

6TL096J8ZH

19-11515

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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HZ8J9601L

Document Number Override		Primary Crash Document #		Agency Crash Number 19-11515		Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER	
Crash Date 09/14/2019		Crash Time 07:56 PM		Date Arrived 09/14/2019		Time Arrived 08:10 PM	
Date Notified 09/14/2019		Time Notified 07:58 PM		Total Units 02		Total Injured 00	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	
<p>Not to scale</p>		Photos By	
		Additional Information NONE	

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

UNIT 1 WAS TURNING ON TO HWY 14 FROM HWY 60 WHEN IT DID NOT SEE UNIT 2 TRAVELING W/B ON HWY 14 CAUSING UNIT 2 TO HIT UNIT 1

Location

ON USH14 EB 36 FT E OF STH60 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189096647	Longitude -90.069786785
	X Coordinate 250547.6875	Y Coordinate 4786390
	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 DUSK	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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-RELATED	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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 3	
	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 591ZGS		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 3VWSR69M15M051418		Make VOLKSWAGEN	Year 2005	Model JETTA	
	Color RED - RED		Body Style SD - SEDAN		Bus Use NOT A BUS	
	Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage 7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER			
	Extent Of Damage DISABLING DAMAGE		Vehicle Removed By GEORGES AUTO BODY			
	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Factors NOT APPLICABLE			
	What Driver Was Doing LEFT TURN					
	Driver Prior Action Other					

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UNIT	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY	
		Owner Name HEIDI L MILLER (262) 808-8748	Owner Address 1145 N 10TH AVE WEST BEND, WI 53090 , US
01	01	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company FARMERS-INS-CO-INC	Individual HEIDI MILLER	
UNIT	Individual		
	Driver LEO A MILLER (262) 808-8748	Citations Issued 1	Sex MALE
		Date of Birth	Race WHITE
	Address 1145 N 10TH AVE WEST BEND, WI 53090 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	Safety Equipment	On Duty Crash	Safety Equipment
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-SIDE
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	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	
	01	001	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			
	01	001	UTC Number BB954570	Issue To? 001	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR			Operating As Endorsements	
		Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 3
		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 NO CONTROL	Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
		Truck Bus or HazMat NO				

Vehicle

UNIT	02	002	License Plate Number 331NEE	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 3FAHP06Z97R263270	Make FORD	Year 2007	Model FUSION S
			Color BLU - BLUE	Body Style 4D - 4DR		Bus Use NOT A BUS
			Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage		
			Extent Of Damage FUNCTIONAL DAMAGE	11--LEFT FRONT CORNER		
			Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By GEORGES AUTO BODY		
			What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
			Driver Prior Action Other	NOT APPLICABLE		

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UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	02	02	02
	Owner Name MICHELLE ANNE PECKHAM (608) 604-1512	Owner Address 277 N SHELDON ST RICHLAND CENTER, WI 53581 , US	
Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT POLICY HOLDER	Policy Holder		
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual MICHELLE PECKHAM
UNIT INDIVIDUAL	Individual		
	Driver MICHELLE ANNE PECKHAM (608) 604-1512		Citations Issued 0
			Sex FEMALE
			Race WHITE
Address 277 N SHELDON ST RICHLAND CENTER, WI 53581 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT SAFETY EQUIPMENT	On Duty Crash		Safety Equipment
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Airbag
	Injury Severity NO APPARENT INJURY		NON DEPLOYED
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		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 GABBY N PECKHAM (608) 604-1512	Citations Issued 0	Sex FEMALE
	Address 277 N SHELDON ST RICHLAND CENTER, WI 53581 , US	Date of Birth WHITE	
	Driver License Number		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT	
	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 NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action		
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			