WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Crash Time I		Agency Crash Number 20-06927		DEPUTY B. STODDARD					
	Crash Date 07/16/2020			Date Ar 07/16/2		Time Arrived 09:37 AM					
)	Date Notified	Time Notified		Total U	nits	Total Injured	t	Total Kille	d	I	
	07/16/2020	09:31 AM	1	02		00		00			
)	On Emergency H	t and Run	Lane Closu		☐ Work Zone	▼ Trailer	or T	Towed		eporting reshold	
,	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags					
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amend	ded		S	econdary Crash	
	Description					•			•		
	Diagram						Red	construction	Ву		
		U\$I	H 12								
					<u>~</u>		Pho	otos By			
			1								
					~			ditional Infor INE	mation		
				i							
			7 7								
			5								
		.									
				;							
					Not to Scale						
		ļ									
	, a sworn law enforceme	ent officer, agre	ee that I have no	ot added	any CJIS data in this	report.					
	UNITS 1 AND 2 WERE SOUTHBOU	JND ON USH 12.	UNIT 1 WAS IN THE	LEFT LA	NE AND UNIT 2 WAS IN T	HE RIGHT LAN					
	CROC/SANDAL CAME OFF HIS RI 2'S LANE OF TRAVEL. UNIT 1'S F OPERATOR SWERVED TO THE R	RONT PASSENGE	R SIDE TIRE/FEND	ER COLL	DED WITH UNIT 2'S FROM	IT DRIVER'S SI	DE TI	RE/RUNNIN	IG BOARD A	REA. UNIT 2	
	I OFERATOR SWERVED TO THE R		THE COLLISION.	MO M KES	OULT OF UNIT 25 EFFORT	I O IVIIIVIIVIIZE	ILE	лноп: А 1	4UULD DAIK	I HOLOTEIN	

HEIFER IN THE TRAILER TOWED BY UNIT 2 WAS INJURED.

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Crash Time 09:31 AM

Lo	cation										
01	N USH12 EB				Latitude			Longitude	9		
_	28 MI N		43.51834	2747		-89.7858	89.78582961				
	F STH33 EB		X Coordina	ate		Y Coordin	nate				
	THE TOWN OF DELTON	V	274844.9			4822149					
IN	SAUK COUNTY	Structure Type									
			Otractare 1	ypo							
Cr	ash Scene										
Fir	rst Harmful Event				First Harm	ful Event Lo	cation				
M	OTOR VEH IN TRANSPO	ORT	Γ			DWAY					
Ma	anner of Collision				Light Cond	lition					
07	- SIDESWIPE/SAME DI	RECTION			DAYLIGH	HT.					
Ro	pad Surface Condition(s)				Roadway F	actor(s)					
DF	DRY										
En	nvironment Factor(s)										
N	ONE				NONE						
We	Weather Condition(s)				1						
CI	CLEAR										
An	nimal Type	al Type				o Trafficway	,				
						WAY - OI					
Cra	ash Classification - Location				Crash Clas	sification -	Jurisdiction				
Pι	PUBLIC PROPERTY			NO SPI			NO SPECIAL JURISDICTION				
Tri	ibal Land				Access Control Special Study NO CONTROL						
	•	Junction Location		Intersection	•						
NO	0	NON-JUNCTION		NOT AN	N INTERSECTION						
Un	nit Summary 💳										
Un	nit Status		Vehicle Ope	erating As C	Classification Unit Type						
IN	N TRANSIT D CLASS				AUTOMOBILE						
Ve	ehicle Type					Operating As Endorsements					
PA	ASSENGER CAR										
То	tal Occs	Train/Bus # Recorded	Train/Bus # Recorded Total # Citations Issue		d Total Trail		ers	Total HazN	Mat Types		
1			0			0		0			
Ins	surance?	Direction Of Travel	Pre	CrashTire	re Speed Lir		it	Total Lanes			
YE	ES	SOUTHBOUND		Mark		65		4			
Mo	ost Harmful Event: Collision V	Vith	Special Fun		TION				Motor Vehicle Use		
	MOTOR VEITIN TRANSFORT			NO SPECIAL FUNCTION			NOT APPLICABLE				
	affic Way		raffic Control			Traffic Control Inoperative/Missing					
	VIDED HWY W/O TRAFF	FIC BARRIER		IO CONTROL			NO				
	ırface Type		Road Curva				Road Grade				
	ONCRETE		STRAIGH	T			LEVEL				
	uck Bus or HazMat										
N(0										
			Plate Type		I	St	Country of Is:	suance			
	Vehicle			JTOMOBIL		St WI	Country of Is:				
NO	Vehicle License Plate Number 967SYV Vehicle Identification Num	nber					=				
	Vehicle License Plate Number 967SYV Vehicle Identification Num		AUT - AU	JTOMOBIL	.E	WI	UNITED ST	TATES			
NO	Vehicle License Plate Number 967SYV Vehicle Identification Num		AUT - AU	JTOMOBIL	.E	WI Year	UNITED ST	TATES			
NO	Vehicle License Plate Number 967SYV Vehicle Identification Num 1G8AJ55F67Z117304		AUT - AU Make SATURN	JTOMOBIL	.E	WI Year	UNITED ST Model ION LEVEL	TATES			
NO	Vehicle License Plate Number 967SYV Vehicle Identification Num 1G8AJ55F67Z117304 Color GRY - GRAY		AUT - AU Make SATURN Body Style	JTOMOBIL	.E	WI Year	UNITED ST Model ION LEVEL	TATES			
DO 1	Vehicle License Plate Number 967SYV Vehicle Identification Num 1G8AJ55F67Z117304 Color GRY - GRAY Initial Contact Point		AUT - AL Make SATURN Body Style 4D - 4DR	JTOMOBIL	.E	WI Year	UNITED ST Model ION LEVEL	TATES			
E 01	Vehicle License Plate Number 967SYV Vehicle Identification Num 1G8AJ55F67Z117304 Color GRY - GRAY Initial Contact Point		AUT - AU Make SATURN Body Style 4D - 4DR Vehicle Da	JTOMOBIL e amage	.E	WI Year 2007	Model ION LEVEL Bus Use	TATES	GHT SIDE REAR		
NO.	Vehicle License Plate Number 967SYV Vehicle Identification Num 1G8AJ55F67Z117304 Color GRY - GRAY Initial Contact Point		AUT - AU Make SATURN Body Style 4D - 4DR Vehicle Da	JTOMOBIL e amage	.E	WI Year 2007	Model ION LEVEL Bus Use	TATES	GHT SIDE REAR		

