

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL09KMM0M

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-11306</b>	Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>09/10/2019</b>		Crash Time <b>12:25 PM</b>	Date Arrived <b>09/10/2019</b>	Time Arrived <b>12:42 PM</b>	
Date Notified <b>09/10/2019</b>		Time Notified <b>12:28 PM</b>	Total Units <b>02</b>	Total Injured <b>04</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
<p>STH 113 NORTH OF 78</p> <p>UTILITY TRUCK STOPPED FOR XING</p> <p>unit 2</p> <p>unit 1</p> <p>RAILROAD CROSSING</p> <p>NOT DRAWN TO SCALE</p>		Photos By
		Additional Information <b>NONE</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 2 WAS STOPPED N/B BEHIND A UTILITY TRUCK (ELECTRIC CO TYPE TRUCK) AT THE RR XING ON STH 113 WHEN UNIT 1 WHICH AS ALSO N/B ON 113 CAME FROM BEHIND AND CRASHED INTO UNIT 2. UNIT 1 DRIVER STATED SHE DID NOT SEE THE VEHICLES STOPPED AT THE RR XING EVEN THOUGH IT IS A LEVEL STRAIGHT STRETCH ON STH 113. ALL 4 PASSENGERS IN UNIT 2 WERE CLAIMING SORENESS IN THEIR NECKS DUE TO THE CRASH.

Location

ON STH113 NB 704 FT N OF STH78 NB IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude <b>43.374849243</b>	Longitude <b>-89.678476926</b>
	X Coordinate <b>283009</b>	Y Coordinate <b>4805927</b>
	Structure Type <b>NO STRUCTURE</b>	

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Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>RAILWAY GRADE CROSSING</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>RAILWAY CROSSING</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

UNIT 01 VEHICLE	License Plate Number <b>296WWJ</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>3KPFL4A70HE020174</b>		Make <b>KIA MOTORS CORPORA</b>	Year <b>2017</b>	Model <b>FORTE</b>	
	Color <b>BLK - BLACK</b>		Body Style <b>SD - SEDAN</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage <b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>					
	Driver Prior Action Other					

# WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	VEHICLE	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>	
		Owner Name <b>CEAIRA LOUISE WEBER (920) 222-2944</b>	Owner Address <b>N958 OLD 26 RD FORT ATKINSON, WI 53538 , US</b>
01	01	<b>Sequence Of Events</b>	
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>	
		Insurance Company <b>PAFCO-GENERAL-INS-CO</b>	Individual <b>CEAIRA WEBER</b>
UNIT	INDIVIDUAL	Driver <b>CEAIRA LOUISE WEBER (920) 222-2944</b>	Citations Issued <b>1</b>
			Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
		Address <b>N958 OLD 26 RD FORT ATKINSON, WI 53538 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
UNIT	001	<b>Safety Equipment</b>	On Duty Crash
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
			Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
			Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
			EMS Run #
		Hospital	Date of Death
			Time of Death
		<b>Distracted By</b>	Distracted By Source
		Distracted By Action <b>UNKNOWN</b>	
		<b>Non Motorist</b>	Striking Unit #
			Location
		Prior Action	

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	<b>Individual</b>		
	Passenger <b>KAITLYN MICHELLE OROURKE (608) 359-9571</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>4136 EASTRIDGE DR JANESVILLE, WI 53546 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	01	<b>Violations</b>				
		UTC Number <b>AE756987</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements
	Total Occs <b>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>RAILWAY CROSSING</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

UNIT	VEHICLE	02	02	License Plate Number <b>AEY6812</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>JTMBK32V176027860</b>	Make <b>TOYOTA</b>	Year <b>2007</b>	Model <b>RAV4 SPORT</b>
		Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>		
		Initial Contact Point <b>6--REAR</b>	Vehicle Damage				
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER</b>				
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>				
		What Driver Was Doing <b>STOP IN TRAFFIC</b>	Vehicle Factors				
		Driver Prior Action Other	<b>NOT APPLICABLE</b>				

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UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>RONALD WAYNE GOODNO (608) 799-2855</b>	Owner Address <b>227 HOWARD DR HOLMEN, WI 54636 , US</b>	
02	02	<b>Sequence Of Events</b>		
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ERIE-INS-CO</b>	Individual <b>RONALD GOODNO</b>		
UNIT	<b>Individual</b>			
	Driver <b>RONALD WAYNE GOODNO (608) 799-2855</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>227 HOWARD DR HOLMEN, WI 54636 , US</b>	Date of Birth	Race <b>WHITE</b>	
UNIT	003	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance		
	Helmet Use	Tint Compliance		
	Eye Protection	Airbag <b>NON DEPLOYED</b>		
	<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Ejected <b>NOT EJECTED</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
	Hospital	Date of Death	Time of Death	
02	<b>Distracted By</b>			
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>			
003	<b>Non Motorist</b>		Location	
	Striking Unit #	Location		
Prior Action				

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>LORETTA L GOODNO (608) 797-1661</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>227 HOWARD DR HOLMEN, WI 54636 , US</b>		Date of Birth	Race <b>WHITE</b>
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
		Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source		
		Distracted By Action			
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>WILLIAM PHILLIP HALLER (608) 783-3998</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>546 N 3RD AV ONALASKA, WI 54650 , US</b>		Date of Birth <b>WHITE</b>	
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source		
		Distracted By Action			
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			



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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>KATHLEEN MARIE HALLER (608) 783-3998</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth		Race <b>WHITE</b>	
Address <b>546 3RD AV N ONALASKA, WI 54650 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
		Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source		
		Distracted By Action			
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			To/From School
<b>02</b>	<b>006</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			