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19-13564

WISCONSIN MOTOR VEHICLE CRASH REPORT

						(000) 000 4000		
Document Number Override 6TL09426T7	Primary Crash Document #	Agency Cra 19-13564	ash Number	Investigating (DEPUTY A.		,		
	Crash Time	Date Arrive	Date Arrived		Time Arrived			
10/31/2019	05:00 PM	10/31/201	9		05:07 PM			
Date Notified 10/31/2019	Time Notified 05:00 PM	Total Units 02		Total Injured 02	Total Kille	ed		
Crash Date 10/31/2019 Date Notified 10/31/2019 On Emergency Hit Government Property	and Run		Work Zone		r Towed	Reporting Threshold		
Government Property	Active School Zone	School Bus NO	Related	Tags				
Reportable	Crash Type DT4000 (STANDARD CR	RASH)		✓ Amende	d	Secondary Crash		
Description								
Diagram	to Scale				Photos By	n By NTY SHERIFF 		
U2 U2		102 102 102 102 102 102 102 102 102 102	Sign City View	U1 J	Additional Info	prmation ECONSTRUCTION		
UNIT 1 WAS WESTBOUND ON CI AN EVASIVE MANEUVER AND SY AN ANGLE AND BOTH ROTATED FACING NORTH.	TY VIEW RD. UNIT 1 CROSS WERVED TO THE NORTH(IN CLOCKWISE. UNIT 2 CAME	ED THE CENTER	LINE. UNIT 2 WAS	S EAST BOUND ON N ATTEMPT TO AV	OID UNIT 1.	UNIT 1 AND 2 STRUCK AT		

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

LOC	ation									
_	CITY VIEW RD					Latitude			Longitu	
545	FT E IEFFERSON ST					43.48911	17583		-89.727	7790079
IN T	HE TOWN OF BARAB AUK COUNTY	00				X Coordin 279429. 5			Y Coord 481874	
IIN 3	AUR COUNTY					Structure Type				
						NO STR	UCTURE	1		
Cras	sh Scene									
First	Harmful Event					First Harm	nful Event	Location		
МОТ	OR VEH IN TRANSPO	ORT				ON ROA	DWAY			
	ner of Collision					Light Cond				
03I	FRONT TO FRONT					DAYLIG	HT			
Road	Surface Condition(s)					Roadway	Factor(s)			
DRY	,									
Envir	onment Factor(s)									
NON	IE					NONE				
Weat	her Condition(s)									
CLE	AR									
Anim	al Type					Relation T		•		
0	Olassification Laurtine							ON ROAD		
	Classification - Location							- Jurisdiction		
	Land					NO SPECIAL JURISDICTION Access Control Spe			Special Study	
IIIDU	Thoat cand					NO CONTROL				Special Study
Withi	n Interchange Area	Junction Location			Intersection					
NO		NON-JUNCTION			NOT AN	NINTERSECTION				
	ire Type			Reaso	ons for Closu	ıre				
	L CLOSURE	T= 1:::11 (5.10)			FNEODO		OW TO	IOK FIRE/FI		FLIGHT
	Initial Lane/Rd Closed 1/2019	Time Initial Lane/Rd Clo 05:07 PM	sea	LAVV	ENFORCE	EIVIENI, I	OW IK	JCK, FIRE/EN	IS, WED	FLIGHT
Date	All Lanes Open	Time All Lanes Open		Date S	Scene Clear	Cleared Time Scene Cleared				
10/3	1/2019	07:46 PM		10/31	1/2019		0	7:47 PM		
	Summary ===									
	Status				erating As Cl	assification	ı	Unit Type		
	RANSIT		DC	LASS				AUTOMOBILE Operating As Endorsements		
	cle Type DRT) UTILITY VEHICLI	F						Operating A	s Endorse	ments
`	Occs	Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total Tra	ailers	Total Haz	zMat Types
1			0				0		0	XI
Insur	ance?	Direction Of Travel		Pre	CrashTire	e Speed		.imit	Total Lanes	
YES		EASTBOUND			Mark	35			2	
	Harmful Event: Collision W			ecial Function SPECIAL FUNCTION		Emergency Mot			otor Vehicle Use	
	OR VEH IN TRANSPO)K I		fic Cont						
	-WAY, NOT DIVIDED			CONT				Traffic Control Inoperative/Missing NO		
	ce Type			d Curva						
	BLACKTOP (BITUMINOUS) STRAIG							HILLCRES		
	Bus or HazMat		•					•		
NO	/abiala									
,	/ehicle License Plate Number		Pla	te Type	<u> </u>		St	Country of Is	suance	
	MT10DEW				: JTOMOBIL	E	WI	UNITED ST		
	Vehicle Identification Num	ber	Ma			- <u>-</u>	Year	Model	5	_
01	1C4RJFAG8DC58716		JE				2013	GRAND CH	IER	
	Color RED - RED			dy Style		Bus Use NOT A BUS				

