

6TL0C884FK
20-06495

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 20-06495		Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 07/04/2020		Crash Time 01:50 PM		Date Arrived 07/04/2020		Time Arrived 01:55 PM	
Date Notified 07/04/2020		Time Notified 01:52 PM		Total Units 03		Total Injured 04	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 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 102 LDPD
	Additional Information PHOTOS

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

ON 07-04-20 UNIT 1 WAS ON CTH T AND PULLED OUT FROM THE STOP SIGN AT THE INTERSECTION OF CTH T AND CTH A. UNIT 1 STRUCK UNIT 2 IN THE FRONT PASSENGER SIDE PUSHING UNIT 2 INTO UNIT 3. UNIT 3 CAME TO REST ON CTH A IN THE INTERSECTION. UNIT 2 ROLLED OVER AND CAME TO REST JUST SOUTH OF CTH T ALONG THE EAST SIDE OF CTH A. UNIT 1 CAME TO REST ON CTH A JUST EAST OF CTH T.

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Location

INTERSECTION ON CTHA NB AT CHTH EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.56831289	Longitude -89.738485153
	X Coordinate 278854.4375	Y Coordinate 4827572
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type L-INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK	
Date Initial Lane/Rd Closed 07/04/2020	Time Initial Lane/Rd Closed 01:50 PM		
Date All Lanes Open 07/04/2020	Time All Lanes Open 02:35 PM	Date Scene Cleared 07/04/2020	Time Scene Cleared 02:35 PM

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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 STOP SIGN		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				
01	Vehicle				
	License Plate Number AJE6172		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1N4AL3AP5HC262931		Make NISSAN	Year 2017	Model ALTIMA

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UNIT VEHICLE	Color BLK - BLACK	Body Style SD - SEDAN	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	12 - FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
	Owner Name DALVELL RAYMOND RICHARDSON (414) 566-5027	Owner Address 900 S MADISON ST WAUPUN, WI 53963 , US	
UNIT 01	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event MOTOR VEH IN TRANSPORT	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual DALVELL RICHARDSON	
UNIT INDIVIDUAL	Individual		
	Driver DALVELL RAYMOND RICHARDSON (414) 566-5027	Citations Issued 1	Sex MALE
		Date of Birth	Race BLACK
	Address 900 S MADISON ST WAUPUN, WI 53963 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 01	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-FRONT
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND		EMS Agency Identifier 806	EMS Run #

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UNIT	Hospital ST CLARE'S 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 SYLVIA S JOHNSON (414) 687-4750		Citations Issued 0	Sex FEMALE	
		Address 514 N 28TH ST MILWAUKEE, WI 53208 , US		Date of Birth Race BLACK		
		Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment		On Duty Crash		
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		
		Helmet Use		SHOULDER & LAP BELT		
		Eye Protection		Safety Equipment		
01	002	Injury		Injury Severity POSSIBLE INJURY		
		Airbag DEPLOYED-FRONT		Ejection Path NOT EJECTED/NOT APPLICABLE		
		Ejected NOT EJECTED		Trapped/Extricated NOT TRAPPED		
		Medical Transport EMS GROUND		EMS Agency Identifier 806		EMS Run #
		Hospital ST CLARE'S HOSPITAL		Date of Death	Time of Death	

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UNIT	Distracted By	Distracted By Source				
		Distracted By Action				
	Non Motorist	Striking Unit #	Location			
		Prior Action				
	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						
Violations						
01		UTC Number BD759412	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN	

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 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 CrashTire 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					
	02	Vehicle				
		License Plate Number 512JUR		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 5GADT13S652279723		Make BUICK	Year 2005	Model RAINIER CX		

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UNIT VEHICLE	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By INTERSTATE BP	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name ROBERT A BLACKER (608) 434-2274	Owner Address 316 8TH ST BARABOO, WI 53913 , US	
UNIT 02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company SECURA-INS-A-MUTUAL-CO	Individual ROBERT BLACKER	
UNIT INDIVIDUAL	Individual		
	Driver ROBERT A BLACKER (608) 434-2274	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 316 8TH ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	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 POSSIBLE 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: 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 Summary

UNIT 03
Unit Status: IN TRANSIT, Vehicle Operating As Classification: D CLASS, Unit Type: TRUCK
Vehicle Type: (SPORT) UTILITY VEHICLE, 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: NORTHBOUND, 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 03
Vehicle
License Plate Number: 14381, Plate Type: HOB - HOBBYIST, St: WI, Country of Issuance: UNITED STATES
Vehicle Identification Number: 1JCCM87E0ET027186, Make: JEEP, Year: 1984, Model: CJ7
Color: WHI - WHITE, Body Style: UT - SPORT UTILITY VEHICLE, Bus Use

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UNIT VEHICLE	Initial Contact Point 12 - FRONT		Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE		12 - FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name JOHN L EIDE		Owner Address 849 S GROUSE CT WISCONSIN DELLS, WI 53965 , US	
03	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company HAGERTY INS		Individual JOHN EIDE	
UNIT INDIVIDUAL	Individual			
	Driver JOHN L EIDE JR (608) 393-5980		Citations Issued 0	Sex MALE
	Address 828 S GROUSE CT WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
03	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 #
	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 KEESHA R LEE OLDS (608) 495-0747	Citations Issued 0 Sex FEMALE
		Date of Birth Race WHITE
	Address 828 S GROUSE CT WISCONSIN DELLS, WI 53965 , US	Driver License Number 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 POSSIBLE INJURY Airbag NON DEPLOYED
	Ejected NOT EJECTED Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND	EMS Agency Identifier 801 EMS Run #	
Hospital ST CLARE'S HOSPITAL	Date of Death Time of Death	
Distracted By	Distracted By Source	

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UNIT INDIVIDUAL 03 005	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		