

6TL0D94277

21-00128

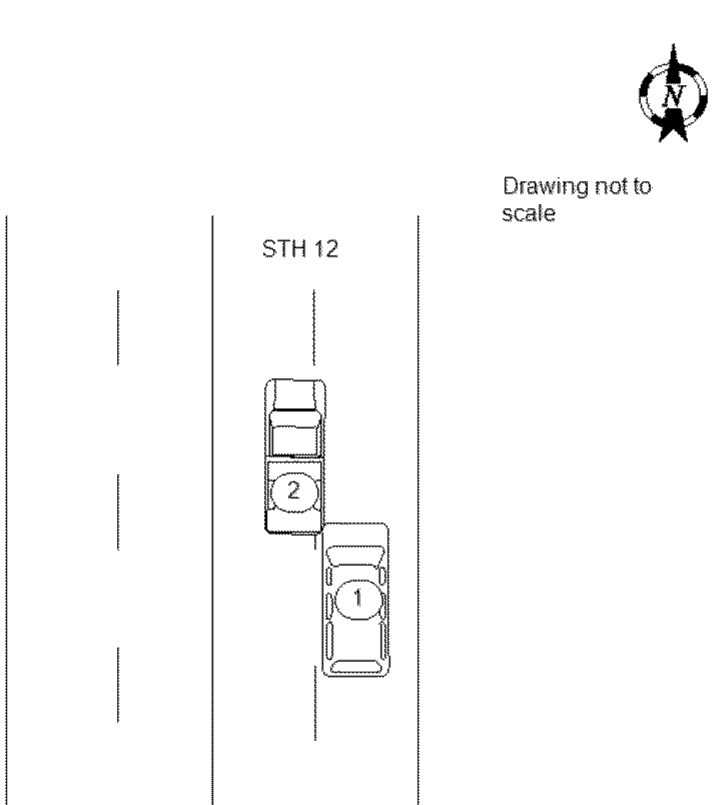
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0D94277

Document Number Override		Primary Crash Document#		Agency Crash Number 21-00128		Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 01/04/2021		Crash Time 06:07 PM		Date Arrived 01/04/2021		Time Arrived 06:47 PM	
Date Notified 01/04/2021		Time Notified 06:10 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

Diagram  	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.

UNITS 1 AND 2 WERE TRAVELING NORTH BOUND ON STH 12. UNIT 1 WAS IN THE RIGHT LANE AND UNIT 2 IN THE LEFT LANE. UNIT 1 SAID SHE DIDN'T REALLY REMEMBER ALL OF WHAT HAPPENED BUT STATED UNIT 1 WAS FISH TAILING AND HIT HER VEHICLE. SHE SAID UNIT 1 CLAIMED HE WAS AT FAULT AND I SHOULD GO TALK TO HIM. UNIT 1 SAID HE WAS TRAVELING NORTH BOUND IN HIS LANE WHEN HE FELT A HIT FROM BEHIND. HE SAYS BOTH UNITS PULLED OVER INSPECTED THE DAMAGE AND HE CONTACTED LAW ENFORCEMENT. UNIT 1 DENIED SAYING HE WAS AT FAULT.

6TL0D94277

21-00128

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

**Location**

ON USH12 WB 773 FT N OF MOON RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.563412669	Longitude -89.778227774
	X Coordinate 275626.71875	Y Coordinate 4827134.5
	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>03 - FRONT TO REAR</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>WET, ICE</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment 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>ENTRANCE RAMP</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</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>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>04</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>DIVIDED HWY W/TRAFFIC BARRIER</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>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>970NHL</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1B4GP15B32B629010</b>	Make <b>DODGE</b>	Year <b>2002</b>	Model <b>CARAVAN</b>	
		Color <b>BLU - BLUE</b>	Body Style <b>VN - VAN</b>	Bus Use		
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>11 - LEFT FRONT CORNER, 12 - FRONT</b>			

6TL0D94277

21-00128

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>UNKNOWN</b>		
01 01	Owner Name <b>MARIAM D CLEARY (608) 981-2454</b>	Owner Address <b>N487 COUNTY A PO BOX/24 BRIGGSVILLE, WI 53920 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>HASTINGS-MUTUAL-INS-CO</b>	Individual <b>MARIAM CLEARY</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>MARIAM D CLEARY (608) 981-2454</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>N487 COUNTY A PO BOX/24 BRIGGSVILLE, WI 53920 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <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 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>			

6TL0D94277

21-00128

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

<b>UNIT INDIVIDUAL</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>				

### Unit Summary

<b>UNIT 02</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>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>04</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>DIVIDED HWY W/TRAFFIC BARRIER</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>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT VEHICLE 02 02</b>	<b>Vehicle</b>				
	License Plate Number <b>SN1293</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FTFX1EV7AFC85875</b>		Make <b>FORD</b>	Year <b>2010</b>	Model <b>F150</b>
	Color <b>GRY - GRAY</b>		Body Style <b>PK - PICKUP</b>		Bus Use
	Initial Contact Point <b>05 - RIGHT REAR CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>05 - RIGHT REAR CORNER, 06 - REAR</b>		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		

6TL0D94277

21-00128

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT	VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
02	02	Driver Actions <b>UNKNOWN</b>		
		Owner Name <b>ALEXANDER ALBERT DEAN FRINGER (608) 408-7493</b>	Owner Address <b>523 COUNTY ROAD A OXFORD, WI 53952 , US</b>	
<b>Sequence Of Events</b>				
UNIT	VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
<b>Policy Holder</b>				
UNIT	VEHICLE	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>	Individual <b>ALEXANDER FRINGER</b>	
		<b>Individual</b>		
UNIT	INDIVIDUAL	Driver <b>ALEXANDER ALBERT DEAN FRINGER (608) 408-7493</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
02	002	Address <b>523 COUNTY ROAD A OXFORD, WI 53952 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>		
02	002	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	
02	002	<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
02	002	<b>Distracted By</b>		
		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	Distracted By Action <b>NOT DISTRACTED</b>	
02	002	<b>Non Motorist</b>		
		Striking Unit #	Location	

6TL0D94277

21-00128

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

<b>UNIT</b>	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>02</b>	<b>002</b>		