

6TL09T1TNN
19-11412

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number 19-11412	Investigating Officer/Deputy DEPUTY C. GALLAGHER	
Crash Date 09/12/2019		Crash Time 09:27 PM	Date Arrived 09/12/2019	Time Arrived 09:31 PM	
Date Notified 09/12/2019		Time Notified 09:28 PM	Total Units 02	Total Injured 01	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

Diagram 	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 ATTEMPTING TO COMPLETE A U TURN AT THE T INTERSECTION OF CTH H AND CHADWICK RD. UNIT 2 PULLED ONTO CTH H IN FRONT OF UNIT 1. UNIT 1 COLLIDED WITH THE REAR PASSENGER WHEEL AREA OF UNIT 2.

Location

ON CTH SB 22 FT N OF CHADWICK RD IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.560041166	Longitude -89.972745972
	X Coordinate 259903.0625	Y Coordinate 4827303.5
	Structure Type	

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Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		Light Condition DARK/UNLIT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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 INTERSECTION	Intersection Type T-INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 2	
	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE	License Plate Number 570VFK		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 4A3AC84HX3E069938		Make MITSUBISHI	Year 2003	Model ECLIPSE GT	
	Color SIL - SILVER (ALUMINUM)		Body Style 2H - HATCHBACK 2 DOOR		Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		12--FRONT			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
		Owner Name MICHAEL L MC CARRON (608) 963-0237	Owner Address 122 SILVER DR REEDSBURG, WI 53959 , US
UNIT	01	Sequence Of Events	
		01	Event MOTOR VEH IN TRANSPORT
		02	Event
		03	Event
UNIT	04	Policy Holder	
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual MICHAEL MC CARRON
UNIT	INDIVIDUAL	Individual	
		Driver MICHAEL L MC CARRON (608) 963-0237	Citations Issued 1
		Date of Birth	Sex MALE Race WHITE
UNIT	001	Address 122 SILVER DR REEDSBURG, WI 53959 , US	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		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 DEPLOYED-FRONT	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED	EMS Agency Identifier		
Hospital	EMS Run #		
	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			

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UNIT INDIVIDUAL
Action
Action Other
To/From School
Drug & Alcohol Suspected Alcohol Use YES Suspected Drug Use NO
Alcohol Test Given TEST GIVEN Alcohol Test Type BLOOD Alcohol Test Results PENDING
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL
Violations
UTC Number AE756589 Issue To? 001 Statute Number 346.63(1)(a) Description OPERATING WHILE UNDER THE INFLUENCE

Unit Summary

UNIT 02
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 1 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel UNKNOWN Pre Crash Tire Mark Speed Limit 45 Total Lanes 2
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 STOP SIGN Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade LEVEL
Truck Bus or HazMat NO

Vehicle

UNIT 02 VEHICLE
License Plate Number ADF7563 Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1GNFLFEK1FZ127009 Make CHEVROLET Year 2015 Model EQUINOX
Color RED - RED Body Style UT - SPORT UTILITY VEHICLE Bus Use NOT A BUS
Initial Contact Point 7--LEFT REAR CORNER Vehicle Damage
Extent Of Damage DISABLING DAMAGE 7--LEFT REAR CORNER, 8--LEFT SIDE REAR
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE Vehicle Removed By STEVES AUTO SERVICE
What Driver Was Doing U TURN Vehicle Factors
Driver Prior Action Other NOT APPLICABLE

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UNIT	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
		Owner Name PEGGY RAY HARSCH (920) 740-9291	Owner Address S852 BOBOLINK CT LA VALLE, WI 53941 , US	
02	02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO	Individual PEGGY HARSCH		
UNIT	Individual			
	INDIVIDUAL	Driver RUSSELL H HARSCH (920) 740-9291	Citations Issued 1	Sex MALE
			Date of Birth	Race WHITE
		Address S852 BOBOLINK CT LA VALLE, WI 53941 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02	002	Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run #
Hospital REEDSBURG AREA MED CTR	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				

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UNIT 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 PEGGY RAY HARSCH (920) 740-2862	Citations Issued 0	Sex FEMALE
	Address S852 BOBOLINK CT LA VALLE, WI 53941 , US		Date of Birth Race WHITE
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 2--FRONT SEAT-MIDDLE		
	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 EMS GROUND	EMS Agency Identifier 6001024	EMS Run #
	Hospital REEDSBURG AREA MED CTR	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location
	Prior Action		

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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			
			Violations			
	02		UTC Number AE756590	Issue To? 002	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN