

6TL0D0GSFS  
20-10730

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>20-10730</b>		Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>09/02/2020</b>		Crash Time <b>11:09 AM</b>		Date Arrived <b>09/02/2020</b>		Time Arrived <b>11:15 AM</b>	
Date Notified <b>09/02/2020</b>		Time Notified <b>11:10 AM</b>		Total Units <b>02</b>		Total Injured <b>00</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 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

ON SHADY LANE RD 932 FT E OF USH12 WB IN THE TOWN OF DELTON IN SAUK COUNTY		Latitude <b>43.54696734</b>	Longitude <b>-89.7834822</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control
		X Coordinate <b>275141.125</b>	Y Coordinate <b>4825322</b>	On Roadway Link ID# <b>4556828</b>	On Roadway Link Offset <b>106</b>
		Override <input type="checkbox"/>	Tribal Land		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>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>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>NON-JUNCTION</b>	Intersection Type <b>NOT AN 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>PASSENGER CAR</b>				Operating As Endorsements	
UNIT	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</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>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>					

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UNIT INDIVIDUAL 01	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>HINZ</b>		First Name <b>BRIAN</b>		Middle Initial <b>SCOTT</b>	Suffix	
	Street Address <b>304 W PROSPECT ST</b>		Street Address 2		PO Box		
	City <b>ENDEAVOR</b>		State <b>WI</b>	Zip Code <b>53930</b>	Country of Residence <b>UNITED STATES</b>		
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair	Eyes	Height <b>603</b>	Weight <b>263</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					
UNIT INDIVIDUAL 01	<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		
	<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							
License Plate Number <b>ABA9531</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>			
Vehicle Identification Number <b>1FAHP53U47A105063</b>			Year <b>2007</b>	Make <b>FORD</b>			
Model <b>TARUS</b>		Body Style <b>4D - 4DR</b>		Color <b>BLK - BLACK</b>			
Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>							

UNIT VEHICLE	01	Vehicle Damage			
	01	Extent Of Damage <b>DISABLING DAMAGE</b>			
	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT		Vehicle Factors		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		NOT APPLICABLE		
	Vehicle Removed By <b>MIKES TOWING</b>		Driver Prior Action Other		
	What Driver Was Doing <b>OVERTAKE LEFT</b>		Bus Use		
	Driver Actions <b>UNKNOWN</b>				
	<input type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address		
	Organization Type <b>INDIVIDUAL</b>		Company Name		
	Last Name <b>HINZ</b>		First Name <b>CHRISTINA</b>	Middle <b>L</b>	Suffix
Street Address <b>937 CTH N</b>		Street Address2	PO Box		
City <b>STOUGHTON</b>		St <b>WI</b>	Zip Code <b>53589</b>	Country of Residence <b>UNITED STATES</b>	
Telephone Number					
01	Event <b>MOTOR VEH IN TRANSPORT</b>				
02	Event				
03	Event				
04	Event				

**Unit Summary**

UNIT	02	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			
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types			
	<b>1</b>		<b>0</b>	<b>0</b>	<b>0</b>			
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes			
	<b>YES</b>	<b>WESTBOUND</b>		<b>45</b>	<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>							
02	02	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>HOLTZ</b>		First Name <b>DANIEL</b>		Middle Initial <b>CARL</b>	Suffix		
	Street Address <b>988 S GROUSE LN</b>		Street Address 2		PO Box			

