

6TL0BC3B4M

20-07899

# Wisconsin Motor Vehicle Crash Report

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

6TL0BC3B4M

Document Number Override		Primary Crash Document #	Agency Crash Number <b>20-07899</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>08/09/2020</b>		Crash Time <b>11:17 AM</b>	Date Arrived <b>08/09/2020</b>	Time Arrived <b>11:30 AM</b>	
Date Notified <b>08/09/2020</b>		Time Notified <b>11:18 AM</b>	Total Units <b>02</b>	Total Injured <b>03</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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

### Location

<b>ON CTHH WB 12 FT W OF CTHP WB IN THE TOWN OF DELLONA IN SAUK COUNTY</b>	Latitude <b>43.59265636</b>	Longitude <b>-89.9103837</b>	Lat/LongSource <b>GPS</b>	Access Control
	X Coordinate <b>265066.9687</b>	Y Coordinate <b>4830748</b>	On Roadway Link ID# <b>4556506</b>	On Roadway Link Offset <b>1888</b>
	Override <input type="checkbox"/>	Tribal Land		Structure Type

### Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Environment Factor(s) <b>NONE</b>	
Roadway Factor(s) <b>NONE</b>	Weather Condition(s) <b>CLOUDY</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>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

### Unit Summary

01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements	
UNIT	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
01	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>STOP SIGN</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>				

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01 UNIT INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>1</b>	<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>DIAZ-SIERRA</b>		First Name <b>AIDA</b>		Middle Initial	Suffix		
	Street Address <b>231 N BURRITT AVE # 2</b>		Street Address 2		PO Box			
	City <b>WISCONSIN DELLS</b>		State <b>WI</b>	Zip Code <b>53965</b>		Country of Residence <b>UNITED STATES</b>		
	DOB	Sex <b>F</b>	Race <b>H</b>	Hair <b>BROWN</b>	Eyes <b>BROWN</b>	Height <b>502</b>	Weight <b>174</b>	Phone Number <b>(608) 404-0148 EXT.</b>
	Driver's License Number		State <b>WI</b>	License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>		
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2026</b>			
	<b>Equipment</b>	On Duty Accident		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						
01 UNIT INDIVIDUAL	<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 APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000123</b>		EMS Run #			
	Hospital <b>ST CLARE HOSP</b>		Date of Death		Time of Death			
	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action <b>UNKNOWN</b>							
	Distracted By Source		Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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								
01 UNIT 02	Role <b>PASSENGER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>TORRES-FRANCO</b>		First Name <b>ANDREA</b>		Middle Initial <b>K</b>	Suffix		
	Street Address <b>231 N BURRITT AVE # 4</b>		Street Address 2		PO Box			
	City <b>WISCONSIN DELLS</b>		State <b>WI</b>	Zip Code <b>53965</b>		Country of Residence <b>UNITED STATES</b>		

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UNIT INDIVIDUAL	DOB		Sex <b>F</b>	Race <b>H</b>	Hair <b>BROWN</b>	Eyes <b>BROWN</b>	Height <b>505</b>	Weight <b>180</b>	Phone Number <b>(608) 888-4292 EXT.</b>	
	Driver's License Number				State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>				License Status <b>NOT LICENSED</b>			DL Expire Year		
	<b>Equipment</b>		On Duty Accident		Safety Equipment					
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>					
	Helmet Use				Helmet Compliance					
	Eye Protection				Tint Compliance					
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-SIDE</b>					
	Ejected <b>NOT EJECTED</b>				Ejection Path <b>NOT EJECTED/NOT APPLICA</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			
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #		Location			To/From School		
	Prior Action				Action					
	Distracted By Action									
	Distracted By Source				Action Other					
	<b>Drug &amp; Alcoh</b>		Individual Condition <b>APPEARED NORMAL</b>							
UNIT INDIVIDUAL	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									
UNIT INDIVIDUAL	Role <b>PASSENGER</b>				Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>RIVERA</b>				First Name <b>LEON</b>			Middle Initial <b>G</b>	Suffix	
	Street Address <b>231 N BURRITT AVE # 4</b>				Street Address 2			PO Box		
	City <b>WISCONSIN DELLS</b>				State <b>WI</b>	Zip Code <b>53965</b>	Country of Residence <b>UNITED STATES</b>			

