

6TL0CVRP3D
20-11759

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 20-11759	Investigating Officer/Deputy SERGEANT S. SCHRAM	
Crash Date 10/02/2020		Crash Time 05:10 PM	Date Arrived 10/02/2020	Time Arrived 05:45 PM	
Date Notified 10/02/2020		Time Notified 05:44 PM	Total Units 02	Total Injured 00	Total Killed 00
<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 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
	Additional Information NONE

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

UNIT 1 WAS ATTEMPTING TO CROSS HWY 14 ON RAINBOW ROAD. UNIT 1 OPERATOR WAS DISTRACTED BY A GPS UNIT AND FAILED TO SEE UNIT 2 TRAVELING ON HWY 14. UNIT 1 HIT THE PASSENGER SIDE OF UNIT 2 BY PULLING INTO THE INTERSECTION AND FAILING TO YIELD RIGHT OF WAY.

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Location

ON RAINBOW RD 45 FT W OF USH14 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.179507947	Longitude -90.05596865
	X Coordinate 251631.71875	Y Coordinate 4785284
	Structure Type	

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) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 02	
	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					

Vehicle

UNIT 01 VEHICLE 01	License Plate Number NZ0281		Plate Type AUT - AUTOMOBILE	St CO	Country of Issuance UNITED STATES	
	Vehicle Identification Number 3C6TRVDG3HE545529		Make DODGE	Year 2017	Model RAM VAN	
	Color WHI - WHITE		Body Style VN - VAN		Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			

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Form containing vehicle information, driver details, sequence of events, insurance policy, and injury status. Includes fields for 'UNIT VEHICLE', 'UNIT INDIVIDUAL', 'Safety Equipment', and 'Injury'.

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Form containing sections: Non Motorist, Drug & Alcohol, and Violations. Includes fields for Striking Unit #, Location, Prior Action, Action, Suspected Alcohol Use, Suspected Drug Use, Alcohol Test Given, Drug Test Given, and UTC Number.

Unit Summary

Unit Summary table with columns: Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Operating As Endorsements, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event, Special Function, Emergency Motor Vehicle Use, Traffic Way, Traffic Control, Surface Type, Road Curvature, Road Grade, Truck Bus or HazMat.

Vehicle

Vehicle information table with columns: License Plate Number, Plate Type, St, Country of Issuance, Vehicle Identification Number, Make, Year, Model, Color, Body Style, Bus Use, Initial Contact Point.

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02 02	Owner Name GALE R UTTECH (608) 604-7764	Owner Address 16524 BANKER LANE RICHLAND CENTER, WI 53581 , US
	Sequence Of Events	
02 01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual GALE UTTECH
UNIT INDIVIDUAL	Individual	
	Driver GALE R UTTECH (608) 604-7764	Citations Issued 00
		Sex MALE
		Date of Birth [REDACTED]
	Race WHITE	
	Address 16524 BANKER LANE RICHLAND CENTER, WI 53581 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
02 002	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 Severity Injury 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 INDIVIDUAL	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		
Individual		
Passenger NEAL M DONNER (608) 604-7764	Citations Issued 00	
	Sex FEMALE	
Date of Birth [REDACTED]	Race WHITE	
Address 18260 SCENIC TRAIL BOSCOBEL, WI 53805 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment	On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
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	
Distracted By	Distracted By Source	

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UNIT INDIVIDUAL 02 003	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		