

6TL0CBQ6N2  
20-07187

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 <b>20-07187</b>	Investigating Officer/Deputy <b>DEPUTY B. ZIBELL</b>	
Crash Date <b>07/22/2020</b>		Crash Time <b>03:45 PM</b>	Date Arrived <b>07/22/2020</b>	Time Arrived <b>04:04 PM</b>	
Date Notified <b>07/22/2020</b>		Time Notified <b>03:45 PM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p style="text-align: center;">Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING WESTBOUND ON HIGHWAY 33, UNIT 2 WAS TRAVELING WESTBOUND ON HIGHWAY 33 TOWING A TRAILER, TURNING RIGHT(NORTH) INTO A DRIVEWAY. UNIT 1 OPERATOR DID NOT SEE UNIT 2 SLOWING TO TURN. UNIT 1 CRASHED INTO THE REAR OF THE TRAILER THAT UNIT 2 WAS TOWING. THE COLLISION ALSO CAUSED DAMAGE TO UNIT 1 WHERE IT CONNECTED WITH THE TRAILER.

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**Location**

<b>ON STH33 WB 530 FT S OF DREAMLAND DR IN THE TOWN OF LA VALLE IN SAUK COUNTY</b>	Latitude <b>43.633089878</b>	Longitude <b>-90.174334785</b>
	X Coordinate <b>243930.984375</b>	Y Coordinate <b>4836019.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>DRIVEWAY ACCESS-RELATED</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>07/22/2020</b>	Time Initial Lane/Rd Closed <b>03:45 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>07/22/2020</b>	Time All Lanes Open <b>04:40 PM</b>	Date Scene Cleared <b>07/22/2020</b>	Time Scene Cleared <b>04:40 PM</b>

**Unit Summary**

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements		
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Total HazMat Types <b>0</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>
		Truck Bus or HazMat <b>NO</b>			
		<b>Vehicle</b>			
	<b>01</b>		License Plate Number <b>396KJF</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>
		Country of Issuance <b>UNITED STATES</b>	Year <b>2006</b>	Model <b>FUSION SE</b>	

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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>	Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>SHIELDS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>FOLLOWING TOO CLOSE</b>		
	Owner Name <b>BONNIE B SCHULTZ (608) 495-1875</b>	Owner Address <b>234 LAUREL ST REEDSBURG, WI 53959 , US</b>	
UNIT 01	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT 01	<b>Policy Holder</b>		
	Insurance Company <b>CINCINNATI-INS-CO,-THE</b>	Individual <b>BONNIE SCHULTZ</b>	
	<b>Individual</b>		
UNIT INDIVIDUAL	Driver <b>BONNIE B SCHULTZ (608) 495-1875</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>234 LAUREL ST REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
UNIT 01	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000820</b>	EMS Run #

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<b>UNIT</b>	Hospital <b>REEDSBURG AREA MED CTR</b>		Date of Death	Time of Death	
	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action <b>UNKNOWN</b>				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
Drug Type					
Individual Condition <b>APPEARED NORMAL</b>					
<b>Violations</b>					
UTC Number <b>BF694122</b>		Issue To? <b>001</b>	Statute Number <b>346.14(1m)</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>	

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

License Plate Number <b>FZ7103</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
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02

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UNIT VEHICLE	02	Vehicle Identification Number <b>1FTFW1ET9DFD96689</b>	Make <b>FORD</b>	Year <b>2013</b>	Model <b>F150</b>	
		Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>	Bus Use		
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage			
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>06 - REAR</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			
		What Driver Was Doing <b>RIGHT TURN</b>	Vehicle Factors			
		Driver Prior Action Other	<b>NOT APPLICABLE</b>			
UNIT VEHICLE		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		Owner Name <b>MICHAEL JAMES SCHEFFNER (414) 406-5222</b>	Owner Address <b>5410 WOODLAND DR WEST BEND, WI 53095 , US</b>			
<b>Sequence Of Events</b>						
UNIT	01	Event <b>RIGHT TURN</b>				
	02	Event				
	03	Event				
	04	Event				
<b>Policy Holder</b>						
UNIT		Insurance Company <b>LIBERTY-MUTUAL-INS-CO</b>	Individual <b>MICHAEL SCHEFFNER</b>			
		<b>Trailer/Towed</b>				
UNIT TRAILER/	02	Trailer Plate # <b>50402RV</b>	Plate Type <b>RVT - REC</b>	Make <b>KEYO</b>	State <b>WI</b>	
		Country of Issuance <b>UNITED STATES</b>	Address <b>5410 WOODLAND DR WEST BEND, WI 53095 , US</b>			
		Unit Type <b>RECREATIONAL</b>	Individual <b>MICHAEL JAMES SCHEFFNER (414) 406-5222</b>			
		Vehicle Identification Number <b>4YDT31221DB451390</b>				
<b>Individual</b>						
UNIT INDIVIDUAL		Driver <b>MICHAEL JAMES SCHEFFNER (414) 406-5222</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth	Race		
		Address <b>5410 WOODLAND DR WEST BEND, WI 53095 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
			Safety Equipment			
	<b>Safety Equipment</b>	On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>			
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>				

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02	002	Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
		<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
		Distracted By Action <b>NOT DISTRACTED</b>					
		<b>Non Motorist</b>		Striking Unit #		Location	
		Prior Action					
UNIT	INDIVIDUAL	Action					
		Action Other				To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>JEANNE M SCHEFFNER</b> <b>(414) 322-7421</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
		Address <b>5410 WOODLAND ROAD</b> <b>WEST BEND, WI 53095 , US</b>		Date of Birth		Race <b>WHITE</b>	
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
<b>Safety Equipment</b>		On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>					
Helmet Use		Helmet Compliance					

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02	003	Eye Protection		Tint Compliance					
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>				
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
		Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #		
		Hospital			Date of Death		Time of Death		
		<b>Distracted By</b>		Distracted By Source					
		Distracted By Action							
		<b>Non Motorist</b>		Striking Unit #	Location				
		Prior Action							
		UNIT	INDIVIDUAL	Action					
Action Other					To/From School				
<b>Drug &amp; Alcohol</b>				Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>			
Alcohol Test Given <b>TEST NOT GIVEN</b>				Alcohol Test Type		Alcohol Test Results			
Drug Test Given <b>TEST NOT GIVEN</b>				Drug Test Type		Drug Test Results			
Drug Type									
Individual Condition <b>APPEARED NORMAL</b>									
02	003								