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UNIT INDIVIDUAL	DOB	Sex <b>M</b>	Race <b>H</b>	Hair	Eyes	Height	Weight	Phone Number <b>(608) 404-0148 EXT.</b>	
	Driver's License Number			State	License Jurisdiction	Country of Issuance			
	License Type			License Status			DL Expire Year		
	<b>Equipment</b>	On Duty Accident		Safety Equipment					
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>		<b>CHILD RESTRAINT SYSTEM - REAR FACING</b>					
	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 APPLICA</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				
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #		Location		To/From School			
	Prior Action			Action					
	Distracted By Action								
	Distracted By Source			Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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								
	License Plate Number <b>AEM5889</b>			Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
Vehicle Identification Number <b>1C4NJRFBXGD718500</b>				Year <b>2016</b>	Make <b>JEEP</b>				
Model <b>PATRIOT</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Color <b>BLK - BLACK</b>				
Initial Contact Point <b>12 - FRONT</b>									

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UNIT VEHICLE	01	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors			
	Vehicle Removed By <b>BILLS TOWING</b>		<b>NOT APPLICABLE</b>			
	What Driver Was Doing <b>LEFT TURN</b>		Driver Prior Action Other		Bus Use	
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>					
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type <b>INDIVIDUAL</b>		Company Name			
	Last Name <b>DIAZ-SIERRA</b>		First Name <b>AIDA</b>		Middle	Suffix
	Street Address <b>231 N BURRITT AVE # 2</b>		Street Address2		PO Box	
	City <b>WISCONSIN DELLS</b>		St <b>WI</b>	Zip Code <b>53965</b>	Country of Residence <b>UNITED STATES</b>	
Telephone Number <b>(608) 404-0148 EXT.</b>						
01	01	Event <b>LEFT TURN</b>				
02	02	Event <b>MOTOR VEH IN TRANSPORT</b>				
03	03	Event				
04	04	Event				
01	01	UTC Number <b>AE138465</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>	
01	01	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMPAN</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver
HOL	01	Organization Type <b>INDIVIDUAL</b>	Last Name <b>DIAZ-SIERRA</b>	First Name <b>AIDA</b>	Policy Holder Company	

### Unit Summary

UNIT	02	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>3</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>EASTBOUND</b>		<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>3</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>CURVE LEFT</b>		Road Grade <b>UPHILL</b>		
	02	Truck Bus or HazMat <b>NO</b>						

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02 UNIT INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>			
	Last Name <b>SCHAFFER</b>		First Name <b>JEFFERY</b>		Middle Initial <b>A</b>	Suffix		
	Street Address <b>888 E SHADY LN # 322</b>		Street Address 2		PO Box			
	City <b>NEENAH</b>		State <b>WI</b>	Zip Code <b>54956</b>	Country of Residence <b>UNITED STATES</b>			
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>BLUE</b>	Height <b>601</b>	Weight <b>160</b>	Phone Number <b>(920) 284-4521 EXT.</b>
	Driver's License Number		State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2022</b>			
	<b>Equipment</b>	On Duty Accident		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						
04 UNIT INDIVIDUAL	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000123</b>		EMS Run #			
	Hospital <b>REEDSBURG AREA MED CTR</b>		Date of Death		Time of Death			
	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action <b>NOT DISTRACTED</b>							
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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								
02 UNIT INDIVIDUAL	Role <b>PASSENGER</b>		Citations Issued <b>0</b>	<input checked="" type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>			
	Last Name <b>LAWVER</b>		First Name <b>CORTNEY</b>		Middle Initial <b>MARIE</b>	Suffix		
	Street Address <b>888 E SHADY LN # 322</b>		Street Address 2		PO Box			
	City <b>NEENAH</b>		State <b>WI</b>	Zip Code <b>54956</b>	Country of Residence <b>UNITED STATES</b>			

Wisconsin Motor Vehicle  
Crash Report

UNIT INDIVIDUAL 05	DOB	Sex <b>F</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>BLUE</b>	Height <b>511</b>	Weight <b>215</b>	Phone Number <b>(920) 284-4521 EXT.</b>	
	Driver's License Number			State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>			License Status <b>VALID LICENSE</b>			DL Expire Year <b>2026</b>		
	<b>Equipment</b>	On Duty Accident		Safety Equipment					
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>					
	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 APPLICA</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			
UNIT INDIVIDUAL 05	<b>Non Motorist</b>	Striking Unit #		Location			To/From School		
	Prior Action			Action					
	Distracted By Action								
	Distracted By Source			Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>							
UNIT INDIVIDUAL 06	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								
	Role <b>PASSENGER</b>			Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>		Individual Type <b>INDIVIDUAL</b>		
Last Name <b>SCHAFFER</b>			First Name <b>BRIGETTE</b>			Middle Initial <b>L</b>	Suffix		
Street Address <b>888 E SHADY LN # 322</b>			Street Address 2			PO Box			
City <b>NEENAH</b>			State <b>WI</b>	Zip Code <b>54956</b>		Country of Residence <b>UNITED STATES</b>			

