

6TL0B8M7W9
19-15137

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 19-15137		Investigating Officer/Deputy DEPUTY B. MEARS	
Crash Date 12/10/2019		Crash Time 07:29 AM		Date Arrived 12/10/2019		Time Arrived 07:37 AM	
Date Notified 12/10/2019		Time Notified 07:31 AM		Total Units 02		Total Injured 01	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 DEPUTY MEARS
	Additional Information PHOTOS

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

UNIT 1 WAS ON STH 33/LINN ST AT A TRAFFIC SIGNAL. OPERATOR STATED SHE HAD A GREEN TURN SIGNAL TO TURN LEFT ONTO CTH BD/STH 136. SHE SAID SHE STARTED TO TURN AND WAS STRUCK BY UNIT #2. SHE DROVE HER UNIT TO WALGREENS AND PARKED AND CALLED THE POLICE. SHE HAD SEVERE RIGHT SIDE REAR DAMAGE AND WAS TRANSPORTED TO ST CLARE BY BARABOO EMS FOR TREATMENT. SHE BELIEVED THE OTHER UNIT HAD FLED THE SCENE. UNIT #2 OPERATOR WAS ON STH 136, TRAVELING STRAIGHT ACROSS CTH BD ONTO STH 33/LINN ST. UNIT #2 OPERATOR STATED HE HAD A YELLOW LIGHT, WAS TRAVELING STRAIGHT AHEAD WHEN UNIT #1 OPERATOR PULLED OUT IN FRONT OF HIS UNIT AND WAS TURNING LEFT AND HE COULD NOT AVOID THE COLLISION. OPERATOR SAID THAT HE WAVED TO THE DRIVER TO PULL INTO THE VIKING EXPRESS STATION AND WHEN HE PULLED IN AND STOPPED, HE AND A CLERK LOOKED FOR THE UNIT AND DID NOT KNOW WHERE IT WENT AND BELIEVED IT HAD FLED. HE HAD NO INJURY AND MINIMAL DAMAGE AND LEFT TO GO TO WORK. I WAS UNABLE TO DETERMINE WHO WAS CORRECT ABOUT THE STATUS OF THE SIGNALS AT THE TIME OF THE CRASH. UNIT 1 OPERATOR WAS CITED FOR NO VALID L AND UNIT 2 OPERATOR WAS CITED FOR NO INSURANCE. UNIT #1 WAS TOWED BY MIKES TOWING

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Location

INTERSECTION ON CTHBD WB AT STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474793658	Longitude -89.76883261
	X Coordinate 276057.71875	Y Coordinate 4817266.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 INTERSECTION	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 01	Train/Bus # Recorded	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 5
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY MEDIAN W/BARRIER	Traffic Control TRAFFIC SIGNAL		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 817XPC	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KNADM4A32F6501903	Make KIA MOTORS CORPORA	Year 2015	Model RIO LX
	Color RED - RED	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 4--RIGHT SIDE REAR	Vehicle Damage 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER		
Extent Of Damage DISABLING DAMAGE				

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING		
	What Driver Was Doing LEFT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions UNKNOWN				
01	01	Owner Name KAREN L OLBINSKI (608) 584-5925		Owner Address 676 FISH AVE OXFORD, WI 53952 , US	
		Sequence Of Events			
UNIT INDIVIDUAL	01	01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
UNIT	01	Policy Holder			
		Insurance Company ALLSTATE-INS-CO	Individual KAREN OLBINSKI		
UNIT	01	Individual			
		Driver ANNETTE MAE CONRAD (608) 369-4082		Citations Issued 01	Sex FEMALE
		Address 317 S FERN DR OXFORD, WI 53952 , US		Date of Birth	Race WHITE
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT	01	001	Safety Equipment		
			On Duty Crash	Safety Equipment	
			Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
			Helmet Use	Helmet Compliance	
			Eye Protection	Tint Compliance	
			Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
Medical Transport EMS GROUND		EMS Agency Identifier 6000368	EMS Run #		
Hospital ST CLARE HOSP		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 01 001
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
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
EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)
Violations
UTC Number Issue To? Statute Number Description
AD980992 001 343.05(3)(a) OPERATE W/O VALID LICENSE (1ST VIOLATION)

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 01 Train/Bus # Recorded Total # Citations Issued 01 Total Trailers 0 Total HazMat Types 0
Insurance? NO Direction Of Travel EASTBOUND Pre Crash Tire Mark Speed Limit 25 Total Lanes 5
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > Traffic Control TRAFFIC SIGNAL Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade LEVEL
Truck Bus or HazMat NO

UNIT 02 02
Vehicle
License Plate Number NN1861 Plate Type LTK - LIGHT TRUCK St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1GCHK23U02F202604 Make CHEVROLET Year 2002 Model SILVERADO
Color WHI - WHITE Body Style PK - PICKUP Bus Use NOT A BUS
Initial Contact Point 12--FRONT

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	12--FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions UNKNOWN	
02 02	Owner Name THOMAS CHARLES BODE (608) 370-4913	Owner Address S4508 EXCELSIOR DR ROCK SPRINGS, WI 53961 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	Individual	
	Driver THOMAS CHARLES BODE (608) 370-4913	Citations Issued 01
		Sex MALE
	Date of Birth	Race WHITE
	Address S4508 EXCELSIOR DR ROCK SPRINGS, WI 53961 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02 002	Safety Equipment	
	On Duty Crash	Safety Equipment
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	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)

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UNIT	Distracted By Action NOT DISTRACTED			
	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 NOT OBSERVED			
02	Violations			
	UTC Number AD980993	Issue To? 002	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE