# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	e Primary Crash	Document #	Agency Crash Number 19-11412		Investigating Officer/Deputy  DEPUTY C. GALLAGHER			
Crash Date <b>09/12/2019</b>	Crash Time 09:27 PM		Date Arr 09/12/2		Time Arrived 09:31 PM			
Date Notified <b>09/12/2019</b>	Time Notified 09:28 PM		Total Un		Total Injured 01	Total Kille	ed	
On Emergency	Hit and Run	Lane Closu	1	Work Zone		or Towed	Reporting Threshold	
Government Property	Active Sc	chool Zone	School E	Bus Related	Tags		-	
<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	)		Amend	ed	Secondary Crash	
Description Diagram						Reconstruction	n Bv	
Biagram						Treconstruction	. Dy	
	CTH	Н						
		I				Photos By		
			2					
(N)			er <u>geve</u> l			Additional Info	rmation	
			  \		<b>&gt;</b>			
Ţ				Ch	adwick RD			
			\22222	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Z))			
Not to scale					2 - 7			
			;	1	-			
			()	16 Taring				
			) 1 K	2				
			\=====:	) Marine				
			,					
			\(\)					
			0 1					
			لاحتصا					
, a sworn law enfo	rcement officer, agr	ee that I have no	t added	any CJIS data in this	report.			
UNIT 2 WAS ATTEMPTING OF UNIT 1. UNIT 1 COLLII					DWICK RD. UN	NIT 2 PULLED (	ONTO CTH H IN FRONT	
Location  ON CTHH SB				Latitude		Longitu	ude	
22 FT N OF CHADWICH RD				43.56004116	66	-89.97	2745972	
IN THE TOWN OF WIN	FIELD			X Coordinate <b>259903.062</b> 5	i	Y Coor <b>48273</b>		
IN SAUK COUNTY				Structure Type		I		

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### **Crash Scene**

]	First	Harmful Event		First Harmful Event Location							
	MO	TOR VEH IN TRANSPO	RT	ON ROADWAY							
	Manı	ner of Collision	Light Condition								
	08	FRONT TO SIDE	DARK/UNLIT								
	Road	Surface Condition(s)				Roadway Factor(s)					
	WE	Г									
	Envi	ronment Factor(s)									
	МОИ	NE .		NONE							
	Wea	ther Condition(s)									
	CLC	OUDY									
	Anim	al Type				Relation T	o Trafficwa	ay			
						TRAFFIC	CWAY - C	N ROAD			
		h Classification - Location						Jurisdiction			
		ILIC PROPERTY						RISDICTION		I 0 1 1 0 1	
	HIDA	ii Land				Access Co				Special Study	
	Withi	n Interchange Area	Junction Location		Intersectio		INOL				
	NO	=	INTERSECTION			SECTION					
į	Unit	Summary									
		Status		Vehicle Ope	erating As C	assification		Unit Type			
		RANSIT		D CLASS				AUTOMOBILE			
01		/ehicle Type					Operating As Endorsements				
٠	PASSENGER CAR Total Occs Train/Bus # Recorded			T-1-1 # Oit-1	Total # Citations Issued Total Trai			ailers Total HazMat Types			
	1 otal	Occs	Traili/Bus # Recorded	1 otal # Cital				0		iviat Types	
		Insurance? Direction Of Travel			Pre CrashTire		Speed Limit		Total Lan	es	
_	YES SOUTHBOUND						45		2		
UNIT	Most	Harmful Event: Collision W	lith		Special Function		ı	Emergency Motor Vehicle Use			
ا ر		TOR VEH IN TRANSPO	RT		NO SPECIAL FUNCTION			NOT APPLICABLE  Traffic Control Inoperative/Missing			
		ic Way			Traffic Control			Traffic Conti	rol Inoperat	tive/Missing	
		D-WAY, NOT DIVIDED ace Type			STOP SIGN  Road Curvature			Road Grade			
		CKTOP (BITUMINOUS	)	STRAIGHT				LEVEL			
		k Bus or HazMat	,								
	NO										
	'	Vehicle									
		License Plate Number		Plate Type			St	Country of Is			
		570VFK			ITOMOBIL			UNITED STATES			
2	01	Vehicle Identification Numl 4A3AC84HX3E069938		Make MITSUBI	SHI		Year 2003	Model ECLIPSE GT			
		Color	•	Body Style		2003		Bus Use			
		SIL - SILVER (ALUMIN	NUM)		2H - HATCHBACK 2 DOOR			NOT A BUS			
	Ш	Initial Contact Point		Vehicle Da	mage			•			
LINO	IIC	12FRONT		42 500	<del>.</del>						
<b>–</b>	VEHICL	Extent Of Damage DISABLING DAMAGE		12FROM	N I						
	>	Towed Due To Damage	·	Vehicle Re	Vehicle Removed By						
		TOWED DUE TO DISA	AUTO SE								
		What Driver Was Doing		Vehicle Fa	ctors						
		GOING STRAIGHT			N 10 4 5 : -						
		Driver Prior Action Other		NOT APP	PLICABLE						

