20-03876

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash E	Document #	Agency 20-038	Crash Number 76		estigating Officer/Deputy PUTY T. SUTHERLAND			
Ś	Crash Date 04/25/2020	Crash Time 04:20 PM Time Notified 04:22 PM			Date Arrived 04/25/2020 Total Units 02		Time Arrived 04:35 PM			
6TL08F2KXN	Date Notified 04/25/2020						Total Injured Total Killed 00 00		I	
081	On Emergency	t and Run	Lane Clos	ure	Work Zone		r or To	wed	Reporting Threshold	
6TL	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags				
-	Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amen	ded		Secondary Crash	
	Description	•				•				
	Diagram				H	F	Photo	nstruction		
	Farm & Fleet			s	ecure Storage	-	Additio NON	onal Inforr E	nation	
				2						
	Not To Scale	Sou	ıth Blvd							
	✔ I, a sworn law enforceme									
	ON 04-25-20 UNIT 1 WAS TRAVELI UNIT 1. UNIT 1 TURNED INTO THE IN THE RIGHT TURN LANE. NO INJ	RIGHT TURN LAN	NE AND STRUCK L							

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

	~~	ation								(008) 550-4895		
		E11257 CTHW EB				Latitude			Longitud			
	-	FTE				43.46003	2341		-89.760			
	OF	NDUSTRIAL CT				X Coordina			Y Coordi			
	(FIR	E E11257)				276641.3			481560			
	ΙΝ Τ	HE TOWN OF BARABO	00	Structure 1	vpe							
		AUK COUNTY				FIRE	71 -					
(Cra	sh Scene				-						
T	First	Harmful Event				First Harm	ful Event L	ocation				
	мо	TOR VEH IN TRANSPO	RT			ON ROA	DWAY					
-	Manı	ner of Collision				Light Cond	lition					
	07 -	SIDESWIPE/SAME DIF	RECTION			DAYLIGH	IT					
	Road	Surface Condition(s)				Roadway F	actor(s)					
	DR۱	,										
ľ	Envi	onment Factor(s)										
	NOM	IE				NONE						
F	Wea	ther Condition(s)										
	CLC	LOUDY										
F	Anim	al Type				Relation To	o Trafficwa	y				
						TRAFFIC	WAY - O	N ROAD				
	Cras	h Classification - Location				Crash Classification - Jurisdiction						
L		LIC PROPERTY				NO SPECIAL JURISDICTION Access Control Special Study NO CONTROL Special Study						
	Triba	I Land							Special Study			
-	With	n Interchange Area	Junction Location		Intersection Type NOT AN INTERSECTION							
	NO	-	NON-JUNCTION									
ί	Jnit	Summary										
		Status		Vehicle Ope	erating As C	Classification Unit Type						
	IN T	RANSIT		D CLASS			AUTOMO					
		cle Type	_					Operating As Endorsements				
	•	ORT) UTILITY VEHICLE					ailers Total HazMat Types		A / T			
		Occs	I rain/Bus # Recorded	rain/Bus # Recorded Total # Citations Issu 0 Direction Of Travel				,1		wat Types		
L	2	ance?	Direction Of Travel				0 Speed Lin	nit	0 Total Lanes			
	YES		EASTBOUND	Pre	CrashTire Mark	e 35		2				
		Harmful Event: Collision W		Special Fun	Special Function			Emergency Motor Vehicle Use		cle Use		
		TOR VEH IN TRANSPO	RT	NO SPEC	IAL FUNC	TION		NOT APPI				
		c Way		Traffic Cont				Traffic Cont	ol Inoperat	ive/Missing		
		D-WAY, NOT DIVIDED		NO CONT				NO Road Grade LEVEL				
		ace Type CKTOP (BITUMINOUS	3	Road Curva								
		Bus or HazMat	')	STRAIGH	·							
	NO											
		/ehicle										
I		License Plate Number		Plate Type			St	Country of Is				
		AER4133	AUT - AUTOMOBII				UNITED STATES					
	01	Vehicle Identification Num JA4AR4AU6BZ00542	Make MITSUBI	сы		Year 2011	Model OUTLAND	=D				
	0	Color	MITSUBISHI Body Style		2011		Bus Use	=r(
								203 036				
	щ	Initial Contact Point	Vehicle Da				<u></u>					
	EHICL	Extent Of Damage			02 - RIGHT SIDE FRONT							
	1											

