

6TL0DDT5K2  
21-00128

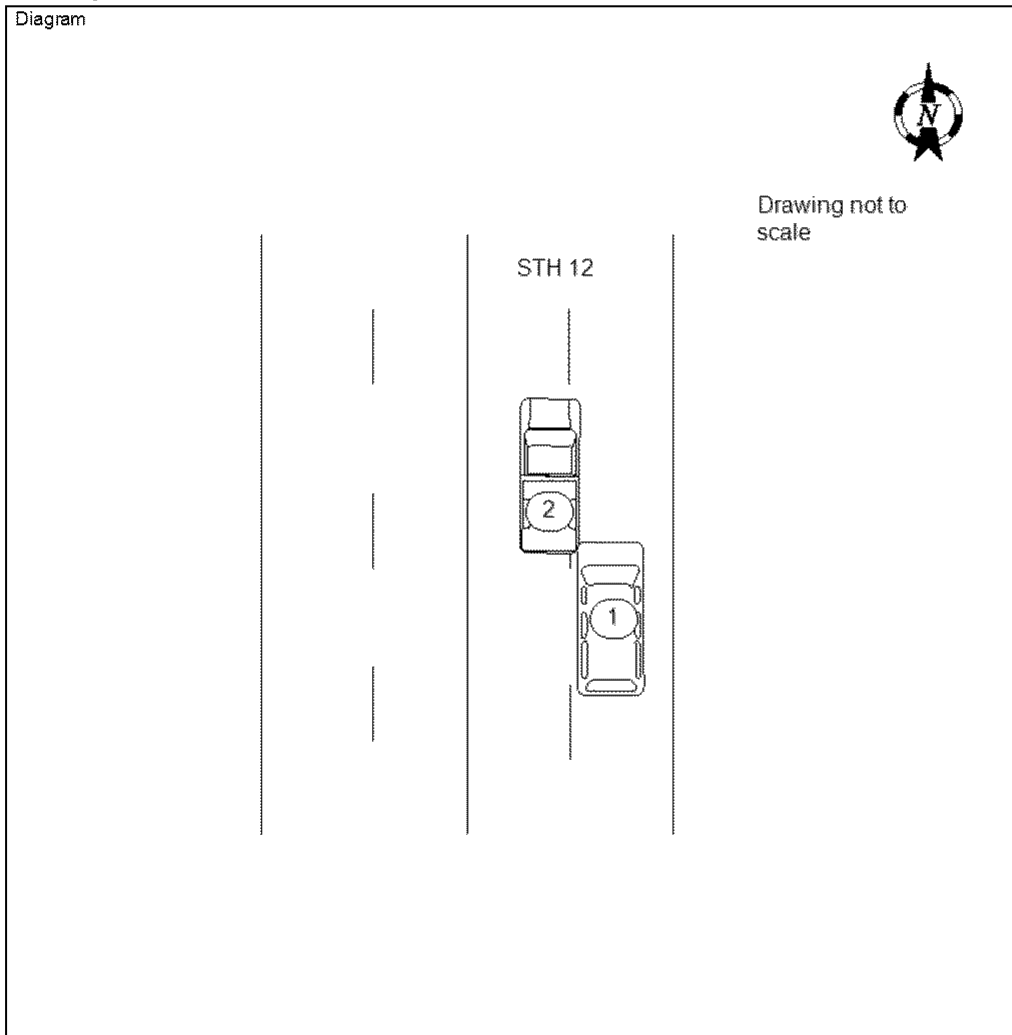
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0DDT5K2

Document Number Override <b>6TL0D94277</b>		Primary Crash Document#	Agency Crash Number <b>21-00128</b>	Investigating Officer/Deputy <b>DEPUTY A. MEEKER</b>	
Crash Date <b>01/04/2021</b>		Crash Time <b>06:07 PM</b>	Date Arrived <b>01/04/2021</b>	Time Arrived <b>06:47 PM</b>	
Date Notified <b>01/04/2021</b>		Time Notified <b>06:10 PM</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 checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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 2 WAS FISH TAILING AND HIT HER VEHICLE. SHE SAID UNIT 2 CLAIMED HE WAS AT FAULT AND I SHOULD GO TALK TO HIM. UNIT 2 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 2 DENIED SAYING HE WAS AT FAULT.

NARRATIVE TYPO CORRECTION.

6TL0DDT5K2

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"/> 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>				

### Vehicle

<b>01</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>			

6TL0DDT5K2

21-00128

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	11 - LEFT FRONT CORNER, 12 - FRONT
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors
UNIT VEHICLE	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	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	
01 001	<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>
	<b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
Hospital	Date of Death	
	EMS Run #	Time of Death

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b> <b>INDIVIDUAL</b>        <b>01</b> <b>001</b>	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</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</b>        <b>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"/> <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>02</b> <b>02</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>			

6TL0DDT5K2

21-00128

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>	05 - RIGHT REAR CORNER, 06 - REAR		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>UNKNOWN</b>			
02 02	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>			
02 01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>	Individual <b>ALEXANDER FRINGER</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	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>	
	Address <b>523 COUNTY ROAD A OXFORD, WI 53952 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
02 002	<b>Safety Equipment</b>			
	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

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT INDIVIDUAL 02 002</b>	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</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>		