

6TL09T1TNP

19-11850

# 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 <b>19-11850</b>	Investigating Officer/Deputy <b>DEPUTY C. GALLAGHER</b>	
Crash Date <b>09/22/2019</b>		Crash Time <b>08:50 PM</b>	Date Arrived <b>09/22/2019</b>	Time Arrived <b>09:10 PM</b>	
Date Notified <b>09/22/2019</b>		Time Notified <b>08:57 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>		Photos By <b>DEPUTY C.GALLAGHER</b>
		Additional Information <b>PHOTOS</b>

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

UNIT 2 WAS TRAVELING WESTBOUND ON STH 33/23 WHEN IT APPROACHED A VEHICLE ALONG SIDE THE ROAD WITH ITS HAZARD/FLASHING LIGHTS ON. UNIT 2 SLOWED DOWN FOR THE VEHICLE ALONG THE SHOULDER OF STH 33/23. UNIT 1 WAS TRAVELING BEHIND UNIT 2. UNIT 1 SAID THAT HE OBSERVED THE VEHICLE ALONG THE SHOULDER WITH ITS HAZARDS ON, BUT DID NOT SLOW DOWN. UNIT 1 WAS TRAVELING AT TOO GREAT OF A SPEED TO AVOID COLLISION WITH UNIT 2.

## Location

<b>ON STH23 WB 622 FT E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY</b>	Latitude <b>43.532905738</b>	Longitude <b>-89.914666285</b>
	X Coordinate <b>264488.40625</b>	Y Coordinate <b>4824123.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**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>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>OTHER</b>	
Environment Factor(s) <b>OTHER</b>			
Weather Condition(s) <b>RAIN</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 01</b>	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>1</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>WESTBOUND</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, DIVIDED, UNPROTECTED (PAINTED &gt;</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>					

<b>UNIT 01</b>	<b>Vehicle</b>				
	License Plate Number <b>960UDT</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1G2ZG57B594113847</b>	Make <b>PONTIAC</b>	Year <b>2009</b>	Model <b>NO DATA FO</b>	
	Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>12--FRONT</b>			
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors			
Driver Prior Action Other	<b>NOT APPLICABLE</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	VEHICLE	Driver Actions <b>SPEED TOO FAST/COND</b>			
		Owner Name <b>SEVERO A VALLES (608) 495-1475</b>	Owner Address <b>113 S AIRE DR REEDSBURG, WI 53959 , US</b>		
<b>Sequence Of Events</b>					
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
<b>Policy Holder</b>					
UNIT	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>SEVERO VALLES</b>		
	<b>Individual</b>				
UNIT	INDIVIDUAL	Driver <b>SEVERO A VALLES (608) 495-1475</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>HISPANIC</b>	
	Address <b>113 S AIRE DR REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>					
UNIT	001	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>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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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
Violations
UTC Number Issue To? Statute Number Description
AE756598 001 346.57(2) UNREASONABLE AND IMPRUDENT SPEED

Unit Summary

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

Vehicle

UNIT 02 VEHICLE
License Plate Number Plate Type St Country of Issuance
852ZPE AUT - AUTOMOBILE WI UNITED STATES
Vehicle Identification Number Make Year Model
KL4CJGSB8GB734122 BUICK 2016 ENCORE
Color Body Style Bus Use
MAR - MAROON (BURGUNDY) UT - SPORT UTILITY VEHICLE NOT A BUS
Initial Contact Point Vehicle Damage
6--REAR 6--REAR, 7--LEFT REAR CORNER
Extent Of Damage FUNCTIONAL DAMAGE
Towed Due To Damage Vehicle Removed By
NOT TOWED OWNER
What Driver Was Doing Vehicle Factors
GOING STRAIGHT NOT APPLICABLE
Driver Prior Action Other

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UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	02	02	Owner Name <b>LYLE DEAN CARLEY (608) 206-7569</b>
			Owner Address <b>561 PLEASANT VIEW CT RICHLAND CENTER, WI 53581 , US</b>
<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT POLICY HOLDER	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>LYLE CARLEY</b>
UNIT INDIVIDUAL	<b>Individual</b>		
		Driver <b>LYLE DEAN CARLEY (608) 206-7569</b>	Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Race <b>WHITE</b>
	Address <b>561 PLEASANT VIEW CT RICHLAND CENTER, WI 53581 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT SAFETY EQUIPMENT	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>		Airbag
	Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location
Prior Action			

WISCONSIN MOTOR VEHICLE  
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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>SUE ANN CARLEY</b> <b>(608) 206-4434</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>561 PLEASANT VIEW CT</b> <b>RICHLAND CENTER, WI 53581 , US</b>		Date of Birth	
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		Race			
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			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>02</b>	<b>003</b>				