6TL09T1TNW

19-13025

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash D	Oocument #	Agency 19-130	Crash Number 025		estigating Officer/Deputy PUTY C. GALLAGHER		
Crash Date 10/19/2019	Crash Time 04:45 PM		Date Ar 10/19/2		Time Arrived 07:03 PM			
Date Notified 10/19/2019	Time Notified 04:50 PM		Total U	nits	Total Injured 01	Total Killed	d	
On Emergency	Hit and Run	∠ Lane Closu	ıre	☐ Work Zone	Trailer	or Towed	Reporting Threshold	
Crash Date 10/19/2019 Date Notified 10/19/2019 On Emergency Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amende	ed	Secondary Crash	
Description Diagram						Reconstruction		
STH 136 STH 136 ✓ I, a sworn law enforce UNIT 1 WAS TRAVELING W TO WHAT APPEARS TO BE 2'S SIDE AIRBAGS DEPLOY	/ESTBOUND ON STH 1 EA VEHICLE MALFUNG	36 WHEN IT ATTE	EMPTED RING. U	TO NEGOTIATE A RIGHT NIT 1 STRUCK UNIT 2 IN	CURVE. UNIT	Additional Information Photos 1 CROSSED TISIDE REAR PA	HE CENTER LINE DUE	
COMPLETE STOP IN THE E		OLD TO TRAVE		THE NOAD WAT AND	TOWEL INTO	.vedibooinD	2.101. UNIT I CAIVIL TO	
ON STH136 WB				Latitude		Longitud		
1312 FT E OF KOHLMEYER RD IN THE TOWN OF BARA	ABOO			X Coordinate 270945.2187		-89.832 Y Coord 481777		
IN SAUK COUNTY				Structure Type NO STRUCT		1.3	-	

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Crash Scene

		Harmful Event	First Harmful Event Location									
		TOR VEH IN TRANSPO	ORT	ON ROADWAY								
		ner of Collision	Light Condition									
		SIDESWIPE/OPPOSIT	E DIRECTION				DAYLIGHT Roadway Factor(s)					
	Road Surface Condition(s)							i actor(s)				
	WET											
	Envi	onment Factor(s)										
	NON	NE .					NONE					
	Wea	ther Condition(s)										
	CLC	OUDY, RAIN										
	Anim	ial Type					Relation T	o Trafficwa	,			
	,							WAY - O	•			
	Cras	h Classification - Location					Crash Clas	ssification -	Jurisdiction			_
	PUE	BLIC PROPERTY					NO SPE	CIAL JUR	ISDICTION			
	Triba	ll Land					Access Co				Special Study	
	14.0.1					1	NO CON	TROL				
	NO.	n Interchange Area	Junction Location NON-JUNCTION			Intersectio	n rype INTERSE	CTION				
	_	ure Type	NON-SONCTION	Ī	Reaso	ons for Closu		CHON				_
		SURE-ONE DIRECTION	ON			J.10 10. 0.000						
	Date	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed		TOW	TRUCK, F	FIRE/EMS					
		9/2019	05:30 PM									
		All Lanes Open	Time All Lanes Open		Date Scene Cleared Time Scene Cle				ared			
		9/2019	05:45 PM		10/19	9/2019		05	:56 PM			
		Status		Mahia	la One	erating As Cl	a a a ifi a a ti a a		11.5 =			_
	Unit Status Vehic IN TRANSIT D CI					erating As Cl	assilication		Unit Type TRUCK			
	Vehicle Type								Operating A	s Endorse	ments	
01	UTILITY TRUCK/PICKUP TRUCK											
	Tota	Occs	Train/Bus # Recorded	Total				Total Trail	, · · · · · · · · · · · · · · · · · · ·			
	2		D: :: 0/T	1				0		0		
	Insur NO	ance?	Direction Of Travel WESTBOUND		Pre CrashTire Mark			Speed Lin	nit	Total Lanes		
UNIT		Harmful Event: Collision V		Speci	Special Function			33	Emergency		icle Use	
D		TOR VEH IN TRANSPO		NO S	O SPECIAL FUNCTION			NOT APPLICABLE				
	Traff	ic Way		Traffic	raffic Control			Traffic Control Inoperative/Missing				
		D-WAY, NOT DIVIDED			NO CONTROL			NO				
		ace Type	C)		Curva				Road Grade DOWNHIL			
		CKTOP (BITUMINOU: k Bus or HazMat	3)	CUR	VER	IGHT			DOWNHIL	<u>-</u> L		
	NO	N Buo of Flazivia										
	,	Vehicle										
		License Plate Number		Plate	Туре	:		St	Country of Is	suance		_
		PG7891		LTK	- LIG	HT TRUC	K	WI	UNITED ST	TATES		
7	_	Vehicle Identification Nun		Make				Year	Model			
0	5				OGE			1999	RAM 2500			
		Color GRN - GREEN			Style				Bus Use NOT A BUS	S		
	ш	Initial Contact Point			_	mage						_
╘	占	12FRONT										
	VEHICL	Extent Of Damage		12	FRO	NT, UNDEI	RCARRIA	GE				
-	Z_	DISABLING DAMAGI	E	1								
		Towed Due To Damage	ARLING DAMAGE			moved By						
		TOWED DUE TO DIS What Driver Was Doing	ABLING DAWAGE	CKA	1103	TOWING						
		NEGOTIATING CURV	/E									

