

6TL09CGFDB
20-04340

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL09CGFDB

| | | | | | |
|--|--|---------------------------------------|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 20-04340 | Investigating Officer/Deputy DEPUTY K. MUELLER | |
| Crash Date 05/10/2020 | | Crash Time 01:01 PM | Date Arrived 05/10/2020 | Time Arrived 01:24 PM | |
| Date Notified 05/10/2020 | | Time Notified 01:02 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 type="checkbox"/> Reportable | Crash Type DT4000 (STANDARD CRASH) | | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|---------|---------------------------------------|
| Diagram | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

BOTH UNITS WERE PREPARING TO LEAVE THE DRIVEWAY OF E9745 COUNTY RD P. UNIT 1 WAS IN FRONT OF UNIT 2. UNIT 1 BEGAN BACKING UP DUE TO CONCERNS OF ANOTHER UNIDENTIFIED VEHICLE ENTERING THE DRIVEWAY. UNIT 1 BACKED IN TO UNIT 2 CAUSING MINOR DAMAGE TO THE FRONT OF UNIT 2.

Location

| | | |
|--|------------------------------------|-----------------------------------|
| PRIVATE PROPERTY E9745 CTHP SB (FIRE E9745) IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.589823115 | Longitude -89.835601828 |
| | X Coordinate 271093.0625 | Y Coordinate 4830224 |
| | Structure Type FIRE | |

Crash Scene

| | | |
|--|--|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location IN PARKING LANE OR ZONE | |
| Manner of Collision 03 - FRONT TO REAR | Light Condition DAYLIGHT | |
| Road Surface Condition(s) WET | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLOUDY | | |
| Animal Type | Relation To Trafficway NON TRAFFICWAY - PARKING LOT | |
| Crash Classification - Location PRIVATE PROPERTY | Crash Classification - Jurisdiction PRIVATE PROPERTY | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | | | |
|---|---|--|---|--|--|---|--|
| UNIT 01 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | Operating As Endorsements | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | | |
| | Insurance? YES | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit N/A | 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 PARKING LOT OR PRIVATE PROPERTY | | 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 01 VEHICLE | Vehicle | | | | | |
| | | License Plate Number FP8792 | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES | |
| Vehicle Identification Number 1FTFW1E50KFA85456 | | Make FORD | Year 2019 | Model F150 | | | |
| Color GRY - GRAY | | Body Style PK - PICKUP | | Bus Use | | | |
| Initial Contact Point 06 - REAR | | Vehicle Damage 00 - NO DAMAGE | | | | | |
| Extent Of Damage NO DAMAGE | | | | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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|--|------------|--|--|--|--|
| UNIT | VEHICLE | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |
| | | What Driver Was Doing BACKING | Vehicle Factors | | |
| | | Driver Prior Action Other | NOT APPLICABLE | | |
| | | Driver Actions UNSAFE BACKING | | | |
| 01 | 01 | Owner Name CHARLES ROBERT RHINEHART (608) 254-2311 | Owner Address E9745 COUNTY ROAD P WISCONSIN DELLS, WI 53965 , US | | |
| | | Sequence Of Events | | | |
| UNIT | VEHICLE | 01 Event MOTOR VEH IN TRANSPORT | | | |
| | | 02 Event | | | |
| | | 03 Event | | | |
| | | 04 Event | | | |
| UNIT | VEHICLE | Policy Holder | | | |
| | | Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT) | Individual CHARLES RHINEHART | | |
| UNIT | INDIVIDUAL | Individual | | | |
| | | Driver CHARLES ROBERT RHINEHART (608) 254-2311 | Citations Issued 0 | Sex MALE | |
| | | | Date of Birth | Race WHITE | |
| | | Address E9745 COUNTY ROAD P WISCONSIN DELLS, WI 53965 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 01 | 001 | Safety Equipment | | On Duty Crash | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | Safety Equipment RESTRAINT USE UNKNOWN | |
| | | 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 UNKNOWN | | | |
| Distracted By Action UNKNOWN | | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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|---|--|--|------------------------------------|---------------------------------|--|
| UNIT 01 001 | 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 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 NOT ON ROADWAY | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit N/A | 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 PARKING LOT OR PRIVATE PROPERTY | | 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 | Vehicle | | | | | |
| | License Plate Number 945PBJ | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 1C4PJMDB2GW161973 | | Make JEEP | Year 2016 | Model CHEROKEE | |
| | Color BLK - BLACK | | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use | |
| | Initial Contact Point 12 - FRONT | | Vehicle Damage 12 - FRONT | | | |
| | Extent Of Damage MINOR DAMAGE | | | | | |
| | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | |
|---|---|--|--|--------------------|
| UNIT VEHICLE | What Driver Was Doing STOP IN TRAFFIC | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| | Owner Name KATHRYN L ANDERSON (608) 254-2311 | | Owner Address 1410 MICHIGAN AVE WISCONSIN DELLS, WI 53965 , US | |
| UNIT 02 | Sequence Of Events | | | |
| | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company WISCONSIN-MUTUAL-INS-CO | | Individual KATHRYN ANDERSON | |
| | Individual | | | |
| UNIT INDIVIDUAL | Driver BENJAMIN ROBERT ANDERSON (608) 254-2311 | | Citations Issued 0 | Sex MALE |
| | Address 1410 MICHIGAN AVE WISCONSIN DELLS, WI 53965 , US | | Date of Birth | Race |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| UNIT 02 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Helmet Use | | Safety Equipment RESTRAINT USE UNKNOWN | |
| | 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 | | | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |
| Non Motorist | | Striking Unit # | | |
| Location | | | | |

