

1XL051TJPH
SP24-01751

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK PRAIRIE POLICE DEPARTMENT
640 13TH ST
PRAIRIE DU SAC, WI 53578
(608) 643-2427

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Document Number Override		Primary Crash Document #	Agency Crash Number SP24-01751	Investigating Officer/Deputy OFFICER T. PYFFEROEN	
Crash Date 10/07/2024		Crash Time 03:44 PM	Date Arrived 10/07/2024	Time Arrived 03:52 PM	
Date Notified 10/07/2024		Time Notified 03:44 PM	Total Units 02	Total Injured 00	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>	Reconstruction By
	Photos By OFFICER T. PYFFEROEN
	Additional Information PHOTOS

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

UNIT 2 WAS TRAVELING EASTBOUND ON PHILLIPS BLVD. AND WAS APPROACHING WATER ST. UNIT 2 WAS SLOWING DOWN TO COME TO A STOP DUE TO THE RED TRAFFIC SIGNAL. UNIT 1 WAS TRAVELING EASTBOUND ON PHILLIPS BLVD IN THE LEFT EASTBOUND LANE AND HAD MERGED INTO THE RIGHT EASTBOUND LANE CAUSING UNIT 1 TO BE DIRECTLY BEHIND UNIT 2. UNIT 1 STATED THEY NOTICED SOMETHING MOVING ON THE ROADWAY AND LOOKED AWAY FOR A SECOND WHICH CAUSED THEM TO CRASH INTO THE REAR OF UNIT 2.

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Location

ON USH12 EB 75 FT E OF JOHN ADAMS ST IN THE VILLAGE OF SAUK CITY IN SAUK COUNTY	Latitude 43.270959386	Longitude -89.722962096
	X Coordinate 279028.4375	Y Coordinate 4794505.5
	Structure Type NO STRUCTURE	

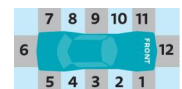
Crash Scene

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 INTERSECTION-RELATED	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT	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 30	Total Lanes 4	
	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 TRAFFIC SIGNAL		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 D3774TE		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1HGFA16508L016114		Make HOND	Year 2008	Model CIVIC	
		Color GRY - GRAY		Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 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 OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01 01	Owner Name HEATHER LYNN MEIER (608) 460-0046		Owner Address 9 WALL CT MAZOMANIE, WI 53560 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL HEATHER MEIER	
UNIT INDIVIDUAL	Individual			
	DRIVER LOGAN JOSHUA MEIER (608) 460-0046		Citations Issued 1	Sex MALE
	Address 9 WALL CT MAZOMANIE, WI 53560 , US		Date of Birth [REDACTED]	Race
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	
	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED		
Hospital		EMS Agency Identifier		
Date of Death		EMS Run #		
Time of Death		Hospital		
Distracted By		Distracted By Source EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				

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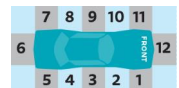
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	Violations					
01	001	UTC Number BG533663	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING	

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 2		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0			
		Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 30		Total Lanes 4			
		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 TRAFFIC SIGNAL				Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat NO											

Vehicle

02	02	License Plate Number AWY6643		Plate Type AUT		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 1C4PJMMXXND523245		Make JEEP		Year 2022		Model CHEROKEE	
		Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE				Bus Use	
		Initial Contact Point 06 - REAR							



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UNIT VEHICLE	Vehicle Damage		
	05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
	Extent Of Damage MINOR DAMAGE		
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
UNIT VEHICLE	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name LIANNE KRISTINE FISH (608) 395-4211	Owner Address 10780 AMENDA RD MAZOMANIE, WI 53560 , US	
Sequence Of Events			
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT VEHICLE	Policy Holder		
	Insurance Company USAA-CASUALTY-INS-CO	INDIVIDUAL LIANNE FISH	
UNIT INDIVIDUAL	Individual		
	DRIVER LIANNE KRISTINE FISH (608) 395-4211	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 10780 AMENDA RD MAZOMANIE, WI 53560 , US	ber [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT VEHICLE	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 NON DEPLOYED
UNIT VEHICLE	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

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UNIT	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 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	
	PASSENGER EMILY FISH (608) 395-4211	Citations Issued 0 Sex FEMALE
		Date of Birth [REDACTED] Race WHITE
	Address 10780 AMENDA RD MAZOMANIE, WI 53560 , US	Driver License Number
UNIT	Safety Equipment On Duty Crash Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT 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	
UNIT	Distracted By Distracted By Source	

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UNIT INDIVIDUAL 02 003	Distracted By Action		
	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		