

6TLOB4X4M0

19-13458

# WISCONSIN MOTOR VEHICLE CRASH REPORT

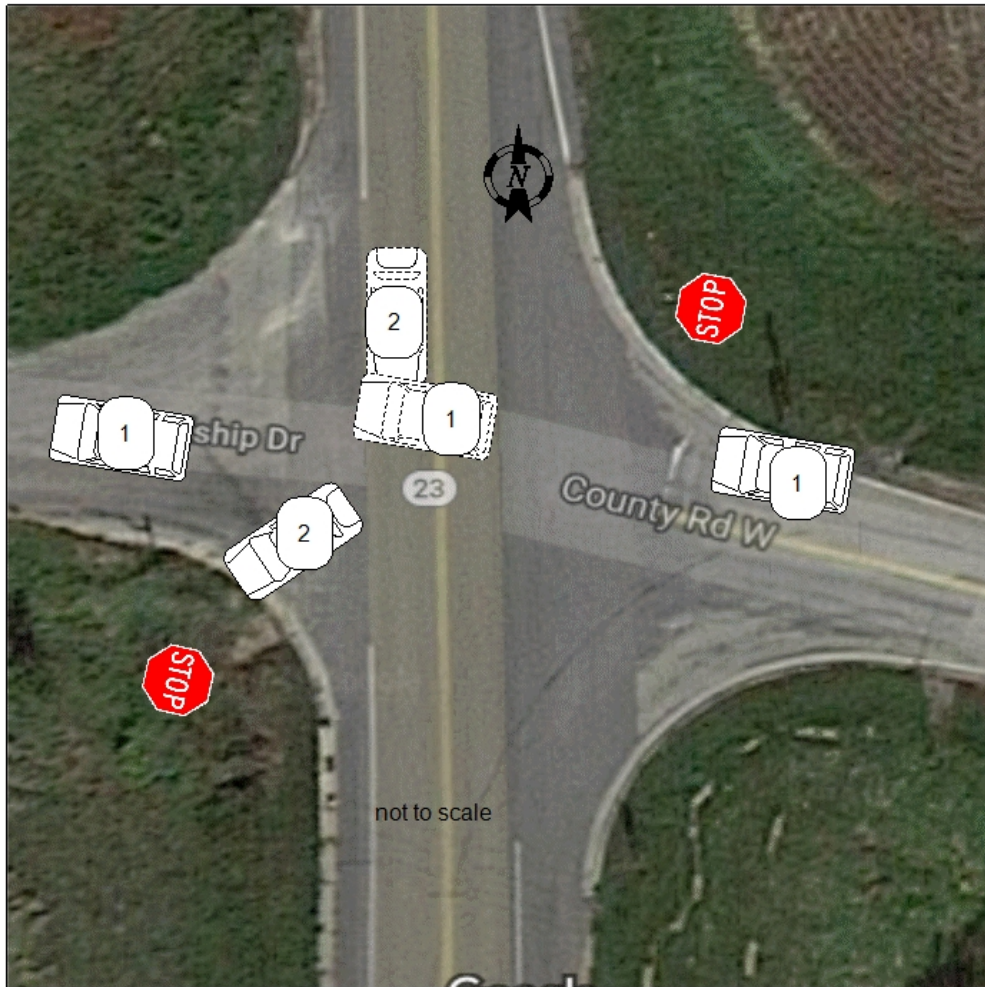
SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>19-13458</b>		Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>10/29/2019</b>		Crash Time <b>03:56 PM</b>		Date Arrived <b>10/29/2019</b>		Time Arrived <b>04:08 PM</b>	
Date Notified <b>10/29/2019</b>		Time Notified <b>03:56 PM</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  
**NONE**

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

UNIT 1 WB ON CTH STOPPED AT STOP SIGN AND PROCEEDED WB AND DID NOT SEE UNIT 2 AND WAS STRUCK IN THE FRONT PASSENGER SIDE. UNIT 2 SB ON STH 23 AND STATED UNIT 1 STOPPED AT STOP SIGN AND PULLED OUT IN FRONT OF HER. SHE STATED SHE COULD NOT AVOID COLLISION. OPERATOR OF UNIT 2 SUSTAINED INJURY AND WAS TRANSPORTED BY REEDSBURG EMS. PASSENGER OF UNIT 1 COMPLAINED OF HEAD PAIN AND REFUSED EMS TRANSPORT. NO OTHER INJURIES REPORTED. UNIT WAS SUSTAINED DISABLING DAMAGE AND WAS TOWED BY STEVES AND UNIT 2 SUSTAINED DISABLING DAMAGE AND WAS TOWED BY GEORGES. OPERATOR OF UNIT 1 CITED FOR FAILURE TO YIELD FROM STOP SIGN.

