

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TLOBMQKW9

Document Number Override: 6TL09H5JQL, Primary Crash Document #: , Agency Crash Number: 19-11832, Investigating Officer/Deputy: DEPUTY S. MESSNER, Crash Date: 09/22/2019, Crash Time: 01:50 PM, Date Arrived: 09/22/2019, Time Arrived: 02:05 PM, Date Notified: 09/22/2019, Time Notified: 01:56 PM, Total Units: 02, Total Injured: 00, Total Killed: 00, On Emergency: [], Hit and Run: [], Lane Closure: [], Work Zone: [], Trailer or Towed: [], Reporting Threshold: [], Government Property: [], Active School Zone: [], School Bus Related: NO, Tags: , Reportable: [x], Amended: [x], Secondary Crash: []

Description

Diagram: Not to scale, STH 23, north of N. Scott Ln, Start of U-turn, No observed skid marks from this incident, debris from both units, Unit 1, Unit 2, Reconstruction By: , Photos By: DEP. S. MESSNER, Additional Information: PHOTOS

[x] 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 # 553BAT, 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.

INSERTED THE VEHICLE INFORMATION FROM PRIOR TRAFFIC STOP.

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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 43.580977417	Longitude -89.823210559
	X Coordinate 272060	Y Coordinate 4829207.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		Light Condition DAYLIGHT	
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 NON-JUNCTION	Intersection Type NOT AN 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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO					

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

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Form with sections: UNIT VEHICLE (What Driver Was Doing, Driver Prior Action Other, Driver Actions, Owner Name, Owner Address), Sequence Of Events (Event 01-04), UNIT POLICY HOLDER (Insurance Company, Individual), UNIT INDIVIDUAL (Driver, Citations Issued, Sex, Date of Birth, Race, Address, Driver License Number), Safety Equipment (On Duty Crash, Safety Equipment, Seat Position, Helmet Use, Eye Protection), Injury (Injury Severity, Airbag), Ejected (Ejected, Ejection Path, Trapped/Extricated), Medical Transport (Medical Transport, 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
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
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
IN TRANSIT D CLASS AUTOMOBILE
Vehicle Type Operating As Endorsements
PASSENGER CAR
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
1 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, NOT DIVIDED NO CONTROL NO
Surface Type Road Curvature Road Grade
BLACKTOP (BITUMINOUS) CURVE LEFT DOWNHILL
Truck Bus or HazMat
NO

UNIT 02 VEHICLE
Vehicle
License Plate Number Plate Type St Country of Issuance
553BAT AUT - AUTOMOBILE WI UNITED STATES
Vehicle Identification Number Make Year Model
KL4CJCSB9GB626391 BUICK 2016 ENCORE
Color Body Style Bus Use
ONG - ORANGE 4D - 4DR NOT A BUS
Initial Contact Point Vehicle Damage
5--RIGHT REAR CORNER 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR
Extent Of Damage
DISABLING DAMAGE
Towed Due To Damage Vehicle Removed By
TOWED DUE TO DISABLING DAMAGE PLATTS WRECKER
What Driver Was Doing Vehicle Factors
U TURN
Driver Prior Action Other NOT APPLICABLE

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
		Owner Name PATRICIA A THOMPSON (608) 925-2311	Owner Address 627 OLD INDIAN MOUND TRL SUN PRAIRIE, WI 53590 , US	
02	02	Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event RUN OFF ROADWAY LEFT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company UNITED-SERVICES-AUTOMOBILE-ASSN	Individual PATRICIA THOMPSON		
UNIT	Individual			
	INDIVIDUAL	Driver PATRICIA A THOMPSON (608) 925-2311	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address 627 OLD INDIAN MOUND TRL SUN PRAIRIE, WI 53590 , 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 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 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	
02	002	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			

Witness

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