

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL09H5JQL

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-11832</b>	Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>09/22/2019</b>		Crash Time <b>01:50 PM</b>	Date Arrived <b>09/22/2019</b>	Time Arrived <b>02:05 PM</b>	
Date Notified <b>09/22/2019</b>		Time Notified <b>01:56 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>STH 23, north of N. Scott Ln</p> <p>Start of U-turn</p> <p>No observed skid marks from this incident</p> <p>debris from both units</p>		Photos By <b>DEP. S. MESSNER</b>
		Additional Information <b>PHOTOS</b>

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

ON SUNDAY, SEPTEMBER 22, 2019 UNIT 2, BEARING WISCONSIN REGISTRATION PLATE # 377WBV, WAS WESTBOUND ON STH 23, WAS BEING DRIVEN BY PATRICIA THOMPSON. UNIT 2 ATTEMPTED TO MAKE A U-TURN AND WAS PEDICULAR IN THE ROADWAY. UNIT 1, BEARING WISCONSIN REGISTRATION PLATE # 902HNT, BEING DRIVEN BY MATTHEW JOHNSON, WAS EASTBOUND ON STH 23. UNIT 1 BRAKED AND MOVED LEFT. UNIT 1 STRUCK UNIT 2 AT APPROXIMATELY 1:50 PM. UNIT 2 WAS PUSHED CLOCKWISE AND WENT INTO THE DITCH BACKWARDS, COMING TO REST. BOTH SIDE AIRBAGS WERE DEPLOYED OF UNIT 2. NO INDIVIDUAL SUSTAINED KNOWN INJURIES. THE EVENT WAS WITNESSED BY JAMES GALLAGHER, OPERATING UNIT 3. BOTH UNIT 1 AND UNIT 2 WERE REMOVED BY PLATTS TOWING.

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

## Location

ON STH23 EB 499 FT N OF SCOTT LN IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.580977417</b>	Longitude <b>-89.823210559</b>
	X Coordinate <b>272060</b>	Y Coordinate <b>4829207.5</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>08--FRONT TO SIDE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire 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, 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>CURVE RIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT 01</b>	<b>Vehicle</b>					
	License Plate Number <b>902HNT</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
	Vehicle Identification Number <b>4S3GTAA67H3704690</b>	Make <b>SUBARU</b>	Year <b>2017</b>	Model <b>IMPREZA</b>		
	Color <b>GRY - GRAY</b>	Body Style <b>SW - STATIONWAGON</b>		Bus Use <b>NOT A BUS</b>		
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage				
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT</b>				
Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>PLATTS WRECKER</b>					

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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>MATTHEW PAUL JOHNSON (920) 323-9152</b>	Owner Address <b>E9430 DELLWOOD RD # 111 REEDSBURG, WI 53959 , US</b>	
UNIT 01	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
UNIT 04	<b>Policy Holder</b>		
	Insurance Company <b>GEICO-CASUALTY-CO</b>	Individual <b>MATTHEW JOHNSON</b>	
	<b>Individual</b>		
	Driver <b>MATTHEW PAUL JOHNSON (920) 323-9152</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT INDIVIDUAL		Date of Birth	Race <b>WHITE</b>
	Address <b>E9430 DELLWOOD RD # 111 REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<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>	
UNIT 01	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>
UNIT 001	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>		
UNIT 01	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	001	<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>			

**Unit Summary**

UNIT	02	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>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"/> <b>Pre Crash Tire Mark</b>	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, 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>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>	
		Truck Bus or HazMat <b>NO</b>					

UNIT	02	<b>Vehicle</b>				
		License Plate Number <b>377WBV</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1G1PD5SH1B7193118</b>		Make <b>CHEVROLET</b>	Year <b>2011</b>	Model <b>CRUZE LS</b>
		Color <b>BLU - BLUE</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>5--RIGHT REAR CORNER</b>		Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>		<b>4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>PLATTS WRECKER</b>		
		What Driver Was Doing <b>U TURN</b>		Vehicle Factors		
Driver Prior Action Other		<b>NOT APPLICABLE</b>				

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UNIT	VEHICLE	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
		Owner Name <b>PATRICIA A THOMPSON (608) 925-2311</b>	Owner Address <b>627 OLD INDIAN MOUND TRL SUN PRAIRIE, WI 53590 , US</b>	
02	02	<b>Sequence Of Events</b>		
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>RUN OFF ROADWAY LEFT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>UNITED-SERVICES-AUTOMOBILE-ASSN</b>	Individual <b>PATRICIA THOMPSON</b>		
UNIT	<b>Individual</b>			
	INDIVIDUAL	Driver <b>PATRICIA A THOMPSON (608) 925-2311</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>627 OLD INDIAN MOUND TRL SUN PRAIRIE, WI 53590 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02	002	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other		To/From School	
	<b>02</b>	<b>002</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>		

### Witness

<b>WITN 01</b>	<b>ESS</b>	Individual <b>JAMES E GALLAGHER</b> (608) 415-1154	Address <b>E9355 SOUTH AVE</b> <b>REEDSBURG, WI 53959 , US</b>	Date of Birth