

6TL0C884FH
20-05137

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 20-05137	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 06/01/2020		Crash Time 03:25 PM	Date Arrived 06/01/2020	Time Arrived 03:51 PM	
Date Notified 06/01/2020		Time Notified 03:29 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>STH 78</p> <p>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.

ON 06-01-20 UNIT 2 WAS TRAVELING SOUTH ON STH 78. UNIT 1 WAS TRAVELING SOUTH DIRECTLY BEHIND UNIT 2. A VEHICLE IN FRONT OF UNIT 2 WAS TURNING LEFT ONTO GRUBERS GROVE ROAD. UNIT 2 SLOWED IN TRAFFIC AND WAS REAR ENDED BY UNIT 1.

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Location

ON STH78 SB 66 FT N OF GRUBERS GROVE RD IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.325839996	Longitude -89.726921082
	X Coordinate 278906.25	Y Coordinate 4800611.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	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 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 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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				

UNIT	VEHICLE	Vehicle			
		License Plate Number AHY6825	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FMCU9EG7CKA15756	Make FORD	Year 2012	Model ESCAPE
		Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 12 - FRONT		
		Extent Of Damage DISABLING DAMAGE			

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	01	Owner Name ADAM L WOELBER (712) 441-0729		Owner Address 2521 CREST LINE DR MADISON, WI 53704 , US
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ERIE-INS-CO		Individual ADAM WOELBER	
UNIT INDIVIDUAL	Individual			
	Driver ADAM L WOELBER (712) 441-0729		Citations Issued 1	Sex MALE
	Address 2521 CREST LINE DR MADISON, WI 53704 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash
		Row 01 - FRONT ROW		Seat Position 07 - LEFT
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY
		Airbag DEPLOYED-FRONT		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier
		Hospital		EMS Run #
		Date of Death		Time of Death
		Distracted By		
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED		

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		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					
		Individual					
		Passenger AUBREE MARIE WOELBER (712) 441-0729			Citations Issued 0	Sex FEMALE	
		Address 2521 CREST LINE DR MADISON, WI 53704 , US			Date of Birth	Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		01	002	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury				Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-FRONT		
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED			
Medical Transport EMS GROUND				EMS Agency Identifier 510	EMS Run #		
Hospital SAUK PRAIRIE HOSP				Date of Death	Time of Death		
Distracted By				Distracted By Source			
Distracted By Action							
Non Motorist		Striking Unit #	Location				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action		
		Action		
01	002	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
01	003	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				
UNIT	INDIVIDUAL	Passenger ALOREE J ELSE (641) 780-1719	Citations Issued 0	Sex FEMALE
		Address 1432 W 1ST STREET PELLA, IA 50219 , US		Date of Birth
		Driver License Number		
01	003	Safety Equipment	On Duty Crash	Safety Equipment
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	003	Injury	Injury Severity POSSIBLE INJURY	Airbag NOT APPLICABLE
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport EMS GROUND	EMS Agency Identifier 510	EMS Run #
		Hospital SAUK PRAIRIE HOSP	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	
	01	003	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	Violations				
		UTC Number BD759405	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 TRUCK			
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK					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 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	02	Vehicle					
				License Plate Number ML9708		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1GCVKREC6GZ237167				Make CHEVROLET	Year 2016	Model SILVERADO			
Color RED - RED				Body Style PK - PICKUP		Bus Use			
Initial Contact Point 06 - REAR				Vehicle Damage					
Extent Of Damage FUNCTIONAL DAMAGE				06 - REAR					

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	02	Owner Name PHILLIP A HENDERSON (608) 449-3038		Owner Address 680 PRAIRIE ST PRAIRIE DU SAC, WI 53578 , US
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual PHILLIP HENDERSON	
UNIT INDIVIDUAL	Individual			
	Driver PHILLIP A HENDERSON (608) 449-3038		Citations Issued 0	Sex MALE
	Address 680 PRAIRIE ST PRAIRIE DU SAC, WI 53578 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 004	Safety Equipment		On Duty Crash	
			Safety Equipment 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				

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		Prior Action				
	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			

Witness

WITN 01	Individual	Address	Date of Birth
	TYLER J BORDSON (608) 250-9955	240 12TH STREET #905 PRAIRIE DU SAC, WI 53578 , US	