

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL0BMQKWR

Document Number Override		Primary Crash Document #	Agency Crash Number 20-03230	Investigating Officer/Deputy DETECTIVE T. LOHR	
Crash Date 03/31/2020		Crash Time 11:05 AM	Date Arrived 03/31/2020	Time Arrived 11:34 AM	
Date Notified 03/31/2020		Time Notified 11:10 AM	Total Units 02	Total Injured 00	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

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 WAS SLOWING AND ATTEMPTING TO TURN WEST ONTO CTH S/ W MAPLE ST WHILE UNIT 2 WAS PULLING AWAY/ ALONGSIDE THE CURB AND DID NOT SEE UNIT 1 COMING.

Location

ON CTHG SB 51 FT N OF CTHS NB IN THE VILLAGE OF LIME RIDGE IN SAUK COUNTY	Latitude 43.46764124	Longitude -90.155423884
	X Coordinate 244758.59375	Y Coordinate 4817585.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
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 YES	Junction Location INTERSECTION-RELATED	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	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 SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	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 01 VEHICLE	Vehicle					
	License Plate Number 934ZGU		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1N4AL3AP4JC145802		Make NISSAN	Year 2018	Model ALTIMA	
	Color GRY - GRAY		Body Style 4D - 4DR		Bus Use	
	Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage 02 - RIGHT SIDE FRONT			
Extent Of Damage MINOR DAMAGE						

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
	What Driver Was Doing RIGHT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01 01	Owner Name HOME HEALTH UNITED (608) 242-1516		Owner Address 2802 WALTON COMMONS LN MADISON, WI 53718 6785, US		
	Sequence Of Events				
01 01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company SENTRY-CASUALTY-CO		Organization/Company SENTRY INS		
UNIT INDIVIDUAL	Individual				
	Driver KERRI L WEGNER (608) 475-2995		Citations Issued 0	Sex FEMALE	
	Address 29414 OAKRIDGE DR RICHLAND CENTER, WI 53581 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	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 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					

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UNIT	INDIVIDUAL	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					
		Individual Condition APPEARED NORMAL					

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 01		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 25		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	Vehicle								
		License Plate Number AHC6996			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 1FADP3F29FL336928			Make FORD		Year 2015	Model FOCUS		
		Color SIL - SILVER (ALUMINUM)			Body Style SD - SEDAN			Bus Use		
		Initial Contact Point 10 - LEFT SIDE FRONT			Vehicle Damage 10 - LEFT SIDE FRONT					
		Extent Of Damage MINOR DAMAGE								
Towed Due To Damage NOT TOWED			Vehicle Removed By OWNER							

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	What Driver Was Doing ENTERING TRAFFIC LANE	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
02	02	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE			
		Owner Name KATHRYN A PAGEL (608) 415-9656	Owner Address 114 E MAPLE AVE LIME RIDGE, WI 53942 , US		
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	02	Policy Holder			
		Insurance Company CREATIVE FINANCE-EASTON MOTORS	Individual KATHRYN PAGEL		
UNIT	INDIVIDUAL	Individual			
		Driver KATHRYN A PAGEL (608) 415-9656	Citations Issued 0	Sex FEMALE	
		Date of Birth		Race WHITE	
		Address 114 E MAPLE AVE LIME RIDGE, WI 53942 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02	002	Safety Equipment		Safety Equipment	
		On Duty Crash	SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		
		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
	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			
	02	002		