

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL09B7DBW

Document Number Override		Primary Crash Document #	Agency Crash Number 19-14277	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 11/17/2019		Crash Time 05:06 PM	Date Arrived 11/17/2019	Time Arrived 05:18 PM	
Date Notified 11/17/2019		Time Notified 05:08 PM	Total Units 02	Total Injured 02	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>county rd H</p> <p>Golf Course rd</p> <p>drawing not to scale</p>	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 AND 2 WERE TRAVELING SOUTH BOUND ON COUNTY RD H. UNIT 2 STOPPED TO MAKE A LEFT TURN ONTO GOLF COURSE RD. UNIT 1 SAYS SHE WAS WATCHING THE ROAD BUT DID NOT SEE UNIT 2 AND WHEN SHE DID IT WAS TOO LATE AND WAS UNABLE TO STOP. UNIT 1 REAR ENDED UNIT 2. OPERATOR OF UNIT 1 WAS CITED FOR INATTENTIVE DRIVING. PASSENGERS IN UNIT 2 WERE EVALUATED BY REEDSBURG EMS AND RELEASED AT THE SCENE. PASSENGERS COMPLAINED OF HEADACHES.

Location

<p>INTERSECTION ON CTHH SB AT GOLF COURSE RD IN THE TOWN OF WINFIELD IN SAUK COUNTY</p>	Latitude 43.555919526	Longitude -89.972776628
	X Coordinate 259884.203125	Y Coordinate 4826846
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02--FRONT TO REAR		Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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 T-INTERSECTION	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 02	
	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade HILLCREST	
	Truck Bus or HazMat NO					

Vehicle

UNIT	VEHICLE	License Plate Number 765XZX				Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2GNFLHEK5F6203631				Make CHEVROLET	Year 2015	Model EQUINOX LT
		Color BLK - BLACK				Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT				Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE				1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE				Vehicle Removed By HOVLAND'S		
		What Driver Was Doing NEGOTIATING CURVE				Vehicle Factors		
		Driver Prior Action Other				NOT APPLICABLE		

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UNIT	VEHICLE	Driver Actions LOOKED BUT DID NOT SEE		
		Owner Name JUDITH K KOEHLER (608) 963-9771	Owner Address 2055 SUNSET DR REEDSBURG, WI 53959 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company WEST-BEND-MUTUAL-INS-CO	Individual JUDITH KOEHLER		
UNIT	Individual			
	INDIVIDUAL	Driver JUDITH K KOEHLER (608) 963-9771	Citations Issued 01	Sex FEMALE
			Date of Birth	Race WHITE
		Address 2055 SUNSET DR REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	001	Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	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	
	Distracted By			
	Distracted By Source			
	Distracted By Action UNKNOWN			
	Non Motorist	Striking Unit #	Location	
	Prior Action			

UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	001	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use 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
			Drug Type			
			Individual Condition APPEARED NORMAL			
	01	001	Violations			
			UTC Number BB341016	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR					Operating As Endorsements		
		Total Occs 03		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0	
		Total HazMat Types 0		Insurance? YES		Direction Of Travel SOUTHBOUND		<input type="checkbox"/> Pre Crash Tire Mark	
		Speed Limit 55		Total Lanes 02		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 NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)				Road Curvature CURVE RIGHT		Road Grade HILLCREST	
		Truck Bus or HazMat NO							

Vehicle

UNIT	02	VEHICLE	License Plate Number ABZ8982		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
			Vehicle Identification Number JTKB20U183304059		Make TOYOTA	Year 2008	Model PRIUS		
			Color GRN - GREEN		Body Style HB - HATCHBACK		Bus Use NOT A BUS		
			Initial Contact Point 6--REAR		Vehicle Damage				
			Extent Of Damage MINOR DAMAGE		5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER				
			Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER				
			What Driver Was Doing LEFT TURN		Vehicle Factors				
			Driver Prior Action Other		NOT APPLICABLE				

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UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	02	02	Owner Name KIM EMIL UPPER (608) 609-6074
			Owner Address 8454 STATE ROAD 19 CROSS PLAINS, WI 53528 , US
Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
		Insurance Company AUTO-OWNERS-INS-CO	Individual KIM UPPER
UNIT INDIVIDUAL	Individual		
		Driver KIM EMIL UPPER (608) 609-6074	Citations Issued 0
			Sex MALE
			Date of Birth
	Address 8454 STATE ROAD 19 CROSS PLAINS, WI 53528 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 002	Safety Equipment		
		On Duty Crash 	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	
		Helmet Use 	Helmet Compliance
		Eye Protection 	Tint Compliance
		Injury Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier 	EMS Run #
	Hospital 	Date of Death 	Time of Death
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
	Non Motorist Striking Unit # 	Location 	
	Prior Action 		

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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use 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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		Passenger MARKEL B MOLKENTIN (608) 356-1782	Citations Issued 0	Sex FEMALE		
		Address 602B 7TH AVE BARABOO, WI 53913 , US	Date of Birth			
	Race WHITE					
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity POSSIBLE 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		
		Distracted By	Distracted By Source			
		Distracted By Action				
Non Motorist	Striking Unit #	Location				
Prior Action						

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use 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	
		Drug Type			
		Individual Condition APPEARED NORMAL			
		Individual			
		Passenger MARTY E MOLKENTIN	Citations Issued 0	Sex MALE	
		Date of Birth		Race WHITE	
Address 602B 7TH AVE BARABOO, WI 53913 , US		Driver License Number			
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	CHILD RESTRAINT SYSTEM - FORWARD FACING		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury	Injury Severity POSSIBLE 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	
		Distracted By	Distracted By Source		
		Distracted By Action			
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location	
		Prior Action			

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	02	004	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use 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	
			Drug Type			
			Individual Condition APPEARED NORMAL			