5

LNO

5

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	Щ	Initial Contact Point	\	/ehicle Damage				
╘	겅	12FRONT						
LIND	VEHICL	Extent Of Damage	1	1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT				
ا ر	E	DISABLING DAMAGE		,	•			
		Towed Due To Damage	\	/ehicle Removed By				
		TOWED DUE TO DISABL		BILLS TOWING				
		What Driver Was Doing		/ehicle Factors				
		GOING STRAIGHT						
		Driver Prior Action Other	n	NOT APPLICABLE				
		Driver Actions						
	ш	FAILED TO KEEP IN DES	IGNATED LANE					
-								
L	₽							
-	VEHICL							
	>							
		Owner Name		Owner Address				
		FRIEDE AND ASSOCIATE	FSIIC	500 UTILITY LN				
2	5	(608) 524-4383		REEDSBURG, WI 53959, US				
		,						
	;	Sequence Of Events						
	5	Event MOTOR VEH IN TRANSP	ORT					
	_		O.(.)					
	02	Event						
		_						
	03	Event						
	_							
	4	Event						
	_							
╘	I	Policy Holder						
HNO		Insurance Company		Organization/Company				
ر		CENTURY-NATIONAL-IN	S-CO	FRIEDE AND ASSOCIATES LLC				
	1	Individual						
		Driver		Citations Issued	Sex			
	_	ZACHARY JAMES DORO	w	0	MALE			
	¥	(608) 964-1622		Date of Birth	Race			
-	DIVIDUAL				WHITE			
L N	≥	Address		Driver License Number				
)		537 BABB AVE						
	=	REEDSBURG, WI 53959	, US	STATE: WISCONSIN COUNTRY: UN	IIIED STATES			
		On Duty	Crash	Safety Equipment				
	Sat	fety Equipment						
		Seat Position		SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY					
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
6	90	Injury So	everity	Airbag				
	0		PARENT INJURY	DEPLOYED-FRONT				
		Ejected	Ejection Path	ICADI E	Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPL		NOT TRAPPED			
		Medical Transport		EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED		Data of Darath	Time of Dooth			
		Hospital		Date of Death	Time of Death			
		Dietracte	ed By Source	1	l .			
		Distracted By UNKN	OWN					

