

KRL0M90C4T

000214-7657

WISCONSIN MOTOR VEHICLE CRASH REPORT

WI STATE PATROL SWR/DEF
911 W NORTH ST
DE FOREST, WI 53532 1971
(608) 846-8500

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Document Number Override		Primary Crash Document #		Agency Crash Number 000214-7657		Investigating Officer/Deputy TROOPER L. HORWOOD	
Crash Date 05/13/2022		Crash Time 07:15 PM		Date Arrived 05/13/2022		Time Arrived 07:28 PM	
Date Notified 05/13/2022		Time Notified 07:17 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 checked="" 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
<p>Southbound Lanes of I-39/90. Approximately mile marker 143</p> <p>U1 U2 U2 U1 U2 U2</p> <p>U2 U2 U1</p> <p>Not to scale Drawn by Trooper Horwood</p>		Photos By TROOPER HORWOOD
		Additional Information PHOTOS

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

U1 AND U2 WERE BOTH DRIVING SOUTHBOUND ON I-39/90. WEATHER CONDITIONS CONSISTED OF HEAVY RAIN WITH LIMITED VISIBILITY OF APPROXIMATELY 50 FEET AT TIME OF CRASH. MULTIPLE VEHICLES IN THE AREA WERE PARKED ON THE SHOULDERS AND UNDER HIGHWAY BRIDGES DUE TO THE INCLEMENT WEATHER. AT APPROXIMATELY MILE MARKER 143 TRAFFIC WAS AT A HEAVY VOLUME. SPEED OF TRAFFIC WAS UNKNOWN. U1 WAS AHEAD OF U2. U1 BEGAN TO BRAKE UPON SEEING MULTIPLE BRAKE LIGHTS AHEAD OF HIM. U1 WAS UNABLE TO REACT IN TIME AND COLLIDED INTO U1 IN A FRONT TO REAR COLLISION. BOTH VEHICLES YIELDED TO MEDIAN SHOULDER. EMS STOPPED ON SCENE AND CLEARED ALL OCCUPANTS OF INJURIES. LANE ONE WAS CLOSED AT THIS TIME.

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Location

ON IH39 SB 593 FT N OF SIGGELKOW RD IN THE TOWN OF BLOOMING GROVE IN DANE COUNTY	Latitude 43.028158951	Longitude -89.257344201
	X Coordinate 316088.28125	Y Coordinate 4766414.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DUSK	
Road Surface Condition(s) WET, WATER (STANDING/MOVING)		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) RAIN			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 05/13/2022	Time Initial Lane/Rd Closed 07:28 PM	LAW ENFORCEMENT, FIRE/EMS	
Date All Lanes Open 05/13/2022	Time All Lanes Open 07:33 PM		
Date Scene Cleared 05/13/2022		Time Scene Cleared 07:33 AM	

Unit Summary

UNIT 01	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 0	Total Trailers 0	Total HazMat Types 0									
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 70	Total Lanes 6									
	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 NO CONTROL		Traffic Control Inoperative/Missing NO									
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL									
	Truck Bus or HazMat NO													
	Vehicle <table border="1"> <tr> <td>License Plate Number SHANAM</td> <td>Plate Type AUT - AUTOMOBILE</td> <td>St MN</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number 5UXWX9C51G0D76218</td> <td>Make BMW</td> <td>Year 2016</td> <td>Model X3</td> </tr> </table>						License Plate Number SHANAM	Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES	Vehicle Identification Number 5UXWX9C51G0D76218	Make BMW	Year 2016	Model X3
	License Plate Number SHANAM	Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES										
Vehicle Identification Number 5UXWX9C51G0D76218	Make BMW	Year 2016	Model X3											
01														

