6TL0BGSFDR

19-12690

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		Agency 19-12	Crash Number	Investigating Officer/Deputy DEPUTY B. LUBER			
DR	Crash Date 10/11/2019	Crash Time 04:19 PM		Date Arrived 10/11/2019		Time Arrived 04:28 PM			
GSF	Date Notified 10/11/2019	Time Notified 04:21 PM		Total Units 02		Total Injured 01	red Total Killed 00		
0BC	On Emergency Hi	and Run		re Work Zone		Trailer or	Towed		Reporting Threshold
6TL	Government Property	Active Sc	Active School Zone		Bus Related	Tags			
_	Crash Type DT4000 (STANDARD CRASH))		Amended			Secondary Crash

Description Diagram Reconstruction By Photos By Additional Information **NONE** 58 58

U2 WAS OPERATING NORTH ON HIGHWAY 33. OPERATOR U2 WAS IDENTIFIED BY WI DL. OPERATOR U2 STATED WHILE HE WAS OPERATING NORTH HE WAS STRUCK BY U1 ON THE PASSENGER SIDE. OPERATOR U2 COMPLAINED OF POSSIBLE RIGHT LEG INJURY, BUT REFUSED EMS. U1 WAS STOPPED AT A STOP SIGN AT THE INTERSECTION OF HWY 58 AND HWY 33. OPERATOR OF U1 WAS IDENTIFIED BY HER WI DL. OPERATOR SAID HER VIEW WAS OBSTRUCTED BY A TURNING TRUCK AND TRAILER IN THE TURNING LANE, DID NOT SEE U2, PULLED OUT, TURNED LEFT (SOUTH) ON TO HWY 33, AND COLLIDED WITH U2. OPERATOR U1 DID NOT REPORT ANY INJURIES. U2 REMOVED BY OPERATOR AND U1 TOWED BY CJJS.

ocation — ——————————————————————————————————								
ON UNION ST/ STH33 WB 114 FT S	Latitude 43.594690009	Longitude -90.126890495						
OF STH58 NB IN THE TOWN OF LA VALLE IN SAUK COUNTY	X Coordinate 247597.71875	Y Coordinate 4831609						
	Structure Type NO STRUCTURE							

Crash Scene

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	First	Harmful Event	First Harmful Event Location								
	MO	TOR VEH IN TRANSF	ON ROADWAY								
	Man	ner of Collision	Light Condition								
	08	08FRONT TO SIDE					DAYLIGHT				
	Road	Road Surface Condition(s) DRY					Factor(s)				
	DR۱										
	Envi	ronment Factor(s)				1					
	NOI	NE	NONE								
	Wea	ther Condition(s)									
		DUDY									
	Anim	nal Type					To Trafficwa CWAY - O	-			
	Cras	h Classification - Location	1			Crash Cla	ssification -	Jurisdiction			
	PUE	BLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION			
	Triba	al Land				Access C				Special Study	
			NO CON	ITROL							
	With NO	in Interchange Area	Junction Location INTERSECTION		Intersection	n Type SECTION	ı				
			INTERSECTION		1-livi Lix	SECTION	1				
		t Summary Status		Vohicle Op	erating As C	laccification	`	Linit Tuna			
		RANSIT		D CLASS		iassilicatioi	lassification Unit Type AUTOMOBILE				
		cle Type		D OLAGO					Operating As Endorsements		
01	PASSENGER CAR										
	Tota	I Occs	Train/Bus # Recorded	Total # Cita	Total # Citations Issued		Total Traile		Total Haz	Mat Types	
	1			1	1		0		0		
		rance?	Direction Of Travel	Pre	Pre CrashTire		Speed Lin	nit	Total Lan	es	
UNIT	YES		SOUTHBOUND		☐ Mark		45	3 Emergency Motor Vehi			
5		t Harmful Event: Collision TOR VEH IN TRANSF		Special Fur NO SPEC	NO SPECIAL FUNCTION			NOT APP			
		ic Way		Traffic Cont	Traffic Control			Traffic Cont	rol Inopera	tive/Missing	
	TWO	O-WAY, NOT DIVIDED)	STOP SIG	STOP SIGN			NO			
	Surfa	ace Type		Road Curva	ature			Road Grade			
		ACKTOP (BITUMINOL	JS)	STRAIGH	IT			LEVEL			
		k Bus or HazMat									
	NO										
	,	Vehicle									
		License Plate Number		Plate Type		_	St	Country of Is			
		AAF5865 Vehicle Identification Nu	ımhor	Make	AUT - AUTOMOBIL				UNITED STATES Model		
5	6	1G1PF5SC2C73946		CHEVRO	DLET		2012	CRUZE LT			
		Color		Body Style		1		Bus Use			
		BLU - BLUE		4D - 4DR	1			NOT A BU	S		
	Щ	Initial Contact Point		Vehicle Da	amage						
UNIT	⊇	12FRONT		40 500							
5	VEHICL	Extent Of Damage DISABLING DAMAGE	iE	12FROI	NI						
	>	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE Vehicle Removed By CJJ				,					
		What Driver Was Doing		Vehicle Fa	ictors						
		LEFT TURN									
		Driver Prior Action Othe	r	NOT APP	PLICABLE						