WISCONSIN MOTOR VEHICLE CRASH REPORT

Non Motorist Striking Unit # Location	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)								
NOT INDIONS									
Prior Action									
Action									
-									
AUC									
INDIVIDUAL									
<u> </u>									
Action Other	To/From School								
Suspected Alcohol Use Drug & Alcohol NO Suspected Drug Use NO	1								
Alcohol Test Given Alcohol Test Type Alcohol Test Results									
TEST GIVEN BLOOD PENDING									
Drug Test Given TEST GIVEN Drug Test Type BLOOD Drug Test Results PENDING									
To Drug Type									
Individual Condition									
APPEARED NORMAL									
Unit Summary Unit Status Vehicle Operating As Classification Unit Type									
IN TRANSIT D CLASS AUTOMOBILE	AUTOMOBILE								
Vehicle Type PASSENGER CAR Operating As Endorser	Operating As Endorsements								
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total Haz	Mat Types								
3 0 0 0 Insurance? Direction Of Travel Pre CrashTire Speed Limit Total Land	es								
The Glashine									
YES WESTBOUND Mark 35 2 Most Harmful Event: Collision With NO SPECIAL FUNCTION Emergency Motor Vehind NOT APPLICABLE									
Traffic Way Traffic Control Traffic Control NO CONTROL Traffic Control Inoperation NO CONTROL	ive/Missing								
Surface Type Road Curvature Road Grade									
BLACKTOP (BITUMINOUS) Truck Bus or HazMat HILLCREST									
NO									
Vehicle St. A. V. Courte of legueses									
License Plate Number 964HHN Plate Type St Country of Issuance WI UNITED STATES									
Vehicle Identification Number Make Year Model									
	CRUZE Bus Use								
Color Body Style Bus Use									
Color									
Color									
Color BLU - BLUE Initial Contact Point Body Style SD - SEDAN Vehicle Damage Bus Use NOT A BUS									

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doing	Vehicle Factors						
		GOING STRAIGHT							
		Driver Prior Action Other	NOT APPLICABLE	NOT APPLICABLE					
		Driver Actions							
	ш	NO CONTRIBUTING ACTION							
_									
Ę	೨								
UNIT	VEHICL								
	7								
		Owner Name	Owner Address						
۵.		MOLLY M SCANLAN	2119 SURREY LN						
02	05	(608) 581-0325	BARABOO, WI 539	013 , US					
	•	Sequence Of Events							
	2	Event MOTOR VEH IN TRANSPORT							
	05	Event							
	0	EMBANKMENT							
	e	Event							
	03								
	_	Event							
	04								
		Policy Holder							
UNIT		Policy Holder	1						
3		Insurance Company	Individual						
		MT-MORRIS-MUTUAL-INS-CO	MOLLY SCANLAN						
	ı	Individual							
		Driver	Citations Issued		Sex				
	_	OLIVER JOHN SCANLAN	0		MALE				
	₹	(608) 581-0325	Date of Birth		Race				
_	Ξ				WHITE				
UNIT	INDIVIDUA	Address	Driver License Number						
n		2119 SURREY LN							
	Z	BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash	Safety Equipment						
	Sat	fety Equipment	Salety Equipment						
		Seat Position	NONE LISED VEHIC	NONE USED VEHICLE OCCUPANT					
			NONE USED - VEHICLE OCCUPANT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
02	002	Injury Severity Injury NO APPARENT INJURY	Airbag						
	0	I NO ALL AREIT INCORT	DEPLOYED-FRONT						
		Ejected Ejection Path			Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT A			NOT TRAPPED				
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED							
		Hospital	Date of Death		Time of Death				
		Distracted By Source							
		Distracted By NOT APPLICABLE (NOT DISTRACTED)							
		Distracted By Action							
		NOT DISTRACTED							
		Striking Unit # Location							
		Non Motorist							
		Prior Action							

