

6TL0B4X4MV

20-00771

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 20-00771, Investigating Officer/Deputy DEPUTY E. KNULL, Crash Date 01/21/2020, Crash Time 08:15 AM, Date Arrived 01/21/2020, Time Arrived 08:24 AM, Date Notified 01/21/2020, Time Notified 08:15 AM, Total Units 02, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type DT4000 (STANDARD CRASH), Amended, Secondary Crash

Description

Diagram, Reconstruction By, Photos By, Additional Information NONE, Diagram showing vehicle positions 1 and 2 on STH 33, not to scale, with a north arrow.

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
BOTH UNITS EB ON STH 33. UNIT 2 WAS STOPPED IN TRAFFIC AND UNIT 1 DID NOT SEE THE BRAKES LIGHTS IN TIME. UNIT 1 ATTEMPTED TO AVOID COLLISION BY GOING TOWARDS THE DITCH. UNIT 1 LOST CONTROL IN THE DITCH AND RE ENTERED ROAD AND STRUCK THE REAR PASSENGER SIDE OF UNIT 2 AND THEN CONTINUED SPINNING AND STRUCK THE FRONT PASSENGER SIDE. NEITHER OPERATOR REPORTED ANY INJURIES. BOTH UNITS SUSTAINED DISABLING DAMAGE AND BOTH WERE REMOVED BY MIKES TOWING. OPERATOR OF UNIT 1 WAS CITED FOR NO INSURANCE AND FAILURE TO CONTROL VEHICLE.

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Location

ON STH33 EB 288 FT W OF WEBSTER LN IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.514551604	Longitude -89.789764575
	X Coordinate 274512.78125	Y Coordinate 4821739
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) GLARE		
Weather Condition(s) 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 NON-JUNCTION	Intersection Type NOT AN 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 1	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel EASTBOUND	<input checked="" type="checkbox"/> 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 NO CONTROL		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	01	License Plate Number AFW3807	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GKEK13T71J174398	Make GENERAL MOTORS COR	Year 2001	Model YUKON
	VEHICLE	Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage		
Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 05 - RIGHT REAR CORNER			

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	01	Owner Name AMY M CAMPBELL (608) 495-3457		Owner Address 509 DARCY DR #3 HILLSBORO, WI 54634 , US
Sequence Of Events				
01	01	Event DITCH		
02	02	Event MOTOR VEH IN TRANSPORT		
03	03	Event		
04	04	Event		
Individual				
UNIT INDIVIDUAL	Driver AMY M CAMPBELL (608) 495-3457		Citations Issued 2	Sex FEMALE
	Address 509 DARCY DR #3 HILLSBORO, WI 54634 , US		Date of Birth	Race WHITE
	On Duty Crash		Driver License Number	
	Safety Equipment		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		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 BB955246	Issue To? 001	Statute Number 344.62(1)
02	01	UTC Number BB955247	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL

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 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire 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 NO CONTROL	Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL		
		Truck Bus or HazMat NO				

02	02	Vehicle			
		License Plate Number 896DVK	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2G1WB5E36E1108762	Make CHVL	Year 2014	Model IMPALA
		Color BLK - BLACK	Body Style 4D - 4DR	Bus Use	
		Initial Contact Point 05 - RIGHT REAR CORNER			

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	02 - RIGHT SIDE FRONT, 05 - RIGHT REAR CORNER	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING	
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name MARIAN BERNICE BURMESTER (608) 985-8063	Owner Address E3225 HWY 58 LA VALLE, WI 53941 , US	
	Sequence Of Events		
UNIT VEHICLE	Event 01 MOTOR VEH IN TRANSPORT		
	Event 02		
	Event 03		
	Event 04		
UNIT VEHICLE	Policy Holder		
	Insurance Company HARTFORD-CASUALTY-INS-CO	Individual MARIAN BURMESTER	
UNIT INDIVIDUAL	Individual		
	Driver MARIAN BERNICE BURMESTER (608) 985-8063	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address E3225 HWY 58 LA VALLE, WI 53941 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		
	On Duty Crash	Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-COMBINATION
UNIT INDIVIDUAL	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

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UNIT	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	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				
02	002	Individual Condition			
		APPEARED NORMAL			