICABLE					
						NOT ATTEIOABLE						

6TL09KMM0M

19-11306

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/10/2019

Crash Time 12:25 PM

		Driver Actions											
	Щ	NO CONTRIBUTING	G ACTION										
╘	VEHICL												
LNO	Ĭ												
ر ر	Æ												
	>												
		Own and Name			Own and Address a								
		Owner Name RONALD WAYNE	COODNO		Owner Address 227 HOWARD DR								
07	02	(608) 799-2855	GOODNO		HOLMEN, WI 54636	118							
0	0	(000) 199-2000			HOLMEN, WI 54030	, 03							
		Sequence Of Ev	ents										
		Event	Citto										
	01	MOTOR VEH IN TR	ANSPORT										
	02	Event											
	0												
	03	Event											
	0												
	_	Event											
	0	40 Exemption 1											
		Dalian Haldan											
╘		Policy Holder											
LIND		Insurance Company			Individual								
_		ERIE-INS-CO			RONALD GOODNO								
		Individual											
		Driver			Citations Issued		Sex						
		RONALD WAYNE	GOODNO		0		MALE						
	4	(608) 799-2855					Race						
	3	` ,			Date of Birth		WHITE						
╘	_						VVIIII L						
	INDIVIDUAL	Address			Driver License Number								
_	Ä	227 HOWARD DR HOLMEN, WI 54636	6 116		STATE: WISCONSIN C	CHATRY: HAI	ITED STATES						
	=	HOLIVIEN, WI 54630	0,03		STATE: WISCONSIN C	CONTINT. ON	IILD STATES						
			On Duty Crash		Safety Equipment								
	Sat	fety Equipment											
		Seat Position			SHOULDER & LAP BELT								
		1FRONT SEAT-LE	EFT SIDE (DRIV	ER/MOTORCY									
		Helmet Use			Helmet Compliance								
		Tiomiot Coo			Tiomic Compilation								
		Eye Protection			Tint Compliance								
		Lye i lotection			Tilli Compliance								
	•		Injury Severity		Airbag								
05	003	Injury	POSSIBLE INJU	IDV	<u> </u>								
	0				NON DEPLOYED		T 1/5 / 1						
		Ejected	Ejection F				Trapped/Extricated						
		NOT EJECTED	NOT EJ	ECTED/NOT APP			NOT TRAPPED						
		Medical Transport			EMS Agency Identifier		EMS Run #						
		NOT TRANSPORTI	ED										
		Hospital			Date of Death		Time of Death						
			Distracted By Sour	ce									
		Distracted By	NOT APPLICAE	BLE (NOT DISTRA	CTED)								
		Distracted By Action		•	•								
		NOT DISTRACTED)										
				Loostian									
		Non Motorist	Striking Unit #	Location									
		Prior Action											

WISCONSIN MOTOR VEHICLE CRASH REPORT

								(000) 000 4000		
		Action								
	INDIVIDUAL									
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	Z									
								1		
		Action Other						To/From School		
		Susp	ected Alcohol Us	se	Suspected Drug Use					
		Drug & Alcohol NO			NO					
	_	_								
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN								
				Drug Test Type		Drug Toot Booulto				
		Drug Test Given TEST NOT GIVEN		Diug Test Type		Drug Test Results				
		TEST NOT GIVEN								
رم ا	က	Drug Type	<u> </u>							
02	003									
		Individual Condition								
		Individual Condition								
		45554555 NO.								
		APPEARED NORMAL								
	i	ndividual								
					LOitatiana Iaassa d		1.0			
		Passenger			Citations Issued		Sex			
	_	LORETTA L GOODNO (608) 797-1661			0		FEMALE			
	⋖				Date of Birth		Race			
	\supset						WHITE			
UNIT	INDIVIDUAL									
=	Ž	Address			Driver License Number					
_	9	227 HOWARD DR								
	=	HOLMEN, WI 54636 , U	JS		STATE: WISCONSII	N COUNTRY: UN	ITED STATES			
		_								
	0-4	On D	Outy Crash		Safety Equipment					
	Sai	ety Equipment								
		Seat Position			SHOULDER & LAP	RFIT				
			LIT CIDE		SHOOLDEN & LAF BELT					
		6SECOND SEAT-RIG	HI SIDE							
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
		Lyc i lotoction			Till Compliance					
05	004	Injury	y Severity		Airbag					
0	ŏ	<i>Injury</i> POS	SIBLE INJUR	Y	NON DEPLOYED					
		Ejected	Ejection Pat	h			Trapped/Extricated			
		•								
		NOT EJECTED	NOT EJEC	CTED/NOT APPL	LICABLE		NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED								
					Date of Death		Time of Death			
		Hospital			Date of Death		Time of Death			
					<u> </u>					
		Distr	acted By Source	1						
		Distracted By	=							
		Distracted By Action								
		Striki	ing Unit #	Location						
		Non Motorist	-							
		Drior Action								
		Prior Action								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/10/2019