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Crash Date 09/12/2019

Crash Time 09:27 PM

LIND	VEHICLE	NO CONTRIBUTING ACTION										
01	01	Owner Name MICHAEL L MC CA (608) 963-0237	ARRON		Owner Address 122 SILVER DR REEDSBURG, WI 53959 , US							
		Sequence Of Ev	/ents									
	01	Event MOTOR VEH IN TR										
	02	Event										
	03	Event										
	04	Event										
_	Ì	Policy Holder										
LNO		Insurance Company			Individual							
١		AMERICAN-FAMILY-INS-CO			MICHAEL MC CARRON							
		Individual			T-20							
		Driver MICHAEL L MC CARRON (608) 963-0237			Citations Issued 1		Sex <b>MALE</b>					
	IAL				Date of Birth		Race					
⊢	חם					,	WHITE					
	INDIVIDUAL	Address 122 SILVER DR			Driver License Number							
	Z	REEDSBURG, WI 53959 , US			STATE: WISCONSIN COUNTRY: UNITED STATES							
	l		On Duty Crash		Safety Equipment							
	Saf	fety Equipment	, ,		Carety Equipment							
		Seat Position			SHOULDER & LAP BELT	Т						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use			Helmet Compliance							
		Heimet Ose										
		Eye Protection			Tint Compliance							
7	001	In it was	Injury Severity		Airbag							
0	ŏ		NO APPARENT I	NJURY	DEPLOYED-FRONT							
		NOT EJECTED	Ejection Pa	<sup>th</sup> CTED/NOT APPL	ICABI E		Trapped/Extricated					
		Medical Transport	NOT ESE	CTED/NOT AFFE	EMS Agency Identifier		NOT TRAPPED EMS Run #					
		NOT TRANSPORT	ED									
		Hospital			Date of Death		Time of Death					
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)											
		Distracted By Action NOT DISTRACTED	)									
		Non Motorist	Striking Unit #	Location								
		Prior Action		•								

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LIND	INDIVIDUAL	Action											
		Action Other										To/From Sch	iool
	ı	Drug & Alcohol	Susp YES	pected Alcoh			Suspected Drug Use NO					1	
		Alcohol Test Given TEST GIVEN		Alcohol Test T BLOOD	ype				Alcohol Tes PENDING				
		Drug Test Given TEST NOT GIVEN			Drug Test Typ	е		Drug <sup>-</sup>	Test Results				
2	001	Drug Type											
		Individual Condition											
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL											
	,	L Violations											
	5	UTC Number AE756589	1ssu <b>00</b> 1	ue To? I	Statute Number 346.63(1)(a)		Description OPERATING WHILE	UNDE	ER THE IN	FLUENCE			
		t Summary •		-									
		Status					Vehicle Operating As Classification <b>D CLASS</b>			Unit Type AUTOMO	RII F		
	IN TRANSIT Vehicle Type				יט	2 02.100			Operating A		nents		
05	(SPORT) UTILITY VEHICLE												
	2	l Occs			# Recorded	To:	0			Total Hazi			
LINO	YES	rance? <b>}</b> t Harmful Event: Collisi	\\	Direction O		_ 	Pre CrashTire Mark ecial Function	45		Emergency	Total Lane  2		
5		TOR VEH IN TRANS					NO SPECIAL FUNCTION			NOT APP		cie Ose	
•		ic Way					Traffic Control			Traffic Cont	rol Inoperati	ive/Missing	
		D-WAY, NOT DIVID ace Type	ED			STOP SIGN Road Curvature			NO Road Grade				
		CKTOP (BITUMING	ous)	)			RAIGHT	LEVEL					
	Truc <b>NO</b>	k Bus or HazMat				•				-			
	'	Vehicle											
		License Plate Numbe ADF7563	r				ate Type UT - AUTOMOBILE		St <b>WI</b>	Country of Is UNITED S			
~	0.1	Vehicle Identification	Numb	per			ake		Year	Model	IAILO		
05	02	1GNFLFEK1FZ12	7009				HEVROLET		2015	EQUINOX			
		Color RED - RED			U	Body Style UT - SPORT UTILITY VEHICLE Bus Use NOT A BUS			s				
⊨	SE	Initial Contact Point 7LEFT REAR CO	RNE	ER .		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ehicle Damage						
UNIT	VEHICL	Extent Of Damage DISABLING DAMA	AGE			7LEFT REAR CORNER, 8LEFT SIDE REAR							
		Towed Due To Dama	_				ehicle Removed By	٥-					
		TOWED DUE TO I What Driver Was Doir		DLING DA	AWAGE		TEVES AUTO SERVIO ehicle Factors	UE.					
		U TURN											
	Driver Prior Action Other					N	NOT APPLICABLE						