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UNIT	VEHICLE	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
		Initial Contact Point 06 - REAR	Vehicle Damage	
		Extent Of Damage MINOR DAMAGE	06 - REAR	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name RAJESH SHANAM (203) 993-9647 Owner Address 11254 PROVIDENCE LN EDEN PRAIRIE, MN 55344 4917, US		
UNIT	01	Sequence Of Events		
		01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
		04	Event	
UNIT	01	Policy Holder		
		Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual RAJESH SHANAM	
UNIT	INDIVIDUAL	Individual		
		Driver RAJESH SHANAM (203) 993-9647	Citations Issued 0	Sex MALE
		Date of Birth 04/25/1991	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA	
		Address 11254 PROVIDENCE LN EDEN PRAIRIE, MN 55344 4917, US	Driver License Number Q287177083617 STATE: MINNESOTA COUNTRY: UNITED STATES	
UNIT	001	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
		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 INDIVIDUAL	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 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	
01 001	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger SHRAVANI THIPPANI (469) 969-8833		Citations Issued 0		Sex FEMALE	
			Date of Birth 08/10/1994		Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA	
	Address 11254 PROVIDENCE LN EDEN PRAIRIE, 55344 491,		Driver License Number C000084279400 STATE: MINNESOTA COUNTRY: UNITED STATES			
	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			
01 002	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	

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UNIT	INDIVIDUAL	Distracted By		Distracted By Source			
		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	
01	002	Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
		Passenger ARIANNA MASUD (203) 993-9647		Citations Issued 0	Sex		
		Date of Birth		Race			
		Address 11254 PROVIDENCE LN EDEN PRAIRIE, MN 55344 4917, US		Driver License Number			
		Safety Equipment		On Duty Crash			
		Row 06 -UNKNOWN ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
01	003	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			

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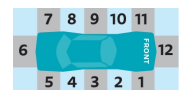
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UNIT INDIVIDUAL 01 003	Distracted By Action		
	Non Motorist	Striking Unit #	Location
	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		

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 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 70	Total Lanes 6
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way DIVIDED HWY W/TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

UNIT VEHICLE 02 02	Vehicle			
	License Plate Number XE28114	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GT120E82FF549332	Make GENERAL MOTORS COR	Year 2015	Model SIERRA
	Color WHI - WHITE	Body Style PK - PICKUP		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions UNKNOWN			
02	02	Owner Name PRESTON ROBERT TEUBERT (608) 921-9290		Owner Address 9615 N TRESCHER RD MILTON, WI 53563 , US
Sequence Of Events				
UNIT 01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
Policy Holder				
UNIT 02	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		Individual PRESTON TEUBERT	
	Trailer/Towed			
UNIT TRAILER/ 02	Trailer Plate # FR20199	Plate Type TRL - TRAI	Make BESA	State WI
	Country of Issuance UNITED STATES	Address 9615 N TRESCHER RD MILTON, WI 53563 , US		
UNIT INDIVIDUAL 02	Unit Type UTILITY TRAILER	Individual PRESTON ROBERT TEUBERT (608) 921-9290		Vehicle Identification Number 4L5ST2926MF056411
	Individual			
UNIT INDIVIDUAL 02	Driver PRESTON ROBERT TEUBERT (608) 921-9290		Citations Issued 0	Sex MALE
	Date of Birth 04/19/2002		Race WHITE	
UNIT INDIVIDUAL 02	Address 9615 N TRESCHER RD MILTON, WI 53563 , US		Driver License Number T1636760213904 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment			
UNIT INDIVIDUAL 02	On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
UNIT INDIVIDUAL 02	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT INDIVIDUAL 02	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	

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UNIT INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source			
	Distracted By Action UNKNOWN					
	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	Individual					
	Passenger HALLIE JEAN HAASE (608) 751-9130		Citations Issued 0		Sex FEMALE	
			Date of Birth 08/23/2003		Race WHITE	
	Address 5043 E CHARDONNAY DR MILTON, WI 53563 , US		Driver License Number H2003300380305 STATE: WISCONSIN COUNTRY: UNITED STATES			
	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 #		

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UNIT INDIVIDUAL 02 005	Hospital		Date of Death		Time of Death	
	Distracted By	Distracted By Source				
	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 APPEARED NORMAL						