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Location

Table with 3 columns: Address (ON CTHW SB 27 FT E OF FRIENDSHIP RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY), Latitude (43.395577039), Longitude (-90.036386831), X Coordinate (254096.09375), Y Coordinate (4809223), Structure Type (NO STRUCTURE)

Crash Scene

Table with 3 columns: Event (MOTOR VEH IN TRANSPORT), Location (ON ROADWAY), Manner (08--FRONT TO SIDE), Light (DAYLIGHT), Road Surface (DRY), Environment (NONE), Weather (CLEAR), 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 (INTERSECTION), Intersection Type (FOUR-WAY INTERSECTION)

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), Operating As Endorsements, Total Occs (4), Train/Bus # Recorded, Total # Citations Issued (1), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (WESTBOUND), Pre Crash Tire 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 (STOP SIGN), Traffic Control Inoperative/Missing (NO), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (UPHILL), Truck Bus or HazMat (NO)

Table with 4 columns: License Plate Number (AGR4561), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1J4GW58J52C322846), Make (JEEP), Year (2002), Model (GRAND CHER), Color (SIL - SILVER (ALUMINUM)), Body Style (UT - SPORT UTILITY VEHICLE), Bus Use (NOT A BUS), Initial Contact Point (2--RIGHT SIDE FRONT), Vehicle Damage (2--RIGHT SIDE FRONT), Extent Of Damage (DISABLING DAMAGE), Towed Due To Damage (TOWED DUE TO DISABLING DAMAGE), Vehicle Removed By (STEVES AUTO SERVICE)

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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
01 01	Owner Name <b>KALEN THOMAS DULEY (608) 434-6723</b>	Owner Address <b>E2727 SMYTHE HOLLOW RD HILLPOINT, WI 53937 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-DIRECT-INSURANCE-CO</b>	Individual <b>KALEN DULEY</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>KALEN THOMAS DULEY (608) 434-6723</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>E2727 SMYTHE HOLLOW RD HILLPOINT, WI 53937 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
01 001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</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>JENNIFER M STABNOW (608) 434-6723</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>E2727 SMYTHE HOLLOW RD HILLPOINT, WI 53937 , US</b>		Date of Birth	Race <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>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</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				

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>LIAM R DULEY</b> <b>(608) 434-6723</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>E2727 SMYTHE HOLLOW RD</b> <b>HILLPOINT, WI 53937 , US</b>		Date of Birth <b>WHITE</b>	
UNIT 01	INDIVIDUAL	Driver License Number			
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>	
		Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>	CHILD RESTRAINT SYSTEM - FORWARD FACING		
		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					

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>			
		Passenger <b>PAIGHTON M DULEY (608) 434-6723</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>E2727 SMYTHE HOLLOW RD HILLPOINT, WI 53937 , 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>6--SECOND SEAT-RIGHT SIDE</b>	<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</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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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	004	<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	001	<b>Violations</b>			
			UTC Number <b>BB955229</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</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>1</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>SOUTHBOUND</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>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
		Truck Bus or HazMat <b>NO</b>						

### Vehicle

UNIT	02	02	License Plate Number <b>598UTG</b>				Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>1G6KD57Y88U126491</b>				Make <b>CADILLAC</b>	Year <b>2008</b>	Model <b>DTS</b>	
			Color <b>RED - RED</b>				Body Style <b>4D - 4DR</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</b>			
			Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>				Vehicle Removed By <b>GEORGES AUTO BODY</b>			
			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>NO CONTRIBUTING ACTION</b>			
	02	02	Owner Name <b>MARGARET E SPRECHER (608) 604-1951</b>	
			Owner Address <b>E3686 US HIGHWAY 14 AND 60 SPRING GREEN, WI 53588 , US</b>	
<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT POLICY HOLDER	<b>Policy Holder</b>			
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>MARGARET SPRECHER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
		Driver <b>MARGARET E SPRECHER (608) 604-1951</b>	Citations Issued <b>0</b>	
			Sex <b>FEMALE</b>	
			Race <b>WHITE</b>	
	Address <b>E3686 US HIGHWAY 14 AND 60 SPRING GREEN, WI 53588 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT SAFETY EQUIPMENT	On Duty Crash		Safety Equipment	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	02 005	<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>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>	EMS Run #	
Hospital <b>REEDSBURG AREA MED CTR</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				



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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			To/From School
<b>02</b>	<b>005</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>			