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Crash Date 10/19/2019

Crash Time 04:45 PM

				(000) 000 4000			
			Vehicle Factors				
		Driver Prior Action Other	STEERING				
		Since A hor Action Carol					
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION					
		Owner Name	Owner Address				
5	5	SAMANTHA A SWADLEY (608) 391-0455	28858 HWY 60 LONE ROCK, WI 53556 , US				
	(Sequence Of Events					
	5	Event MOTOR VEH IN TRANSPORT					
	05	Event					
	03	Event					
	94	Event					
	ı	Individual					
		Driver	Citations Issued	Sex			
	A L	WYATT RAY MYERS (608) 606-6428	1 Date of Birth	MALE Race			
_	D		Date of Birth	WHITE			
LINO	INDIVIDUAL	Address 20977 FS DR GAYS MILLS, WI 54631 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	On Duty Crash fety Equipment	Safety Equipment				
		Seat Position	SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use	Helmet Compliance				
			neimet Compitance				
		Eye Protection	Tint Compliance				
5	00	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED				
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AP	PLICABLE	Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #			
		Hospital	Date of Death	Time of Death			
		Distracted By Not APPLICABLE (NOT DISTR	RACTED)	1			
		Distracted By Action NOT DISTRACTED					
		Non Motorist Striking Unit # Location					
		Prior Action					

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

		Action								
	_									
	INDIVIDUAL									
≒	ח									
L	Σ									
	=									
İ		Action Other						To/From School		
	,	Orug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Use NO					
	_		NO	T	_		T			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
l		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results				
		TEST NOT GIVEN		Drug rest type		Drug Test Nesults	•			
l	1	Drug Type								
2	001	5 71								
		Individual Condition								
		APPEARED NORM	IAL							
	1	Individual								
İ		Passenger			Citations Issued		Sex			
	Ļ	TYLOR JOHN MYERS (608) 391-0455			0		MALE			
	U				Date of Birth		Race WHITE			
L	□				Driver Lieuwe North an		*******			
5	INDIVIDUAL	42003 S SLEEPY H	OLLOW RD		Driver License Number					
	Z	GAYS MILLS, WI 5			STATE: WISCONSIN COUNTRY: UNITED STATES					
İ			On Duty Crash		Safety Equipment					
	Saf	ety Equipment								
		Seat Position			SHOULDER & LAP BELT					
[3FRONT SEAT-R	IGHT SIDE (TRAI	N ENGINEER						
		Helmet Use			Helmet Compliance					
ļ		Eye Protection			Tint Compliance					
		Lye Flotection			Tint Compliance					
l _	7		Injury Severity		Airbag					
2	005	Injury	NO APPARENT II	NJURY	NON DEPLOYED					
l		Ejected	Ejection Pa	th			Trapped/Extricated			
		NOT EJECTED	NOT EJE	CTED/NOT APPL	ICABLE		NOT TRAPPED			
İ		Medical Transport	•		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORT	ED							
		Hospital			Date of Death		Time of Death			
			Distracted By Source							
		Distracted By	Distracted by Source	•						
l		Distracted By Action								
		,,								
		Non Matari	Striking Unit #	Location						
		Non Motorist								
		Prior Action								