WISCONSIN MOTOR VEHICLE
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|------|------------|--|---|--|
| UNIT | INDIVIDUAL | Prior Action | | |
| | | Action | | |
| 02 | 002 | Action Other | | To/From School |
| | | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use NO |
| 02 | 002 | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| 02 | 002 | Drug Type | | |
| | | Individual Condition APPEARED NORMAL | | |
| UNIT | INDIVIDUAL | Individual | | |
| | | Passenger KATHRYN LYN ANDERSON (608) 415-2009 | Citations Issued 0 | Sex FEMALE |
| 02 | 003 | Date of Birth | Race WHITE | |
| | | Address 1410 MICHIGAN AVE WISCONSIN DELLS, WI 53965 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 02 | 003 | Safety Equipment | On Duty Crash | Safety Equipment |
| | | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | RESTRAINT USE UNKNOWN |
| 02 | 003 | Helmet Use | | Helmet Compliance |
| | | Eye Protection | | Tint Compliance |
| 02 | 003 | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| 02 | 003 | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier |
| | | Hospital | | EMS Run # |
| 02 | 003 | Date of Death | | Time of Death |
| | | Distracted By Distracted By Source | | |
| 02 | 003 | Distracted By Action | | |
| | | Non Motorist | Striking Unit # | Location |
| 02 | 003 | Prior Action | | |

WISCONSIN MOTOR VEHICLE
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|---|--|--|--|---|--|
| UNIT | INDIVIDUAL | Action | | | |
| | | Action Other | | To/From School | |
| 02 | 003 | 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 EMMA K ANDERSON (608) 254-2311 | Citations Issued 0 | Sex FEMALE | |
| 02 | 004 | Date of Birth | Race WHITE | | |
| | | Address 1410 MICHIGAN AVE WISCONSIN DELLS, WI 53965 , US | Driver License Number | | |
| 02 | 004 | Safety Equipment | On Duty Crash | Safety Equipment | |
| | | Row 02 - SECOND ROW | Seat Position 09 - RIGHT | CHILD RESTRAINT SYSTEM - REAR FACING | |
| | | 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 | | | | |
| Distracted By Action | | | | | |
| Non Motorist | Striking Unit # | Location | | | |
| Prior Action | | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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|-------------|-------------------|--|---|-------------------|---------------------------------|----------------------|--|
| UNIT | INDIVIDUAL | 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 | | | | | |
| | | 02 | 004 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |