

6TL0B7D6SX

20-07162

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 20-07162	Investigating Officer/Deputy DEPUTY A. SUKOWATEY	
Crash Date 07/21/2020		Crash Time 06:26 PM	Date Arrived 07/21/2020	Time Arrived 06:36 PM	
Date Notified 07/21/2020		Time Notified 06:27 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

Diagram 	Reconstruction By
	Photos By 9135
	Additional Information PHOTOS

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

THE OPERATOR OF UNIT ONE WAS TRAVELING E/B ON HWY 33 TURNING INTO HER DRIVEWAY WHEN THE OPERATOR IF UNIT TWO WHO WAS ALSO TRAVELING E/B STUCK UNIT ONE FROM BEHIND. EMS ON SCENE RELAYED THAT THE OPERATOR OF UNIT 2 WAS REACHING FOR A WATER BOTTLE AND WAS NOT ABLE TO REACT IN TIME TO AVOID THE COLLISION. THE OPERATOR OF UNIT ONE WAS COMPLAINING OF BACK AND NECK PAIN AND THE OPERATOR OF UNIT TWO WAS COMPLAINING OF HIP, SHOULDER AND NECK PAIN. UNIT TWO CAME TO REST IN THE SOUTH DITCH AND THE OPERATOR OF UNIT ONE WAS ABLE TO PARK HER VEHICLE IN HER DRIVEWAY.

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Location

Table with location details including address (ON E14102 STH33 EB), coordinates (Latitude: 43.503318301, Longitude: -89.617783959), and structure type (HOUSE/BUILDING).

Crash Scene

Table with crash scene details including event type (MOTOR VEH IN TRANSPORT), location (ON ROADWAY), manner of collision (03 - FRONT TO REAR), and road conditions (DRY).

Unit Summary

Table with unit summary details including unit status (IN TRANSIT), vehicle type ((SPORT) UTILITY VEHICLE), and crash details (MOTOR VEH IN TRANSPORT).

Table with vehicle details including license plate number (ABW3732), make (CHEVROLET), model (K1500 SUBU), and damage extent (DISABLING DAMAGE).

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name KIM LOUISE HUTTERLI (608) 963-5210		Owner Address E14102 STATE ROAD 33 BARABOO, WI 53913 , US	
	Sequence Of Events			
01	01	Event LEFT TURN		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		Individual KIM HUTTERLI	
UNIT INDIVIDUAL	Individual			
	Driver KIM LOUISE HUTTERLI (608) 963-5210		Citations Issued 0	Sex FEMALE
	Address E14102 STATE ROAD 33 BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury SUSPECTED MINOR INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
Medical Transport EMS GROUND		Trapped/Extricated NOT TRAPPED		
Hospital ST CLARE HOSP		EMS Agency Identifier 6000368	EMS Run #	
Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Date of Death		Time of Death
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					
	01	001				

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 1		Total Trailers 0		Total HazMat Types 0			
	Insurance? YES		Direction Of Travel EASTBOUND		<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 452CTF		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number JTNKHMBX2L1064263		Make TOYOTA		Year 2020		Model C-HR	
		Color RED - RED		Body Style SW - STATIONWAGON				Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT					
		Extent Of Damage DISABLING DAMAGE							
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By							

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
02 02	Owner Name ERIN L WEIER (608) 630-5787		Owner Address 1159 GAS LIGHT DR SUN PRAIRIE, WI 53590 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event DITCH			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company USAA-GENERAL-INDEMNITY-CO		Individual ERIN WEIER	
UNIT INDIVIDUAL	Individual			
	Driver ERIN L WEIER (608) 630-5787		Citations Issued 1	Sex FEMALE
	Address 1159 GAS LIGHT DR SUN PRAIRIE, WI 53590 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
02 002	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		Airbag DEPLOYED-COMBINATION	
	Injury		Injury Severity SUSPECTED SERIOUS INJUR	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
Medical Transport EMS GROUND		Trapped/Extricated TRAPPED/EXTRICATED		
Hospital ST CLARE HOSP		EMS Agency Identifier 6000368		
Date of Death		EMS Run #		
Time of Death		Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)		Striking Unit #		
Non Motorist		Location		

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UNIT	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			
	Violations			
	01	UTC Number AD980590	Issue To? 002	Statute Number 346.57(2)