

6TL0CX0Q71
20-12007

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 20-12007		Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 10/10/2020		Crash Time 04:20 PM		Date Arrived 10/10/2020		Time Arrived 04:40 PM	
Date Notified 10/10/2020		Time Notified 04:24 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 ISAAC HANSON
	Additional Information PHOTOS

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

UNIT 2 PULLED OUT OF HIS DRIVEWAY AND HEADED EAST ON LYNDON ROAD. UNIT 2 STATED THAT UNIT 1 WAS TRAVELING VERY FAST AND ATTEMPTED TO PASS UNIT 2. UNIT 2 STATED THAT WHEN THE MAROON TRUCK PASSED HIM THE REAR PASSENGER SIDE OF THE TRUCK STRUCK THE FRONT DRIVERS PORTION OF HIS VAN. UNIT 2 STATED THAT UNIT 1 NEVER STOPPED AND CONTINUED TOWARDS CTH H. THE VEHICLE TURNED EASTBOUND ONTO CTH H. UNIT 2 WAS UNABLE TO GET THE CORRECT PLATE FOR SUSPECT VEHICLE. 9109

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Location

ON LYNDON RD 1220 FT S OF OAK HILL RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.631482072	Longitude -89.86391449
	X Coordinate 268967.0625	Y Coordinate 4834929.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function UNKNOWN	Emergency Motor Vehicle Use UNKNOWN		
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE LEFT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT 01 VEHICLE 01	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number	Make	Year	Model
	Color	Body Style	Bus Use	
	Initial Contact Point 99 - UNKNOWN	Vehicle Damage		
	Extent Of Damage VEHICLE NOT AT SCENE	16 - VEHICLE NOT AT SCENE		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing ACCELERATING IN ROAD		Vehicle Factors		
	Driver Prior Action Other		UNKNOWN		
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE, UNKNOWN				
01 01	Owner Name		Owner Address		
Sequence Of Events					
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
Individual					
UNIT INDIVIDUAL	Driver		Citations Issued 0	Sex	
			Date of Birth	Race	
	Address		Driver License Number		
01 001	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE		
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
Hospital		Date of Death	Time of Death		
Distracted By		Distracted By Source			
		Distracted By Action			
Non Motorist		Striking Unit #	Location		

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UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol		
	Suspected Alcohol Use		Suspected Drug Use
	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 NOT OBSERVED		

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02	Vehicle				
	License Plate Number AAY3663		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2C4RC1BGXCR133101		Make CHRYSLER	Year 2012	Model TOWN/CNTRY
	Color BLK - BLACK		Body Style VN - VAN		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
	What Driver Was Doing GOING STRAIGHT				

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		Vehicle Factors		
Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name ROBERT J SCHREIBER (609) 393-7411	Owner Address S339 LYNDON RD WISCONSIN DELLS, WI 53965 , US		
UNIT 02 02	Sequence Of Events			
	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
UNIT 04	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual ROBERT SCHREIBER		
UNIT INDIVIDUAL	Individual			
	Driver ROBERT J SCHREIBER (609) 393-7411	Citations Issued 0	Sex MALE	
	Address S339 LYNDON RD WISCONSIN DELLS, WI 53965 , US	Date of Birth [REDACTED]	Race ASIAN	
UNIT 02 002	On Duty Crash		Safety Equipment	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #	Location	

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UNIT INDIVIDUAL 02 002	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		