4 of 8

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

LINI	INDIVIDUAL	Action											
		Action Other										To/From S	School
			Susr	pected Alcohol (Jse	1	Suspected Drug Use						
	L	Drug & Alcohol	& Alcohol NO				NO						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty					Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type)		Drug ⁻	Test Results				
01	002	Drug Type											
		Individual Condition											
		APPEARED NORM	/IAL										
	,	L Violations											
	7	UTC Number AE756618	Issu 00 1		tute Number 4.62(1)		Description OPERATE MOTOR V	/FHIC	I F W/O IN	SURANCE			
		t Summary •	001				0. 2.020			0011711102			
		Status				Vel	Vehicle Operating As Classification Unit Type						
		RANSIT					CLASS			AUTOMOBILE			
02		cle Type			•					Operating As Endorsements			
)		SSENGER CAR		Train/Bus # Re	ecorded	Tot	Total # Citations Issued Total 1			ers	Total Hazl	Mat Types	
	2					0				0			
⊢	Insur	rance?		Direction Of To			Pre CrashTire Speed Lim Mark 55				Total Lane		
UNIT		t Harmful Event: Collision					Special Function NO SPECIAL FUNCTION			Emergency NOT APP		cle Use	
		ic Way	J. O.	1(1		Tra	Traffic Control			Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVID	ED			NO CONTROL				NO			
		ace Type) I I E I				ad Curvature JRVE LEFT	Road Grade UPHILL					
		ACKTOP (BITUMING k Bus or HazMat	<i>,</i> (3)	,		٠٠	/KVE LEF!			OFFILL			
	NO												
	'	Vehicle				1	ata Tura		C+	Country -f.	oueres		
		License Plate Numbe 259CZZ	r				ate Type UT - AUTOMOBILE		St WI	Country of Is UNITED S			
02	~	Vehicle Identification I	Numb	per		M	ake		Year	Model			
0	05	1G4GC5E35CF360)271				UICK		2012	LACROSS	E		
		Color BLU - BLUE					ody Style D - 4DR			Bus Use NOT A BUS			
	쁘	Initial Contact Point				Ve	ehicle Damage		I				
UNIT	VEHICL	8LEFT SIDE REAR Extent Of Damage			7-	-LEFT REAR CORNE	R, 8	LEFT SIDE	EREAR, 9-	LEFT SID	E MIDDLE		
	>	Towed Due To Dama				\/4	ehicle Removed By						
		TOWED DUE TO I	DISA	BLING DAMA	AGE		RAIGS TOWING						
		What Driver Was Doir	•	_		Ve	ehicle Factors						
		NEGOTIATING CL Driver Prior Action Otl		=		N	OT APPLICABLE						