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/31/2019

Crash Time 05:00 PM

		Action								
	INDIVIDUAL									
 	Ď									
L L	=									
⊃	\leq									
	Ħ									
	_									
İ		Action Other						To/From School		
ł			Suspect	ed Alcohol Use	Suspected Drug Use			1		
	L	Drug & Alcohol	NO		NO					
ŀ		Alcohol Test Given		Alcohol Test Type	<u> </u>		Alcohol Test Results			
		TEST GIVEN		BLOOD			PENDING			
ŀ		Drug Test Given		Drug Test Type		Drug Test Results				
		TEST GIVEN		BLOOD		PENDING	,			
	~	Drug Type								
05	002	Brug Typo								
İ		Individual Condition								
		APPEARED NORM	IAL							
	ı	Individual								
		Passenger			Citations Issued		Sex			
	_	FINLEY J SCANLA	.N		0		MALE			
	INDIVIDUAL	(608) 581-0325			Date of Birth		Race			
l⊨	₫						WHITE			
EN S	≥	Address 2119 SURREY LN			Driver License Number					
_ ا	무									
	=	BARABOO, WI 539	13,0	•						
İ	0-4	foto Famina and	On Duty	Crash	Safety Equipment					
	Sai	fety Equipment								
		Seat Position			SHOULDER & LAP	BELT				
		6SECOND SEAT-	RIGHT	SIDE						
İ		Helmet Use			Helmet Compliance					
İ		Eye Protection			Tint Compliance					
05	003		Injury Se	everity	Airbag					
0	8	Injury	SUSPE	CTED SERIOUS INJUR	DEPLOYED-SIDE					
İ		Ejected		Ejection Path	•		Trapped/Extricated			
		NOT EJECTED		NOT EJECTED/NOT APP	LICABLE		TRAPPED/EXTRICA	ATED		
İ		Medical Transport			EMS Agency Identifier		EMS Run #			
		EMS AIR			6001285					
İ		Hospital			Date of Death		Time of Death			
		UNIVERSITY OF W	I HOS	PITALS & CLINICS AUT						
İ			Distracte	ed By Source						
		Distracted By								
İ		Distracted By Action								
1			Striking	Unit # Location						
		Non Motorist	9							
		Prior Action		<u> </u>						
I										

Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

							` ,		
		Action							
	_								
	INDIVIDUAL								
-	J								
LINO	₽								
5	≥								
	Z								
		A ation Other					To/From School		
		Action Other					10/F10ffi School		
		Suspe	ected Alcohol Use	Suspected Drug Use			-		
	L	Drug & Alcohol No		NO					
		Alcohol Test Given	Alachal Took Typ	_		Alcohol Test Results			
			Alcohol Test Type	е		Alcohol Test Results			
		TEST NOT GIVEN							
		Drug Test Given	Drug Test Type		Drug Test Results				
		TEŠT NOT GIVEN							
02	003	Drug Type							
0	ŏ								
		Individual Condition							
		APPEARED NORMAL							
		Individual							
		Passenger		Citations Issued		Sex			
		GEORGE T STELLING		0		MALE			
	INDIVIDUAL	(608) 963-4298							
	'n	(****)		Date of Birth		Race			
⊨	□					WHITE			
	≥	Address		Driver License Number		•			
\supset		115 10TH ST							
	Z	BARABOO, WI 53913 ,	US						
		On Du	uty Crash	Safety Equipment					
	Saf	ety Equipment							
		Seat Position		SHOULDER & LAP BELT					
				SHOULDER & LAP	DELI				
		3FRONT SEAT-RIGHT	SIDE (TRAIN ENGINEER						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Lye Flotection		Tint Compliance					
~	4	Injury	Severity	Airbag					
02	004	Injury _{SUSI}	PECTED SERIOUS INJUR	DEPLOYED-FRONT	•				
		Ejected	Ejection Path			Trapped/Extricated			
		=		LICABLE			TED		
		NOT EJECTED	NOT EJECTED/NOT APP			TRAPPED/EXTRICA	TIED		
		Medical Transport		EMS Agency Identifier		EMS Run #			
		EMS AIR		6001285					
		Hospital		Date of Death		Time of Death			
		·	SOUTAL S & CLINICS AUT	Jako of Dodin		. and or bodui			
			SPITALS & CLINICS AUT						
		Distra	cted By Source						
		Distracted By							
		Distracted By Action							
			Transaction 1						
		Strikir	ng Unit # Location						
		Non Motorist							
		Prior Action							

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/31/2019

Crash Time 05:00 PM

LIND	INDIVIDUAL	Action					
	L	Action Other Suspected Alcohol L NO	lse	Suspected Drug Use			To/From School
		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					