Crash Time 12:25 PM

		Action								
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L L	INDIVIDUAL									
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	=									
		Action Other					To/From School			
ĺ		Suspec	ted Alcohol Use	Suspected Drug Use						
	L	Drug & Alcohol NO		NO						
İ		Alcohol Test Given	Alcohol Test Type	9		Alcohol Test Results				
		TEST NOT GIVEN								
ŀ		Drug Test Given	Drug Test Type		Drug Test Results					
		TEST NOT GIVEN	0 71							
	₩	Drug Type								
02	004	Diag Type								
	J									
ŀ		Individual Condition								
		marviadar Condition								
		APPEARED NORMAL								
		ndividual								
		Passenger		Citations Issued		Sex				
		WILLIAM PHILLIP HALLE	-R			MALE				
	7	(608) 783-3998		0						
	3	(111)		Date of Birth		Race WHITE				
<u>□</u>	₽					VVIIII E				
L L	INDIVIDUAL	Address		Driver License Number						
-	닐	546 N 3RD AV ONALASKA, WI 54650,	ue	STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	ONALASKA, WI 54050 ,	03							
İ		On Duty	/ Crash	Safety Equipment						
	Sai	ety Equipment								
		Seat Position		SHOULDER & LAP BELT						
		3FRONT SEAT-RIGHT S	SIDE (TRAIN ENGINEER							
ŀ		Helmet Use	,	Helmet Compliance						
				Troimer compilation						
ŀ		Eye Protection		Tint Compliance						
		Lye i lotection		Tint Compliance						
l		Injury S	ovority	Airbag						
02	900		BLE INJURY	=						
_	0			NON DEPLOYED		I.T				
		Ejected	Ejection Path			Trapped/Extricated				
1		NOT EJECTED	NOT EJECTED/NOT APP			NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				
İ		Distract	ed By Source	•		•				
		Distracted By								
İ		Distracted By Action								
		Striking	Unit # Location							
		Non Motorist	Location							
		Prior Action								
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action								
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		Action Other					To/From School			
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	,	Drug & Alcohol NO	cted Alcohol Use	Suspected Drug Use NO						
		orug & Alconor No		_						
		Alcohol Test Given	Alcohol Test Typ	oe		Alcohol Test Results				
		TEST NOT GIVEN								
İ		Drug Test Given	Drug Test Type		Drug Test Results	5				
		TEŠT NOT GIVEN								
~	5	Drug Type	· · · · · · · · · · · · · · · · · · ·							
05	005									
ĺ		Individual Condition								
		ADDEADED NODMAL								
		APPEARED NORMAL								
		Individual								
		Passenger		Citations Issued		Sex				
	ب	KATHLEEN MARIE HAL	LER	0		FEMALE				
	4	(608) 783-3998		Date of Birth		Race				
l⊨	₫					WHITE				
L L	INDIVIDUAL	Address		Driver License Number		-				
_	₽	546 3RD AV N		STATE: WISCONSIN COUNTRY: UNITED STATES						
	=	ONALASKA, WI 54650,	US	STATE: WISCONSI	N COUNTRY: UN	IIIED STATES				
İ		On Du	ty Crash	Safety Equipment						
	Sai	fety Equipment								
		Seat Position		SHOULDER & LAP BELT						
		4SECOND SEAT-LEFT	SIDE(MOTORCYCLE/BI							
İ		Helmet Use		Helmet Compliance						
İ		Eye Protection		Tint Compliance						
				·						
	ဖွ		Severity	Airbag						
05	900	Injury POSS	SIBLE INJURY	NON DEPLOYED						
İ		Ejected	Ejection Path			Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APP	PLICABLE		NOT TRAPPED				
ŀ		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
ŀ		Hospital		Date of Death		Time of Death				
		,								
ŀ		Distrac	eted By Source							
		Distracted By								
ŀ		Distracted By Action								
		2.5tractoa by Action								
		Striking	g Unit # Location							
		Non Motorist	2 Orac # LOCATION							
		Prior Action								
		I HOLAGUUII								
l										

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/10/2019

Crash Time 12:25 PM

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		Action					
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UNIT	1						
	\leq						
	INDIVIDUAL						
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		Action Other					To/From School
		Suspe	cted Alcohol Use	Suspected Drug Use			
		Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN	,				
			Drug Test Type		Drug Toot Dooulto	<u> </u>	
		Drug Test Given TEST NOT GIVEN	Didg rest type		Drug Test Results	1	
02	900	Drug Type					
0	0						
		Individual Condition					
		APPEARED NORMAL					

Form DT4000