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		Towed Due To Damage NOT TOWED		Vehicle Remo	•				
	-	What Driver Was Doing	OPERATOR Vehicle Factors						
		GOING STRAIGHT		NOT APPLICABLE					
	-	Driver Prior Action Other							
	_	Driver Actions FAILED TO KEEP IN DESIGNATION OF THE PROPERTY O	SNATED LANE						
UNIT	1	PAILED TO KEEP IN DESK	SNATED LANE						
TINO									
) H	,								
	-	Owner Name	Owner A						
2 3	-	MICHAEL S ZITTLOW (608) 477-7653			MUNDSON DR 300, WI 53913 ,U	JS			
		,			,				
	9	Sequence Of Events							
2	5	Event MOTOR VEH IN TRANSPO	RT						
5	4	Event							
2	-	Event							
	-	Event							
04	L								
╘	F	Policy Holder							
FIND		Insurance Company WEST-BEND-MUTUAL-INS	Individual MICHAEI	ZITTLOW					
	Ī	Individual							
		Driver COLE STEVEN ZITTLOW	Citations Is	sued	Sex				
	Ţ	(608) 477-7653	0 Date of Bir	th	MALE Race				
TINU	2		Bate of Bil		1.000				
TIND		Address 1706 AMUNDSON DR	Driver Lice	Driver License Number					
Z		BARABOO, WI 53913, US	STATE: WISCONSIN COUNTRY: UNITED STATES						
9	af.	On Duty C	Safety Equipment						
3	ai 			CHOIL DED & LAD DELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
	-	Eye Protection	Tint Compliance						
- 5		Injury Severity		Airbag					
0 5	, ,	, , , , , , , , , , , , , , , , , , ,	PARENT INJURY	NON DEF	PLOYED	I T			
				PLICABLE		· ·			
	-	Medical Transport		cy Identifier	EMS Run #				
		NOT TRANSPORTED							
		Hospital		Date of De	ath	Time of Death			
		Distracted By Distracted OTHER	d By Source DISTRACTION (ANIMAL	L, FOOD, GR	OOMING)	•			
		Distracted By Action OTHER ACTION (LOOKING			·				
100		Injury Sev NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted OTHER	PARENT INJURY Ejection Path NOT EJECTED/NOT API	Airbag NON DEF PLICABLE EMS Agen Date of De	PLOYED cy Identifier ath	Trapped/Extricated NOT TRAPPED EMS Run # Time of Death			

