

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL09CGFCK

Document Number Override		Primary Crash Document #		Agency Crash Number <b>19-11508</b>		Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>09/14/2019</b>		Crash Time <b>06:51 PM</b>		Date Arrived <b>09/14/2019</b>		Time Arrived <b>07:13 PM</b>	
Date Notified <b>09/14/2019</b>		Time Notified <b>06:52 PM</b>		Total Units <b>02</b>		Total Injured <b>00</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>NOT TO SCALE</p> <p>Driveway to E11340 Co Rd PF</p> <p>COUNTY RD PF</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 1 WAS SLOWING TO TURN RIGHT AND REPORTEDLY WAS USING HIS TURN SIGNAL. THE DRIVER OF UNIT 1 OBSERVED UNIT 2 BEHIND HIM APPROACHING TO FAST TO STOP. UNIT 1 SWERVED TO THE LEFT TO AVOID UNIT 2, WHICH SWERVED TO THE RIGHT. UNIT 2 DRIVER SAID SHE COULDN'T SEE DUE TO THE GLARE OF THE SUN. THE UNITS STRUCK AS THEY ATTEMPTED TO AVOID EACH OTHER.

Location

<b>ON CTHPF WB 756 FT E OF USH12 EB IN THE VILLAGE OF PRAIRIE DU SAC IN SAUK COUNTY</b>	Latitude <b>43.293053883</b>	Longitude <b>-89.756118645</b>
	X Coordinate <b>276418.625</b>	Y Coordinate <b>4797048</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>05--SIDESWIPE/SAME DIRECTION</b>		Light Condition <b>DUSK</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>GLARE</b>			
Weather Condition(s) <b>CLEAR</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</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>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>35</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>NO CONTROL</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**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>MN9078</b>				Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTEX1EP8GKF15856</b>				Make <b>FORD</b>	Year <b>2016</b>	Model <b>F150</b>
		Color <b>BLU - BLUE</b>				Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>5--RIGHT REAR CORNER</b>				Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>				<b>5--RIGHT REAR CORNER</b>		
		Towed Due To Damage <b>NOT TOWED</b>				Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>SLOW/STOPPING</b>				Vehicle Factors		
		Driver Prior Action Other				<b>NOT APPLICABLE</b>		

WISCONSIN MOTOR VEHICLE  
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UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>MARK PHILLIP PIERICK (608) 235-4280</b>	Owner Address <b>319 7TH STREET PRAIRIE DU SAC, WI 53578 , US</b>
UNIT	01	<b>Sequence Of Events</b>	
		01	Event <b>MOTOR VEH IN TRANSPORT</b>
		02	Event
		03	Event
UNIT	04	<b>Policy Holder</b>	
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>MARK PIERICK</b>
UNIT	INDIVIDUAL	<b>Individual</b>	
		Driver <b>MARK PHILLIP PIERICK (608) 235-4280</b>	Citations Issued <b>0</b>
		Date of Birth	Sex <b>MALE</b> Race <b>WHITE</b>
UNIT	001	Address <b>319 7TH STREET PRAIRIE DU SAC, WI 53578 , US</b>	
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>	On Duty Crash
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Safety Equipment <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		
Hospital	EMS Run #		
	Date of Death		
	Time of Death		
<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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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

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
Vehicle Type Operating As Endorsements
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
Insurance? Direction Of Travel Pre Crash Tire Mark Speed Limit Total Lanes
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use
Traffic Way Traffic Control Traffic Control Inoperative/Missing
Surface Type Road Curvature Road Grade
Truck Bus or HazMat

UNIT 02 VEHICLE
Vehicle
License Plate Number Plate Type St Country of Issuance
Vehicle Identification Number Make Year Model
Color Body Style Bus Use
Initial Contact Point Vehicle Damage
Extent Of Damage
Towed Due To Damage Vehicle Removed By
What Driver Was Doing Vehicle Factors
Driver Prior Action Other

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	VEHICLE	Driver Actions <b>SPEED TOO FAST/COND, FOLLOWING TOO CLOSE</b>		
		Owner Name <b>KAYLA MARIE RENZ (608) 844-3237</b>	Owner Address <b>S3791 COUNTY ROAD A BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>				
UNIT	01	Event <b>CROSS MEDIAN</b>		
	02	Event		
	03	Event		
	04	Event		
<b>Policy Holder</b>				
UNIT	Insurance Company <b>GEICO-GENERAL-INS-CO</b>		Individual <b>KAYLA RENZ</b>	
	<b>Individual</b>			
UNIT	INDIVIDUAL	Driver <b>KAYLA MARIE RENZ (608) 844-3237</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>S3791 COUNTY ROAD A BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT	002	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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 <b>UNKNOWN</b>			
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>				
		UNIT	INDIVIDUAL	Passenger <b>VIVIAN R COY</b> <b>(608) 844-3237</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
				Date of Birth		Race <b>WHITE</b>
Address <b>S3791 COUNTY ROAD A</b> <b>BARABOO, WI 53913 , US</b>				Driver License Number		
<b>Safety Equipment</b>	On Duty Crash			Safety Equipment		
Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>				<b>CHILD RESTRAINT SYSTEM - REAR FACING</b>		
Helmet Use				Helmet Compliance		
Eye Protection				Tint Compliance		
UNIT	003			<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
		Hospital		Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source			
		Distracted By Action				
		<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				

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>OLIVER R CLAPPER (608) 844-3237</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S3791 COUNTY ROAD A BARABOO, WI 53913 , US</b>		Date of Birth <b>WHITE</b>
Driver License Number			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>	<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</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		

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

<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			To/From School
<b>02</b>	<b>004</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>			