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UNIT INDIVIDUAL	DOB		Sex <b>F</b>	Race <b>W</b>	Hair	Eyes	Height	Weight	Phone Number	
	Driver's License Number				State	License Jurisdiction	Country of Issuance			
	License Type				License Status			DL Expire Year		
	<b>Equipment</b>		On Duty Accident			Safety Equipment				
	Row <b>02 - SECOND ROW</b>		Seat Position <b>07 - LEFT</b>			<b>BOOSTER SEAT</b>				
	Helmet Use				Helmet Compliance					
	Eye Protection				Tint Compliance					
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>			Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>				Ejection Path <b>NOT EJECTED/NOT APPLICA</b>			Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>EMS GROUND</b>				EMS Agency Identifier <b>6000123</b>			EMS Run #		
Hospital <b>REEDSBURG AREA MED CTR</b>				Date of Death			Time of Death			
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #			Location		To/From School		
	Prior Action				Action					
	Distracted By Action									
	Distracted By Source				Action Other					
	<b>Drug &amp; Alcoh</b>		Individual Condition <b>APPEARED NORMAL</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									
	License Plate Number <b>HD5261</b>				Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
Vehicle Identification Number <b>2GCEK19T141356860</b>					Year <b>2004</b>	Make <b>CHEVROLET</b>				
Model <b>SILVERADO</b>			Body Style <b>PK - PICKUP</b>			Color <b>GRY - GRAY</b>				
Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>										



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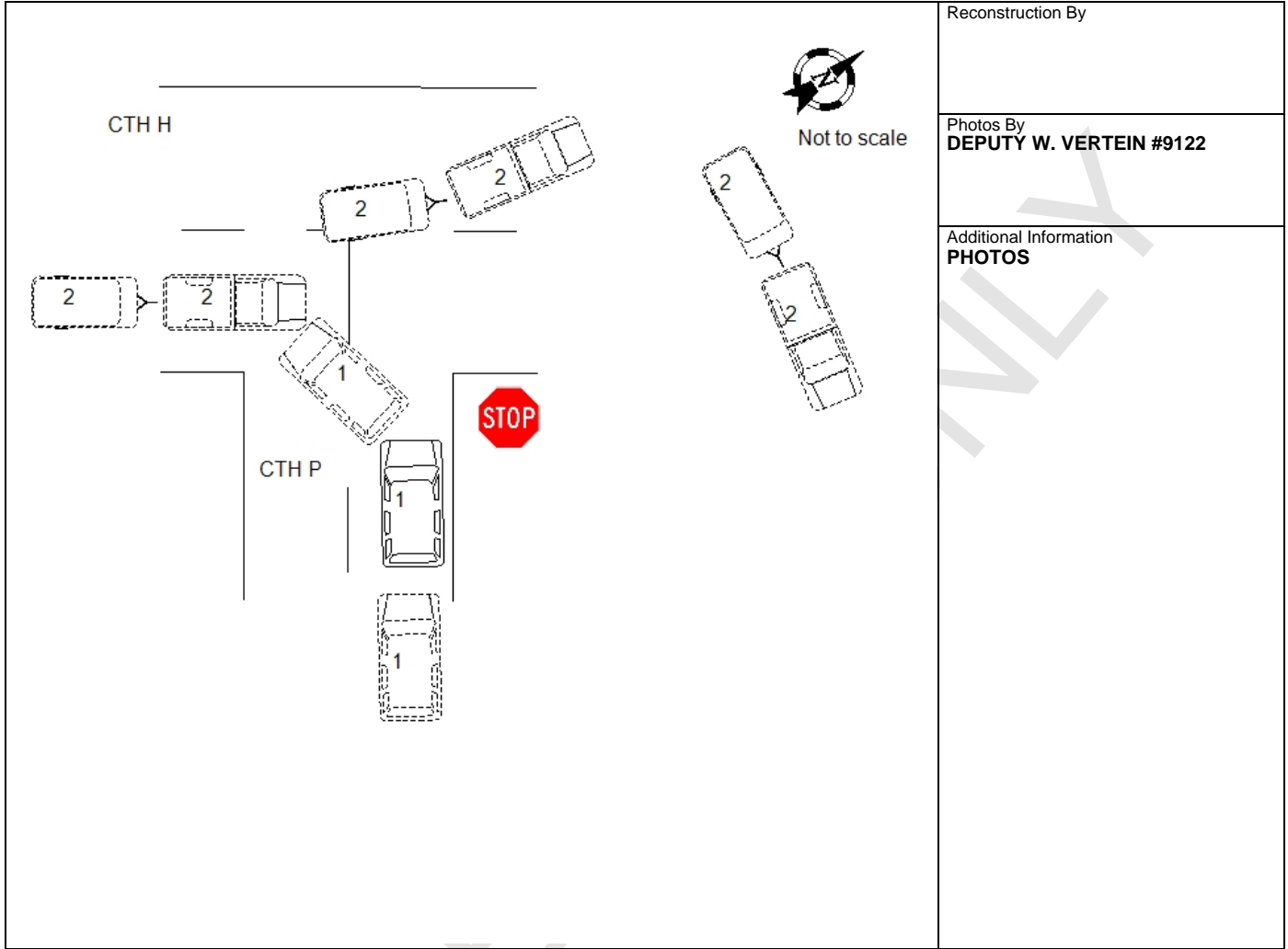
SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

