

6TL09KMM0Q  
19-13314

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL09KMM0Q

Document Number Override		Primary Crash Document #	Agency Crash Number <b>1-13314</b>	Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>10/26/2019</b>		Crash Time <b>11:38 AM</b>	Date Arrived <b>10/26/2019</b>	Time Arrived <b>12:03 PM</b>	
Date Notified <b>10/26/2019</b>		Time Notified <b>11:44 AM</b>	Total Units <b>02</b>	Total Injured <b>02</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
		Photos By
		Additional Information <b>NONE</b>

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

UNITS 1 AND 2 WERE E/B ON THE INTERSTATE NEAR MM 99 WHEN THE TRAFFIC AHEAD BEGAN TO SLOW FOR ANOTHER CRASH JUST UP THE ROAD. UNIT 2 BEGAN TO SLOW AND UNIT 1 DRIVER STATED SHE DIDN'T REALIZE TRAFFIC WAS SLOWING SO FAST AND SHE RAN INTO THE BACK OF UNIT 2.

Location

<b>ON IH90 EB 0.39 MI W OF SCHEPP RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY</b>	Latitude <b>43.547526871</b>	Longitude <b>-89.64419414</b>
	X Coordinate <b>286395.6875</b>	Y Coordinate <b>4825016.5</b>
	Structure Type <b>NO STRUCTURE</b>	

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Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>BACKUP DUE TO PRIOR CRASH</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

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</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>70</b>	Total Lanes <b>4</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, DIVIDED, UNPROTECTED (PAINTED &gt;</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

UNIT 01 VEHICLE	License Plate Number <b>942VCE</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>MN</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>5N1AA0NCXFN605011</b>		Make <b>NISSAN</b>	Year <b>2015</b>	Model <b>ARMADA</b>	
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</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>12--FRONT, UNDERCARRIAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			

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UNIT	VEHICLE	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>	
		Owner Name <b>CHRISTNA ELOISE WHITE (763) 843-3439</b>	Owner Address <b>5430 144TH WAY NW UNIT 22 RAMSEY, MN 55303 5711, US</b>
UNIT	01	<b>Sequence Of Events</b>	
		01	Event <b>MOTOR VEH IN TRANSPORT</b>
		02	Event
		03	Event
UNIT	01	<b>Policy Holder</b>	
		Insurance Company <b>AMERICAN-AUTOMOBILE-INS-CO</b>	Individual <b>CHRISTNA WHITE</b>
UNIT	INDIVIDUAL	<b>Individual</b>	
		Driver <b>CHRISTNA ELOISE WHITE (763) 843-3439</b>	Citations Issued <b>1</b>
		Date of Birth	Sex <b>FEMALE</b>
UNIT	001	Address <b>5430 144TH WAY NW UNIT 22 RAMSEY, MN 55303 5711, US</b>	
		Driver License Number <b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>	
		<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 Compliance
		Helmet Use	Tint Compliance
		Eye Protection	<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>UNKNOWN</b>			
<b>Non Motorist</b>		Striking Unit #	
Location			
Prior Action			

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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>ASHLEY MARIE DALZELL (763) 777-1174</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>6535 SAINT MATHIAS RD BRAINERD, MN 56401 8379, US</b>		Date of Birth	
Driver License Number <b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>		Race <b>WHITE</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					

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01	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>				
			Passenger <b>KELSEY ANNE STERN (605) 933-2260</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Address <b>3025 PARK AVE APT 1 MINNEAPOLIS, MN 55407 1563, US</b>		Date of Birth	Race <b>WHITE</b>	
Driver License Number <b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>							
01	UNIT	INDIVIDUAL	<b>Safety Equipment</b>				
			On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
			Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>		Helmet Compliance		
			Helmet Use		Tint Compliance		
			Eye Protection		Airbag <b>NON DEPLOYED</b>		
			<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</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							

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	003	<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>AE757023</b>	Issue To? <b>V01</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	
		UTC Number <b>AE757023</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	

**Unit Summary**

UNIT	02	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>4</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 CrashTire Mark</b>		Speed Limit <b>70</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>			Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>CONCRETE</b>			Road Curvature <b>STRAIGHT</b>			Road Grade <b>UPHILL</b>	
		Truck Bus or HazMat <b>NO</b>							

**Vehicle**

UNIT	02	02	License Plate Number <b>AT7927</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
			Vehicle Identification Number <b>1FTFX1EG8GFC17983</b>		Make <b>FORD</b>	Year <b>2016</b>	Model <b>F150</b>		
			Color <b>BLK - BLACK</b>		Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>		
			Initial Contact Point <b>6--REAR</b>		Vehicle Damage				
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>6--REAR</b>				
			Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>				
			What Driver Was Doing <b>SLOW/STOPPING</b>						

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
	NOT APPLICABLE			
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name STEVEN EDWARD HEITKE (608) 697-8570		Owner Address 411 LAKE ST PARDEEVILLE, WI 53954 , US	
UNIT 02	<b>Sequence Of Events</b>			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
UNIT 04	Event			
	<b>Policy Holder</b>			
	Insurance Company ALLSTATE-INS-CO		Individual STEVEN HEITKE	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver STEVEN EDWARD HEITKE (608) 697-8570		Citations Issued 0	Sex MALE
	Address 411 LAKE ST PARDEEVILLE, WI 53954 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
	<b>Safety Equipment</b>			
UNIT 02	On Duty Crash		Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 004	<b>Injury</b>		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
UNIT 004	<b>Distracted By</b>			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
	<b>Non Motorist</b>			
Striking Unit #		Location		
Prior Action				

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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>			
		Passenger <b>TONY LEE HEITKE</b> <b>(608) 697-6729</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>713 E CHESTNUT ST</b> <b>PARDEEVILLE, WI 53954 , US</b>		Date of Birth	
Driver License Number		Race <b>WHITE</b>			
<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
UNIT	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>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-FRONT</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			
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			



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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>		
	Passenger <b>RUSTY LEE SCHIRADELLY (608) 697-9291</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>277 NORTH POLK WYOCENA, WI 53969 , US</b>		Date of Birth <b>WHITE</b>
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>POSSIBLE 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		
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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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>		
	Passenger <b>JERRID J HEITKE (608) 697-8570</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>411 LAKE ST PARDEEVILLE, WI 53954 , US</b>		Date of Birth Race <b>WHITE</b>
Driver License Number			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</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		
UNIT INDIVIDUAL	<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>007</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>			