

6TL09426T7

19-13564

# 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>19-13564</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>10/31/2019</b>		Crash Time <b>05:00 PM</b>	Date Arrived <b>10/31/2019</b>	Time Arrived <b>05:07 PM</b>	
Date Notified <b>10/31/2019</b>		Time Notified <b>05:00 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 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

Diagram <p>Not to Scale</p> <p>City View Rd</p>	Reconstruction By <b>SAUK COUNTY SHERIFF</b>
	Photos By <b>A KULAS AND T LOHR</b>
	Additional Information <b>PHOTOS, RECONSTRUCTION</b>

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

UNIT 1 WAS WESTBOUND ON CITY VIEW RD. UNIT 1 CROSSED THE CENTER LINE. UNIT 2 WAS EAST BOUND ON CITY VIEW RD. UNIT 2 ATTEMPTED AN EVASIVE MANEUVER AND SWERVED TO THE NORTH (INTO THE WB LANE OF TRAVEL) IN AN ATTEMPT TO AVOID UNIT 1. UNIT 1 AND 2 STRUCK AT AN ANGLE AND BOTH ROTATED CLOCKWISE. UNIT 2 CAME TO A REST IN THE NORTH DITCH FACING SOUTH. UNIT 1 CAME TO REST IN SOUTH DITCH FACING NORTH.

## Location

<b>ON CITY VIEW RD 545 FT E OF JEFFERSON ST IN THE TOWN OF BARABOO IN SAUK COUNTY</b>	Latitude <b>43.489117583</b>	Longitude <b>-89.727790079</b>
	X Coordinate <b>279429.53125</b>	Y Coordinate <b>4818747.5</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>03--FRONT TO FRONT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>10/31/2019</b>	Time Initial Lane/Rd Closed <b>05:07 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS, MED FLIGHT</b>	
Date All Lanes Open <b>10/31/2019</b>	Time All Lanes Open <b>07:46 PM</b>		
Date Scene Cleared <b>10/31/2019</b>	Time Scene Cleared <b>07:47 PM</b>		

## Unit Summary

<b>01</b> <b>UNIT</b>	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>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>EASTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>01</b> <b>VEHICLE</b>	<b>Vehicle</b>			
	License Plate Number <b>MT10DEW</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1C4RJFAG8DC587166</b>	Make <b>JEEP</b>	Year <b>2013</b>	Model <b>GRAND CHER</b>
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>VEHICLE NOT AT SCENE</b>	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>BILLS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>			

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors
			NOT APPLICABLE
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>		
01 01	Owner Name	Owner Address	
	<b>FRIEDE AND ASSOCIATES LLC (608) 524-4383</b>	<b>500 UTILITY LN REEDSBURG, WI 53959 , US</b>	
<b>Sequence Of Events</b>			
01 02 03 04	Event	MOTOR VEH IN TRANSPORT	
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company	Organization/Company	
	<b>CENTURY-NATIONAL-INS-CO</b>	<b>FRIEDE AND ASSOCIATES LLC</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver	Citations Issued	Sex
	<b>ZACHARY JAMES DOROW (608) 964-1622</b>	<b>0</b>	<b>MALE</b>
		Date of Birth	Race
		<b>WHITE</b>	
	Address	Driver License Number	
	<b>537 BABB AVE REEDSBURG, WI 53959 , US</b>	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<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	
	<b>Injury</b>	Injury Severity	Airbag
		<b>NO APPARENT INJURY</b>	<b>DEPLOYED-FRONT</b>
	Ejected	Ejection Path	Trapped/Extricated
	<b>NOT EJECTED</b>	<b>NOT EJECTED/NOT APPLICABLE</b>	<b>NOT TRAPPED</b>
	Medical Transport	EMS Agency Identifier	EMS Run #
	<b>NOT TRANSPORTED</b>		
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
		<b>UNKNOWN</b>	
	Distracted By Action		
	<b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action	
		Action Other	
01	001	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>	

### 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>3</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	
		Total HazMat Types <b>0</b>		Insurance? <b>UNKNOWN</b>		Direction Of Travel <b>WESTBOUND</b>		<input checked="" type="checkbox"/> <b>Pre Crash Tire Mark</b>	
		Speed Limit <b>45</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>LEVEL</b>	
Truck Bus or HazMat <b>NO</b>									

UNIT	VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>964HHN</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1G1PF5SC3C7360563</b>		Make <b>CHEVROLET</b>		Year <b>2012</b>	Model <b>CRUZE</b>
		Color <b>BLU - BLUE</b>		Body Style <b>SD - SEDAN</b>			Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>1--RIGHT FRONT CORNER</b>		Vehicle Damage			
		Extent Of Damage <b>DISABLING DAMAGE</b>		<b>ALL AREAS</b>			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</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>		
		Owner Name <b>MOLLY M SCANLAN (608) 581-0325</b>	Owner Address <b>2119 SURREY LN BARABOO, WI 53913 , US</b>	
02	02	<b>Sequence Of Events</b>		
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>EMBANKMENT</b>		
	03	Event		
	04	Event		
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>OLIVER JOHN SCANLAN (608) 581-0325</b>	Citations Issued <b>0</b>	
			Sex <b>MALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>2119 SURREY LN BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
02	002	<b>Safety Equipment</b>	On Duty Crash	
			Safety Equipment	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>NONE USED - VEHICLE OCCUPANT</b>	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity <b>NO APPARENT 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 <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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UNIT 02	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>FINLEY J SCANLAN (608) 581-0325</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>2119 SURREY LN BARABOO, WI 53913 , US</b>		Date of Birth <b>WHITE</b>	
UNIT 02	INDIVIDUAL	Driver License Number			
		<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>SUSPECTED SERIOUS INJUR</b>	Airbag <b>DEPLOYED-SIDE</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>TRAPPED/EXTRICATED</b>	
		Medical Transport <b>EMS AIR</b>	EMS Agency Identifier <b>6001285</b>	EMS Run #	
		Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>	Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source		
Distracted By Action					
UNIT 02	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
02	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>		
		<b>Individual</b>		
		Passenger <b>GEORGE T STELLING (608) 963-4298</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>115 10TH ST BARABOO, WI 53913 , US</b>		Date of Birth Race <b>WHITE</b>
		Driver License Number		
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance			
02	004	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>DEPLOYED-FRONT</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>TRAPPED/EXTRICATED</b>
		Medical Transport <b>EMS AIR</b>	EMS Agency Identifier <b>6001285</b>	EMS Run #
		Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</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		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action				
		Action Other			To/From School	
	<b>02</b>	<b>004</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>			