UNIT VEHICLE	02	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR</b>			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors			
		Vehicle Removed By <b>PLATTS WRECKER</b>		<b>NOT APPLICABLE</b>			
		What Driver Was Doing <b>NEGOTIATING CURVE</b>		Driver Prior Action Other		Bus Use	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>						
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address			
	Organization Type <b>INDIVIDUAL</b>		Company Name				
	Last Name <b>SCHAFFER</b>		First Name <b>JEFFERY</b>		Middle <b>A</b>	Suffix	Date of Birth
	Street Address <b>888 E SHADY LN # 322</b>		Street Address2		PO Box		
	City <b>NEENAH</b>		St <b>WI</b>	Zip Code <b>54956</b>	Country of Residence <b>UNITED STATES</b>		
Telephone Number <b>(920) 284-4521 EXT.</b>							
UNIT HOL	01	Event <b>MOTOR VEH IN TRANSPORT</b>					
	02	Event					
	03	Event					
	04	Event					
	02	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver	
UNIT TRAILER/TOWED	01	Trailer Plate # <b>RV72537</b>		Plate Type <b>RVT - REC</b>	State <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Make <b>HMDE</b>		Unit Type <b>RECREA</b>	Vehicle Identification Number <b>TD225939</b>		
	<input type="checkbox"/> Trailer Owner Same As Vehicle						
	Organization Type <b>INDIVIDUAL</b>		Company Name				
	Last Name <b>SCHAFFER</b>		First Name <b>GINGER</b>		Middle Initial <b>R</b>	Suffix	
Street Address <b>302 N EAST ST</b>		Street Address2		PO Box			
City <b>BLUE RIVER</b>		St <b>WI</b>	Zip Code <b>53518</b>	Country of Residence <b>UNITED STATES</b>			
Telephone Number							

### Description

Diagram

Wisconsin Motor Vehicle  
Crash Report



Reconstruction By

Photos By  
**DEPUTY W. VERTEIN #9122**

Additional Information  
**PHOTOS**

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING WESTBOUND AND UNIT 2 WAS TRAVELING EASTBOUND. THE OPERATOR OF UNIT 1 STOPPED AT THE STOP SIGN, BUT PULLED OUT IN FRONT OF UNIT 2. THE OPERATOR OF UNIT 1 STATED SHE LOOKED, BUT DID NOT SEE UNIT 2 TRAVELING IN HER DIRECTION.

**Signature**

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

**Law Enforcement Agency**

Agency Space <b>20-07899</b>				
Officer Rank <b>DEP</b>	Officer Last Name <b>VERTEIN</b>	Officer First Name <b>W</b>	Officer Middle Name <b>C</b>	Suffix
DOT Officer ID <b>9122</b>		DNR Officer ID		Officer Badge Number <b>9122</b>
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPTMEN</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>		

**6TL0BC3B4M**  
20-07899

**Wisconsin Motor Vehicle  
Crash Report**

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

Law Enforcement Agency Phone Number <b>(608) 356-4895 EXT.</b>	ORI Number <b>WI0570000</b>	BFUNC Agency <b>5600</b>	TraCS Agency Number <b>205</b>
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