

6TL0D9426P

20-06024

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 20-06024	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 06/22/2020		Crash Time 09:40 PM	Date Arrived 06/22/2020	Time Arrived 10:08 PM	
Date Notified 06/22/2020		Time Notified 09:42 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 <p>drawing not to scale</p> <p>STH 23-33</p>	Reconstruction By
	Photos By A.MEEKER #9158
	Additional Information PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT #2 WAS LEAVING AN ADDRESS ON HWY 23-33 TURNING EAST BOUND WHEN IT WAS STRUCK BY UNIT #1 WHICH WAS TRAVELING EAST BOUND ON STH 23- 33 AT A HIGH RATE OF SPEED. UNIT #2 WENT INTO THE NORTH SIDE DITCH AS UNIT #1 CONTINUED EAST GOING INTO THE SOUTH SIDE DITCH COMING TO REST IN A FIELD. UNIT #2 OPERATOR HAD MINOR INJURIES AND REFUSED TRANSPORT TO HOSPITAL. OPERATOR OF UNIT #1 FLED THE SCENE PRIOR TO LE ARRIVAL. UNIT #1 WAS REMOVED BY STEVE'S. UNIT #2 WAS REMOVED BY BILL'S. SEE REPORT *20-06024 FOR FURTHER INFORMATION.

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Location

ON E7185 STH23 EB 1153 FT W OF STH136 EB (FIRE E7185) IN THE TOWN OF REEDSBURG IN SAUK COUNTY	Latitude 43.532626882	Longitude -89.958967628
	X Coordinate 260907.5	Y Coordinate 4824219
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DARK/LIGHTED	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY, RAIN			
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	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 06/22/2020	Time Initial Lane/Rd Closed 09:46 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 06/22/2020	Time All Lanes Open 11:25 PM		
		Date Scene Cleared 06/22/2020	Time Scene Cleared 11:43 PM

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 01	Train/Bus # Recorded	Total # Citations Issued 5	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel EASTBOUND	<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 STRAIGHT	Road Grade HILLCREST	
		Truck Bus or HazMat NO				
		Vehicle				
			License Plate Number 989UDT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	01	Vehicle Identification Number 3FA6P0LU9HR166555	Make FORD	Year 2017	Model FUSION	

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	11 - LEFT FRONT CORNER, 12 - FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions EXCEED SPEED LIMIT		
	Owner Name JOSHUA D LILLIE (608) 495-2440	Owner Address 345 WARREN AVE REEDSBURG, WI 53959 , US	
UNIT 01	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event RUN OFF ROADWAY RIGHT	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual JOSHUA LILLIE	
UNIT INDIVIDUAL	Individual		
	Driver JOSHUA D LILLIE (608) 495-2440	Citations Issued 5	Sex MALE
		Date of Birth	Race WHITE
	Address 345 WARREN AVE REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 01	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
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #

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UNIT	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					
	Action					
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use YES		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 NOT OBSERVED						
Violations						
01	001	UTC Number BG112103	Issue To? 001	Statute Number 346.67(1)	Description HIT AND RUN	
02	001	UTC Number BG112104	Issue To? 001	Statute Number 346.57(2)	Description UNREASONABLE AND IMPRUDENT SPEED	
03	001	UTC Number BG112105	Issue To? 001	Statute Number 346.62(2)	Description RECKLESS DRIVING-ENDANGER SAFETY	
04	001	UTC Number BG112106	Issue To? 001	Statute Number 346.94(13)	Description ABANDONED MOTOR VEHICLE	
05	001	UTC Number BG112107	Issue To? 001	Statute Number 344.62(2)	Description OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE	

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? NO		Direction Of Travel EASTBOUND		<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	

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Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade HILLCREST		
Truck Bus or HazMat NO						
Vehicle						
UNIT VEHICLE	02	License Plate Number AEP1925		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1N4DL01D71C212250		Make NISSAN	Year 2001	Model ALTIMA
	Color BGE - BEIGE		Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 06 - REAR		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			
	Driver Actions NO CONTRIBUTING ACTION					
	02	02	Owner Name ALEJANDRO M Solla NIEVES (608) 844-9324		Owner Address 281 W MUNROE AVE WISCONSIN DELLS, WI 53965 , US	
Sequence Of Events						
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
Individual						
UNIT INDIVIDUAL	Driver ALEJANDRO M Solla NIEVES (608) 844-9324		Citations Issued 0		Sex MALE	
			Date of Birth		Race HISPANIC	
	Address 281 W MUNROE AVE WISCONSIN DELLS, WI 53965 , US		Driver License Number			
			STATE: WISCONSIN COUNTRY: UNITED STATES			
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				

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02	002	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	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					
		Action					
		Action Other				To/From School	
02	002	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 INDIVIDUAL					