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LIND	VEHICLE											
01	01	Owner Name CHRISTA LYNN CI (608) 548-8265	HISICK		Owner Address N8262 OAK HOLLOW TRL NEW LISBON, WI 53950 , US							
		Sequence Of Events										
	01	Event										
	02	Event MOTOR VEH IN TR	RANSPORT									
	03	Event										
	04	Event										
_	ı	Policy Holder										
LNO		Insurance Company			Individual							
		WEA-PROPERTY-	&-CASUALTY-IN	S-CO	CHRISTA CHISICK							
		Individual			Love and the second							
		Driver CHRISTA LYNN CI	HISICK		Citations Issued 1		Sex FEMALE					
	JAL	(608) 548-8265			Date of Birth		Race					
╘	שו						WHITE					
	INDIVIDUAL	Address N8262 OAK HOLLOW TRL			Driver License Number							
	Z	NEW LISBON, WI 53950 , US			STATE: WISCONSIN COUNTRY: UNITED STATES							
	ļ		On Duty Crash		Safety Equipment							
	Saf	fety Equipment										
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			SHOULDER & LAP BEL	.Т						
		Helmet Use		Helmet Compliance								
		Eye Protection			Tint Compliance							
_	Ξ		Injury Severity		Airbag							
0	00	Injury	NO APPARENT	INJURY	NON DEPLOYED							
		Ejected	Ejection P	ath			Trapped/Extricated					
		NOT EJECTED	NOT EJE	CTED/NOT APPI	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #					
		Medical Transport NOT TRANSPORTED			EWS Agency Identiller		EIVIS Ruff #					
		Hospital			Date of Death Time of Death							
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)												
		Distracted By Action NOT DISTRACTED		(1101 0101 // A	J. 20,							
			Striking Unit #	Location								
		Non Motorist										
		Prior Action										