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Vel	Vehicle Removed By								
		NOT TOWED			OF	OPERATOR Vehicle Factors							
		What Driver Was Doing CHANGING LANES		Vel									
		Driver Prior Action Other			NC	T APPLICABLE							
		Driver Actions											
	щ	OPERATED MOTO	OR VEHIC	LE IN INATTENTIV	E, CARI	ELESS OR ERRATIC MANN	ER						
UNIT	VEHICL												
S	Ξ												
	2												
		Owner Name		_		Owner Address							
	~	ALISHA L COLE-C	HAMBER	S		311 3RD ST							
	9	(563) 599-7407				BARABOO, WI 53913, US							
	;	Sequence Of Ev	/ents										
		Event											
	0	MOTOR VEH IN TR	RANSPOR										
	02	Event											
	0												
	03	Event											
	0												
	64	Event											
	0												
F	l	Policy Holder											
UNIT		Insurance Company			1	ndividual							
		GEICO-ADVANTAGE-INSURANCE-CO			4	ALISHA COLE-CHAMBERS							
		Individual											
		Driver				Citations Issued	Sex						
		ALISHA L COLE-C	HAMBER	S)	FEMALE						
	A	(563) 599-7407			ī	Date of Birth	Race						
F	Ы												
UNIT	INDIVIDUAL	Address				Driver License Number							
ر	þ	311 3RD ST											
	4	BARABOO, WI 53913 , US				STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	foty Equipmont	On Duty C	ash	ŝ	Safety Equipment							
	Sal	ety Equipment	y Equipment										
		Row		Seat Position	:	SHOULDER & LAP BELT							
		01 - FRONT ROW		07 - LEFT									
		Helmet Use			I	lelmet Compliance							
		Eye Protection				int Compliance							
			Inium Cours	with a		izho a							
0	001		Injury Seve			Airbag NON DEPLOYED							
	0	Ejected		ection Path			Trapped/Extricated						
				OT EJECTED/NOT			NOT TRAPPED						
		Medical Transport				EMS Agency Identifier	EMS Run #						
		NOT TRANSPORT	ED										
	Hospital					Date of Death	Time of Death						
			Distracted	By Source			I						
		Distracted By	NOT APP	LICABLE (NOT DI	STRAC	ED)							
		Distracted By Action											
		NOT DISTRACTED)										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	Striking Un	it #	Location								
		Prior Action	Prior Action										
		Action											
	INDIVIDUAL												
UNIT	וםר												
5	DIV												
	Z												
		Action Other							To/From School				
		Suspected Alcohol Use			Suspected Drug Use								
	L	Drug & Alcohol	NO			NO							
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	1		Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results						
	1	Drug Type											
6	001	Didg Type											
		Individual Condition											
		APPEARED NORMAL											
	ļ	Individual											
		Passenger THOMAS CHAMBERS (563) 599-7407				Citations Issued		Sex MALE					
	INDIVIDUAL					Date of Birth		Race WHITE					
UNIT	VID	Address				Driver License Number		WHITE					
5	IDN	311 3RD ST BARABOO, WI 53913,US											
	=	BARABOO, WI 538	313 , 03										
			On Duty Cr	ash		Safety Equipment							
	Sat	fety Equipment		1									
		Row 01 - FRONT ROW		Seat Po 09 - RI		SHOULDER & LAP E	SELI						
		Helmet Use			-	Helmet Compliance							
		Eye Protection				Tint Compliance							
		_											
2	002	Injury	Injury Seve	erity		Airbag NON DEPLOYED							
		Ejected	Ej	ection Pat	th	NON DEI EOTED							
		NOT EJECTED	Ν	OT EJE	CTED/NOT APPL			NOT TRAPPED					
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #					
		Hospital				Date of Death		Time of Death					
			Distracted	By Source	x								
		Distracted By	DISTINCTED		;								
		Distracted By Action											
			Striking Un	it #	Location								
		Non Motorist											
		Actor Vahiela Crash			This was an	t does not include any C.IIS	N -1 - 4 -	Creak Data	04/25/2020				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action										
	DUAL	Action										
	Action Other To/From School											
		Drug & Alcohol NO	pected Alcohol L	lse	Suspected Drug Use NO							
		Alcohol Test Given		Alcohol Test Typ	e			Alcohol Tes	t Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test	t Results					
0	002	Drug Type										
		Individual Condition APPEARED NORMAL										
I	Uni	t Summary										
	Unit	Status			Vehicle Operating As Classi	ification		Unit Type				
				I	D CLASS			AUTOMOBILE Operating As Endorsements				
02		Vehicle Type PASSENGER CAR										
n	Tota 1	Total Occs Train/Bus # Recorded 1			Total # Citations Issued 0		otal Traile	rs	Total HazM	Mat Types		
Ŀ		Insurance? Direction Of Travel YES EASTBOUND			Pre CrashTire Speed Lir Mark 35				Total Lane 2			
UNIT	MO	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				
		ace Type ACKTOP (BITUMINOUS)		Road Curvature STRAIGHT			Road Grade					
	Truc NO	k Bus or HazMat										
		Vehicle										
		License Plate Number 785WTL			Plate Type AUT - AUTOMOBILE	St W		Country of Is UNITED S				
		Vehicle Identification Numb	oer		Make			Model	IATES			
	02	2C3CDZC90GH176346			DODGE	20	016	CHALLEN	GER			
		Color			Body Style CP - COUPE			Bus Use				
	ш	Initial Contact Point			Vehicle Damage							
UNIT	Б	09 - LEFT SIDE MIDDL	.E									
5	VEHICLE	Extent Of Damage MINOR DAMAGE			09 - LEFT SIDE MIDDLE							
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR							
1		What Driver Was Doing GOING STRAIGHT										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

