

6TL09T1TNW

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-13025</b>	Investigating Officer/Deputy <b>DEPUTY C. GALLAGHER</b>	
Crash Date <b>10/19/2019</b>		Crash Time <b>04:45 PM</b>	Date Arrived <b>10/19/2019</b>	Time Arrived <b>07:03 PM</b>	
Date Notified <b>10/19/2019</b>		Time Notified <b>04:50 PM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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**

<p>Diagram</p>	Reconstruction By
	Photos By <b>DEPUTY C.GALLAGHER #9170</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 1 WAS TRAVELING WESTBOUND ON STH 136 WHEN IT ATTEMPTED TO NEGOTIATE A RIGHT CURVE. UNIT 1 CROSSED THE CENTER LINE DUE TO WHAT APPEARS TO BE A VEHICLE MALFUNCTION WITH STEERING. UNIT 1 STRUCK UNIT 2 IN THE DRIVERS SIDE REAR PASSENGER AREA. UNIT 2'S SIDE AIRBAGS DEPLOYED AND UNIT 2 CONTINUED TO TRAVEL ACROSS THE ROAD WAY AND TRAVEL INTO WESTBOUND DITCH. UNIT 1 CAME TO COMPLETE STOP IN THE EASTBOUND DITCH.

**Location**

<p><b>ON STH136 WB 1312 FT E OF KOHLMAYER RD IN THE TOWN OF BARABOO IN SAUK COUNTY</b></p>	Latitude <b>43.477799821</b>	Longitude <b>-89.832181673</b>
	X Coordinate <b>270945.21875</b>	Y Coordinate <b>4817773</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>06--SIDESWIPE/OPPOSITE DIRECTION</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, 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>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>10/19/2019</b>	Time Initial Lane/Rd Closed <b>05:30 PM</b>	Date Scene Cleared <b>10/19/2019</b>	
Date All Lanes Open <b>10/19/2019</b>	Time All Lanes Open <b>05:45 PM</b>		

**Unit Summary**

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</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>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT 01</b>	<b>Vehicle</b>					
	License Plate Number <b>PG7891</b>		Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1B7KF236XXJ513327</b>		Make <b>DODGE</b>		Year <b>1999</b>	Model <b>RAM 2500</b>
	Color <b>GRN - GREEN</b>		Body Style <b>PK - PICKUP</b>			Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage <b>12--FRONT, UNDERCARRIAGE</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>					
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>			
	What Driver Was Doing <b>NEGOTIATING CURVE</b>					

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	<b>STEERING</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
01	Owner Name <b>SAMANTHA A SWADLEY (608) 391-0455</b>	Owner Address <b>28858 HWY 60 LONE ROCK, WI 53556 , US</b>
	<b>Sequence Of Events</b>	
01	Event	<b>MOTOR VEH IN TRANSPORT</b>
02	Event	
03	Event	
04	Event	
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>WYATT RAY MYERS (608) 606-6428</b>	Citations Issued <b>1</b>
		Sex <b>MALE</b>
		Date of Birth <b>WHITE</b>
	Address <b>20977 FS DR GAYS MILLS, WI 54631 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
01	<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
001	<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	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT 01	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>TYLOR JOHN MYERS (608) 391-0455</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>42003 S SLEEPY HOLLOW RD GAYS MILLS, WI 54631 , US</b>	Date of Birth <b>WHITE</b>		
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
UNIT 01	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			
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	<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>			
	01	<b>Violations</b>				
		UTC Number <b>AE756618</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</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>2</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"/> <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>UPHILL</b>	
		Truck Bus or HazMat <b>NO</b>							

**Vehicle**

UNIT	02	VEHICLE	License Plate Number <b>259CZZ</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
			Vehicle Identification Number <b>1G4GC5E35CF360271</b>		Make <b>BUICK</b>	Year <b>2012</b>	Model <b>LACROSSE</b>		
			Color <b>BLU - BLUE</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>		
			Initial Contact Point <b>8--LEFT SIDE REAR</b>		Vehicle Damage				
			Extent Of Damage <b>DISABLING DAMAGE</b>		<b>7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE</b>				
			Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>				
			What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors				
			Driver Prior Action Other		<b>NOT APPLICABLE</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
		Owner Name <b>JAMES L BENDER</b>	Owner Address <b>417 N MAPLE ST NORTH FREEDOM, WI 53951 , US</b>		
02	02	<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>MADISON-MUTUAL-INSURANCE-CO</b>	Individual <b>JAMES BENDER</b>			
UNIT	<b>Individual</b>				
	INDIVIDUAL	Driver <b>JAMES L BENDER</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth	Race <b>WHITE</b>		
	Address <b>417 N MAPLE ST NORTH FREEDOM, WI 53951 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
02	003	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance		
		Helmet Use	Tint Compliance		
		Eye Protection	Airbag <b>DEPLOYED-SIDE</b>		
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Ejected <b>NOT EJECTED</b>	
		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000368</b>	EMS Run #	
		Hospital <b>ST CLARE HOSP</b>	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  
CRASH REPORT

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>				
		UNIT	INDIVIDUAL	Passenger <b>SANDRA KAY BENDER</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
					Date of Birth	Race <b>WHITE</b>
Address <b>417 N MAPLE ST NORTH FREEDOM, WI 53951 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
<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					
UNIT	INDIVIDUAL			<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-SIDE</b>
				Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
				Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000368</b>	EMS Run #
		Hospital <b>ST CLARE HOSP</b>	Date of Death	Time of Death		
		<b>Distracted By</b>	Distracted By Source			
		Distracted By Action				
		<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				

6TL09T1TNW  
19-13025

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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>			
	02 004			