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LIND	INDIVIDUAL	Action										
		Action Other										To/From School
	ı	Drug & Alcohol Alcohol Test Given	lO 10	pected Alcohol U	NO					Alcohol Tes	t Reculte	
		TEST NOT GIVEN			Alcohol Test Ty	ype				Alcohol Tes	i Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug ⁻	Test Results				
6	90	Drug Type										
		Individual Condition	Individual Condition									
		APPEARED NORMAL										
	,	L Violations										
	7		lssu 001		tute Number 5.18(3)		Description FAIL/YIELD RIGHT/	NAY F	ROM STO	P SIGN		
l		t Summary			.,							
		Status				Vehicle Operating As Classification			Unit Type			
		RANSIT				D CLASS			TRUCK			
05		cle Type	т	SIICK						Operating As Endorsements		
		UTILITY TRUCK/PICKUP TRUCK Total Occs Train/Bus # Recorded			Total # Citations Issued Total		Total Traile	tal Trailers Total Haz		Mat Types		
	1			Direction Of Tra	nu al	0			0 Speed Lim	:4	0 Total Lane	
 	YES	rance?		NORTHBOU		Ŀ	Pre CrashTire ✓ Mark		45		3	
LIND	STR	t Harmful Event: Collision			O OR ANYT	N	Special Function NO SPECIAL FUNCTION			NOT APP	LICABLE	
		ic Way D-WAY, NOT DIVIDE I	_			Traffic Control NO CONTROL Road Curvature			Traffic Control Inoperative/Missing NO		ive/Missing	
	_ ,	ace Type	_						Road Grade			
		ACKTOP (BITUMINO	JS)			S	STRAIGHT			LEVEL		
	Truc NO	k Bus or HazMat										
	,	Vehicle										
		License Plate Number					late Type		St	Country of Is		
		DU7805 Vehicle Identification No	ımh	ner .			TK - LIGHT TRUCK		WI Year	UNITED STATES Model		
05	02	2GCEK19RXV1214					HEVROLET		1997	K1500		
		Color GRN - GREEN				Р	ody Style K - PICKUP			Bus Use NOT A BUS		
_	쁫	Initial Contact Point 4RIGHT SIDE REA	R			ľ	ehicle Damage					
LIND	VEHICLE	Extent Of Damage FUNCTIONAL DAM		E		5	RIGHT REAR CORN	IER				
	>	Towed Due To Damage				Vehicle Removed By						
		NOT TOWED					PERATOR					
		What Driver Was Doing GOING STRAIGHT				\	ehicle Factors					
		Driver Prior Action Other	r			N	IOT APPLICABLE					
						1						

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Crash Date 10/11/2019

Crash Time 04:19 PM

LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
02	02 V	Owner Name BRENDA L GNIRK (608) 604-0562			Owner Address S1990A COUNTY HIGHWAY F HILLSBORO, WI 54634 , US					
		Sequence Of Eve	nts							
	01	MOTOR VEH IN TRA	NSPORT							
	02	Event								
	03	Event								
	04	Event								
_	i	Policy Holder								
LIND		Insurance Company ACUITY,-A-MUTUAL	-INSURANCE-C	:0	Organization/Company GREGS LANDSCAPING LI	_C				
		Individual			•					
		Driver	, ONIIDIK		Citations Issued	Sex				
	AL	WALTER GREGORY GNIRK			O Date of Birth	MALE Race				
_	DO,				Date of Billi	WHITE				
LINO	INDIVIDUAL	Address S1990A COUNTY HIGHWAY F HILLSBORO, WI 54634 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Saf	Or foty Equipment	n Duty Crash		Safety Equipment		_			
	Sai	ety Equipment Seat Position			SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance						
		Eye Protection			Tint Compliance					
02	005	Inj	jury Severity		Airbag					
0	0		OSSIBLE INJUR		NON DEPLOYED	Tanas di Carinata d				
		Ejected NOT EJECTED	Ejection Pa	m CTED/NOT APPI	LICABLE	Trapped/Extricated NOT TRAPPED				
		Medical Transport	1		EMS Agency Identifier	EMS Run #	_			
		NOT TRANSPORTED	D							
	Hospital				Date of Death	Time of Death				
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED								
		Non Motorist	riking Unit #	Location						
		Prior Action								

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		Action					
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	A						
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LINO	=						
\supset	\leq						
	INDIVIDUAL						
	=						
		A .: 0:1					I = (5)
		Action Other					To/From School
		Suspec	cted Alcohol Use	Suspected Drug Use			
	L	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type	l		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
~	7	Drug Type	<u> </u>				
02	002	5 7.					
	_						
		Individual Condition					
		APPEARED NORMAL					