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

Crash Date 07/16/2020

Crash Time 09:31 AM

		Non Motorist	iking Unit #	Location								
		Prior Action										
		Action										
	INDIVIDUAL											
╘	DO											
UNIT	<u>></u>											
	P											
	=											
		Action Other							To/From School			
		I Sug	spected Alcohol U	S A	Suspected Drug Use							
	L	Drug & Alcohol No)		NO							
		Alcohol Test Given		Alcohol Test Type			Alcoho	ol Test Results				
		TEST NOT GIVEN										
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test F	Results					
5	001	Drug Type										
		Individual Condition	ndividual Condition									
		APPEARED NORMAL	_									
		t Summary 💻										
		Status			ehicle Operating As Classi	fication	Unit T					
		RANSIT I I I I I I I I I I I I I I I I I I			D CLASS			TRUCK Operating As Endorsements				
02		LITY TRUCK/PICKUP TRUCK						operating / is Endorsements				
		al Occs Train/Bus # Recorded		corded To	otal # Citations Issued	Tota	al Trailers	Total Haz	Mat Types			
	1			0		1		0				
		ance?	Direction Of Tra	_	Pre CrashTire	Spe 65	ed Limit	Total Lane	es			
UNIT	YES	SOUTHBOUND t Harmful Event: Collision With			Special Function		Emore	4 jency Motor Vehic	elo I leo			
5		TOR VEH IN TRANSPORT			NO SPECIAL FUNCTION			NOT APPLICABLE				
		ic Way		Tı	raffic Control		Traffic	Traffic Control Inoperative/Missing				
	DIVIDED HWY W/O TRAFFIC BARRIER				O CONTROL		NO	NO				
	Surface Type				oad Curvature			Road Grade				
		NCRETE		s	STRAIGHT			LEVEL				
	NO	ck Bus or HazMat										
		Vehicle										
		License Plate Number		I F	Plate Type	St	Country	of Issuance				
		DH19523			HTK - HEAVY TRUCK	wı	UNITE	D STATES				
2	2				/lake	Yea	r Model					
05	02	1FDRF3HT4LEC3195	9		FORD	202	80 F350 Bus Us					
		Color			Body Style	е						
	Щ	GRY - GRAY Initial Contact Point			PK - PICKUP /ehicle Damage							
⊨		10 - LEFT SIDE FROM	IT	'								
UNIT	VEHICL	Extent Of Damage			9 - LEFT SIDE MIDDL	E, 10 - LEI	FT SIDE FRO	ONT				
	VE	MINOR DAMAGE										
		Towed Due To Damage			/ehicle Removed By			<u> </u>				
		NOT TOWED			OPERATOR							

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	What Driver Was Doing Ve			Vehicle Factors					
		GOING STRAIGHT							
		Driver Prior Action Other	NOT APPLICABLE						
		Driver Actions							
	щ	NO CONTRIBUTING ACTION	١						
	VEHICL								
LINO	王								
_	7								
		Owner Name		Owner /					
05	02	BRUCE NORMAN HENKE (608) 296-4840			COUNTY ROAD CH FIELD, WI 53964 , US	•			
0	0	(600) 200 4040		112011	1225, 111 00004 , 00	•			
	;	Sequence Of Events							
	2	Event MOTOR VEH IN TRANSPOR	т						
			•						
	07	Event							
		Event							
	03								
	04	Event							
	0								
—	ı	Policy Holder							
UNIT		Insurance Company		Individual					
ر		STATE-FARM-GENERAL-IN	BRUCE	HENKE					
	•	Trailer/Towed							
05		Trailer Plate # Plate Ty	•		State		try of Issuance		
٥		GR11497 TRL - TRAI EBON Unit Type Individual			WI	UNIT	ED STATES		
_	2	Unit Type				ess 74 COUNTY ROAD CH			
LINO	4	EQUIPMENT				TFIELD, WI 53964 , US			
\supset	TRAILER/	Vehicle Identification Number 4A2LG3034J2028606							
		Individual Driver	Citations	haliss		Sex			
		BRUCE NORMAN HENKE	0			MALE			
	¥	(608) 296-4840	Date of Birth			Race			
_	VIDUAL					WHITE			
	⋝	Address	Driver License Number						
_	N	N8274 COUNTY ROAD CH	STATE: WISCONSIN COUNTRY: UNITED STATES						
	=	WESTFIELD, WI 53964 , US			STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	On Duty Cr	ash	Safety Equipment					
	- Cu.		la . s	SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULI	DER & LAF BELT				
		Helmet Use	V	Helmet Compliance					
				Heimer Compilative					
		Eye Protection		Tint Compliance					
22	02	Injury Seve		Airbag					
_	0	1 1 110 711 171		NON DE	PLOYED		Trannad/Extrinated		
		l '		LICABLE			1		
			OI LULUIED/NUI APP		ncy Identifier				
		NOT TRANSPORTED			,				
02	005	Injury Seve Injury NO APPA Ejected Ej NOT EJECTED No Medical Transport	rity RENT INJURY ection Path OT EJECTED/NOT APP	Airbag NON DE	PLOYED ncy Identifier		Trapped/Extricated NOT TRAPPED EMS Run #		

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		Hospital			Date of Death		Time of Death	
		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED)					
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNO	INDIVIDUAL							
	<u>N</u>							
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO	lse	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		
05	005	Drug Type						
		Individual Condition						
		APPEARED NORM	//AL					