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Crash Date 10/19/2019

Crash Time 04:45 PM

		Driver Actions										
	Щ	NO CONTRIBUTING ACT	ION									
L	VEHICLE											
z	王											
	Æ											
		Owner Name		Owner Address								
		JAMES L BENDER		417 N MAPLE ST								
02	07	OAMEO E BENDER		NORTH FREEDOM, WI 53951 , US	3							
0	0			, , , , , , , , , , , , , , , , , , , ,								
	9	Sequence Of Events		·								
		Event										
	5	MOTOR VEH IN TRANSP	ORT									
		Event										
	02	Event										
	03	Event										
	J											
	4	Event										
	9											
_		Policy Holder										
		Insurance Company		Individual								
5		MADISON-MUTUAL-INSU	JRANCE-CO	JAMES BENDER								
				o/im2o b2itb2it								
		ndividual										
		Driver		Citations Issued	Sex							
	_	JAMES L BENDER		0	MALE							
	¥			Date of Birth	Race							
-	7				WHITE							
	INDIVIDUAL	Address		Driver License Number								
⊃	ቯ	417 N MAPLE ST		STATE: WISCONSIN COUNTRY: UNITED STATES								
	Z	NORTH FREEDOM, WI 53	3951 , US									
		On Duty	Crash	Cofety Favinment								
	Sat	ety Equipment	Clasii	Safety Equipment								
	-											
		Seat Position		SHOULDER & LAP BELT								
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY									
		Helmet Use		Helmet Compliance								
		Eye Protection		Tint Compliance								
~	က	Injury S	everity	Airbag								
05	003	Injury _{SUSPE}	ECTED MINOR INJURY	DEPLOYED-SIDE								
		Ejected	Ejection Path		Trapped/Extricated							
		NOT EJECTED	NOT EJECTED/NOT APPI	ICABI F	NOT TRAPPED							
		Medical Transport		EMS Agency Identifier	EMS Run #							
		EMS GROUND		6000368	LIVIO IXUII #							
				Date of Death	Time of Dooth							
		Hospital		Date of Death	Time of Death							
		ST CLARE HOSP										
		Distracted By NOT A	ed By Source .PPLICABLE (NOT DISTRA	CTFD)								
			LIOADLE (NOT DIOTICA	··/								
		Distracted By Action NOT DISTRACTED										
			T.									
		Non Motorist Striking	Unit # Location									
		Prior Action										

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

								(000) 000 4000	
		Action							
	INDIVIDUAL								
—	J								
LINO	₽								
5	≥								
_									
	Z								
		Action Other						To/From School	
			Suspect	ed Alcohol Use	Suspected Drug Use			1	
	- 1	Drug & Alcohol	NO	04 / 11001101 000	NO				
	_	_	10		140				
		Alcohol Test Given		Alcohol Test Typ	pe		Alcohol Test Results		
		TEST NOT GIVEN		,					
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
		TEST NOT GIVEN							
	~	Drug Type							
02	003	Drug Type							
	0								
		Individual Condition							
		APPEARED NORM	AL						
		Individual							
		Passenger			Citations Issued		Sex		
		SANDRA KAY BENDER							
	Ļ				0		FEMALE		
	A				Date of Birth		Race		
_	7						WHITE		
UNIT	INDIVIDUAL	Addross			Driver License Number				
5	=	Address			Driver License Number				
_	爿	417 N MAPLE ST	=-		STATE: WISCONSIN COUNTRY: UNITED STATES				
	=	NORTH FREEDOM,	, WI 53	951,08	STATE: WISCONSIN COUNTRY: UNITED STATES				
	0-4	iotus Fausiamaant	On Duty	Crash	Safety Equipment				
	Sai	ety Equipment							
		Seat Position			SHOULDER & LAP	RELT			
			. .	(TD 4 II) EN ONIEED	ONOGEDEN & EAR	DLLI			
			GHIS	IDE (TRAIN ENGINEER					
		Helmet Use			Helmet Compliance				
		Eye Protection			T: 10 F				
		Eye Protection			Tint Compliance				
<u> </u>	4	li li	njury Se	everity	Airbag				
02	004	Injury	IO A D	PARENT INJURY	DEPLOYED-SIDE				
	_		10 AI	TAKENT INJUKT	DEI EOTED-SIDE		I = U=		
		Ejected		Ejection Path			Trapped/Extricated		
		NOT EJECTED		NOT EJECTED/NOT API	PLICABLE		NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
					_		LIVIO IXUIT#		
		EMS GROUND			6000368				
		Hospital			Date of Death		Time of Death		
		ST CLARE HOSP							
			Diotro at	nd By Course			l		
		Distracted By	JISTRACTE	ed By Source					
		Distracted by							
		Distracted By Action							
		,							
		Non Mataria	Striking	Unit # Location					
		Non Motorist							
		Prior Action		I					

Form DT4000

Crash Date 10/19/2019 Crash Time 04:45 PM

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LINO	INDIVIDUAL	Action					
		Action Other Suspected Alcohol U	lse .	Suspected Drug Use			To/From School
	L	Drug & Alcohol NO		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		
05	004	Drug Type					
		Individual Condition					
		APPEARED NORMAL					