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Crash Date 09/12/2019

Crash Time 09:27 PM

		Driver Actions										
	Щ	FAILED TO YIELD RIGHT-OF-WAY										
╘	CI											
H FAILED TO YIELD RIGHT-OF-WAY												
-	/E											
		Owner Name			Owner Address							
		PEGGY RAY HARSCH	4		S852 BOBOLINK CT							
05	02	(920) 740-9291	•		LA VALLE, WI 53941 , U	IS						
0	0	(020) 1 10 020 1										
		Sequence Of Even	nts		•							
		Event										
	01	MOTOR VEH IN TRAN	ISPORT									
		Event										
	02	Lvent										
	03	Event										
	0											
	4	Event										
	04											
.		Policy Holder										
LIND		Insurance Company			Individual							
5			INCLIDANCE (	20	PEGGY HARSCH							
_		ACUITY,-A-MUTUAL-I	INSURANCE-C	<b>J</b> O	PEGGT HARSCH							
		Individual										
		Driver RUSSELL H HARSCH (920) 740-9291			Citations Issued	Sex						
					1	MALE						
	ΑI				Date of Birth	Race						
	Š				Date of Differ	WHITE						
LIND	INDIVIDUAL				Driver License Number							
5		Address S852 BOBOLINK CT LA VALLE, WI 53941, US			STATE: WISCONSIN COUNTRY: UNITED STATES							
	Z											
	Saf	ety Equipment	Duty Crash		Safety Equipment							
	Jai											
		Seat Position			SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT	Γ SIDE (DRIVE	R/MOTORCY								
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
					·							
	7	Inju	ry Severity		Airbag							
02	002	Injury PO	SSIBLE INJUI	RY	NON DEPLOYED							
	_	Ejected	Ejection Pa		Trapped/Extricated							
		NOT EJECTED		CTED/NOT APPI	ICARI E	NOT TRAPPED						
		Medical Transport	INOT ESE	CILD/NOT ATT	EMS Agency Identifier	EMS Run #						
		·			• ,	EWS Ruff #						
		EMS GROUND			6001024							
		Hospital			Date of Death	Time of Death						
		REEDSBURG AREA MED CTR										
		Distracted By Source										
		Distracted By NOT APPLICABLE (NOT DISTRACTED)										
		Distracted By Action										
		NOT DISTRACTED										
		Stril	king Unit #	Location								
		Non Motorist										
		Prior Action		•								

Wisconsin Motor Vehicle Crash

Form DT4000

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Crash Date 09/12/2019

Crash Time 09:27 PM

		Action									
_	JAL										
LNO	INDIVIDUAL										
ر	INDI										
		Action Other					To/From School				
		Suspector NO	ed Alcohol Use	Suspected Drug Use							
	_	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results					
		TEST NOT GIVEN			T						
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	·					
05	002	Drug Type	•								
		Individual Condition									
		APPEARED NORMAL									
	ı	ndividual									
	_	Passenger PEGGY RAY HARSCH		Citations Issued  0		Sex FEMALE					
_	INDIVIDUAL	(920) 740-2862		Date of Birth		Race WHITE					
	M	Address		Driver License Number		<u>l</u>					
	N	S852 BOBOLINK CT LA VALLE, WI 53941, US	3	STATE: WISCONSIN	N COUNTRY: UN	IITED STATES					
		On Duty	Crach	Safety Equipment							
	Saf	fety Equipment	Clasii	омогу Ечинитети							
		Seat Position 2FRONT SEAT-MIDDLE		SHOULDER & LAP BELT							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
	_	Injury Se	avarity								
05	003	Injury NO AP	PARENT INJURY	Airbag NON DEPLOYED							
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport	NOT EDECTEDATOR AT LE	EMS Agency Identifier		EMS Run #					
		EMS GROUND Hospital		6001024		Time of Death					
		REEDSBURG AREA MED									
		Distracted By Source									
		Distracted By Action									
		Non Motorist Striking	Unit # Location								
		Prior Action	•								

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TINO	INDIVIDUAL	Action								
	L	Action Other  Orug & Alcohol	Suspected Alco	hol Use	Suspected Drug Use			To/From School		
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results				
		TEST NOT GIVEN								
02	003	Drug Type								
		Individual Condition								
	APPEARED NORMAL									
	1	Violations								
	02	UTC Number <b>AE756590</b>	Issue To? <b>002</b>	Statute Number 346.18(2)	Description FAIL/YIELD WHILE	MAKING LEFT T	URN			