				Ver	nicle Factors					
		Driver Prior Action Other		NO	T APPLICABLE					
		Driver Actions IMPROPER OVERTAKING / PASSING RIGHT								
⊢	VEHICLE									
UNIT	Η									
	N N									
		Ourser Name			Ourser Address					
		Owner Name ROBERT A THAYER			Owner Address 1320 SPRINGBROOK DR					
	02	(608) 477-5940			BARABOO, WI 53913 , US					
	;	Sequence Of Events								
	6	Event MOTOR VEH IN TRANSPO	ORT							
	03	Event								
	03	Event								
	04	Event								
╘		Policy Holder								
UNIT		Insurance Company			ndividual					
		STATE-FARM-GENERAL-INS-CO			ROBERT THAYER					
		Individual		- 1 -	Stational lanced					
		Driver ROBERT A THAYER (608) 477-5940 Address 1320 SPRINGBROOK DR BARABOO, WI 53913 , US			Citations Issued	Sex MALE				
	JAL				Date of Birth	Race				
⊨	<u>j</u>					WHITE				
UNIT	INDIVIDUAL				Driver License Number					
	Z				STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	fety Equipment	Crash	Safety Equipment						
		Row Seat Position		-	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
02	003	Injury Se	•		Airbag					
8	õ		PARENT INJURY Ejection Path	1	NON DEPLOYED	Trapped/Extricated				
		Ejected NOT EJECTED	NOT EJECTED/NOT AP	PLIC	ABLE	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								
		Non Motorist	Unit # Location							
I										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Drug & Alcohol	uspected Alcohol Use O		Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN	Alco	bhol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Dru	g Test Type		Drug Test Results		
02	003	Drug Type						
		Individual Condition						
		APPEARED NORMA	L					