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Crash Report

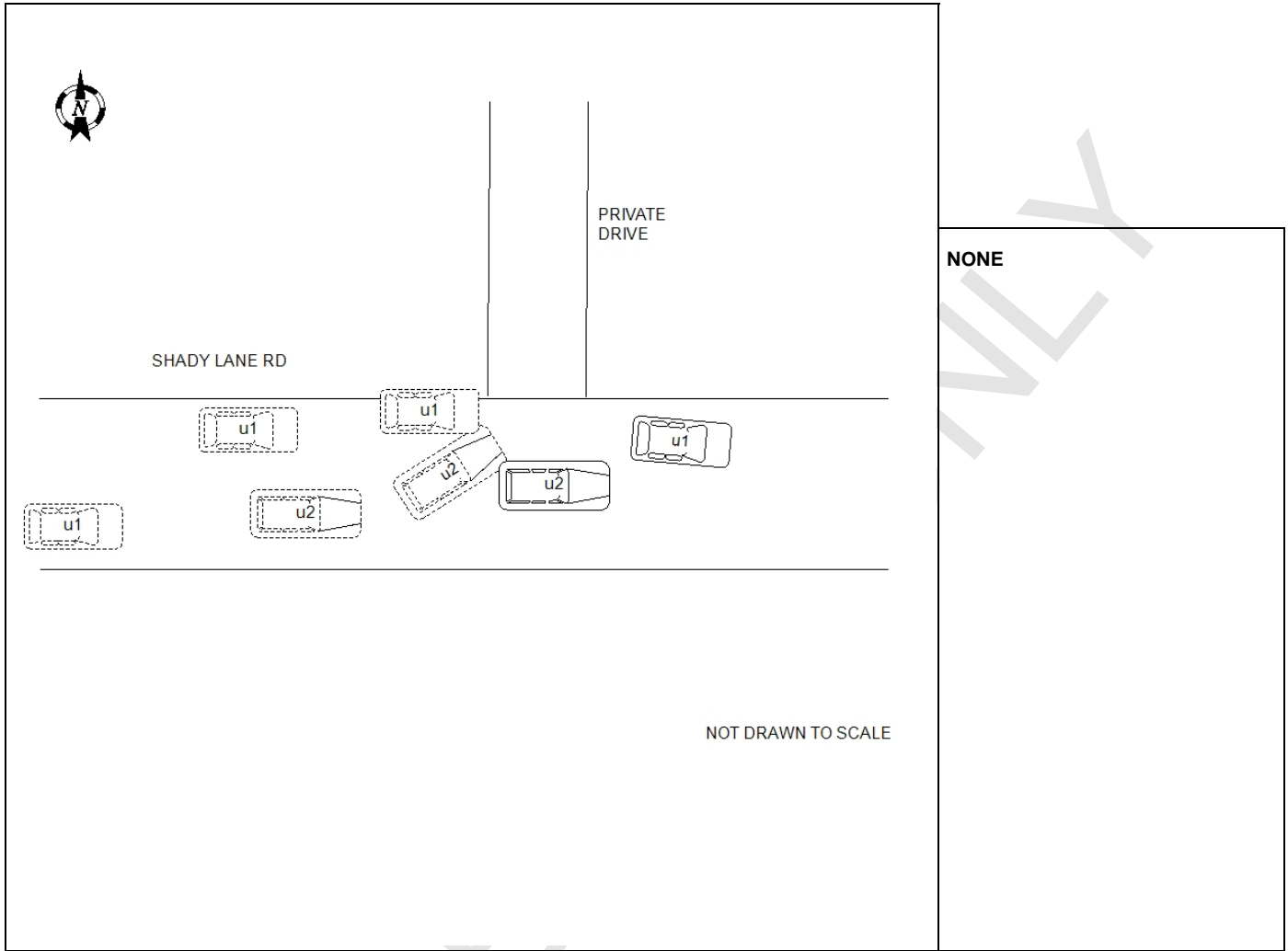
UNIT INDIVIDUAL	City <b>WISCONSIN DELLS</b>		State <b>WI</b>		Zip Code <b>53965</b>		Country of Residence <b>UNITED STATES</b>		
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair	Eyes <b>BLUE</b>	Height <b>510</b>	Weight <b>200</b>	Phone Number <b>(608) 253-7660 EXT.</b>	
	Driver's License Number			State <b>WI</b>		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				
	<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 <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								
	License Plate Number <b>AKE6897</b>			Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>4S4BP61CX77330693</b>					Year <b>2007</b>		Make <b>SUBARU</b>		
Model <b>OUTBACK</b>			Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Color <b>SIL - SILVER (ALUMINUM)</b>			
Initial Contact Point <b>11 - LEFT FRONT CORNER</b>									

UNIT VEHICLE	02	Vehicle Damage		
	02	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>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>PLATTS WRECKER</b>	<b>NOT APPLICABLE</b>	
		What Driver Was Doing <b>LEFT TURN</b>	Driver Prior Action Other	
			Bus Use	
		Driver Actions <b>UNKNOWN</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>HOLTZ</b>	First Name <b>DANIEL</b>	Middle <b>CARL</b>	
		Suffix	Date of Birth	
	Street Address <b>988 S GROUSE LN</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) 253-7660 EXT.</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT HOL	01	Insurance Company <b>UNITED-SERVICES-AUTOMOBILE-ASSN</b>	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>HOLTZ</b>	First Name <b>DANIEL</b>
				Policy Holder Company

**Description**

Diagram

Reconstruction By
Photos By
Additional Information



**Narrative**  
UNIT 1 AND 2 WERE BOTH W/B ON SHADY LANE RD. UNIT 1 DRIVER STATED THAT HE WAS BEHIND UNIT 2 AND UNIT 2 SLOWED AND MOVED RIGHT AS IF HE WERE PULLING TO THE SIDE OF THE ROAD. UNUT DRIVER STATED HE DID NOT SEE A BLINKER SO HE PROCEEDED TO GO AROUND UNIT 2 ON THE LEFT TO PASS HIM. HE STATED ALL OF A SUDDEN UNIT 2 TURN LEFT AS HE WAS PASSING IT AND THEY COLLIDED. UNIT 2 DRIVER STATED HE WAS W/B ON SHADY LANE RD AND WAS COMING UP TO A DRIVEWAY WHERE HE WAS GOING TO TURN LEFT. HE STATED HE DID HAVE HIS BLINKER ON AND DID NOT EVEN SEE UNIT 1 UNTIL HE WAS HIT BY HIM WHILE UNIT 1 WAS PASSING HIM. THE POINT OF IMPACT WAS DEFINATELY IN THE E/B LANE WHICH PUTS UNIT 2 ALMOST AT THE DRIVEWAY AND MOVING RIGHT. UNIT 1S TRACKS WERE INTO THE GRAVEL IN THE SOUTH DITCH TRYING TO GET AROUND UNIT 2. IT IS UNKNOWN TO ME IF THE BLINKER WAS ON OR NAT AT THE TIME OF THE CRASH.

**Signature** \_\_\_\_\_

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

**Law Enforcement Agency** \_\_\_\_\_

Agency Space				
Officer Rank <b>DEP</b>	Officer Last Name <b>FINNEGAN</b>	Officer First Name <b>S</b>	Officer Middle Name <b>A</b>	Suffix
DOT Officer ID <b>9107</b>		DNR Officer ID	Officer Badge Number <b>9107</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			Law Enforcement Agency Street Address2	

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BARABOO, WI 53913  
(608) 356-4895

<b>1300 LANGE COURT</b>			
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>	
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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