6TL0DCL4FP 21-00171

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

DocumentNumberOverride 6TL0D0GSG9			Primary Crash Document#		Agency Crash Number 21-00171		Investigating Officer/Deputy DEPUTY S. FINNEGAN				
Crash Date			Crash Time		Date A		Time Arrive				
01/06/2021			05:25 AM		01/06/	2021	05:43 AM				
Date Notified 01/06/2021			Time Notified 05:27 AM		Total Units 01		Total Injured		Total Kille	ed	
On Emergency Hit		Hit	t and Run Lane Close		ure Work Zone		Trailer or Towe		owed	ved Reporting Threshold	
	Government Property		Active School Zone		School NO	School Bus Related NO				_	
Reportab	le		Crash Type DT4000 (STA	NDARD CRASH	1)		Amend	ded		Seconda Crash	
Descriptio	n 🕳										
Diagram	17	***************************************	CT H	Cī	'н нн	U1		Pho	tos By itional Info		
FA	I RM FENCE	:	1			NOT DRAWN TO SCA	LLE.				

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Crash Date 01/06/2021

Crash Time 05:25 AM

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Lo	cation									
ON	CTHHH SB			L	_atitude			Longitu		
	FTN			4	43.593841	1419		-89.942	2300618	
	CTHH SB THE TOWN OF DELLO	Ni Λ		×	X Coordinat	te		Y Coord	linate	
	SAUK COUNTY	/IVA		2	262495.12	25		48309	70	
"				Structure Ty			•			
Cra	sh Scene 💻									
Firs	t Harmful Event			F	First Harmfu	ulEventL	ocation			
FE	NCE			0	OUTSIDE	RIGHT-	OF-WAY (TI	RAFFICW	AY)	
Ma	nner of Collision			L	_ight Condi	tion				
00	- NO COLLISION W/VE	EHICLE IN TRANSPORT		[DARK/UN	LIT				
Ros	ad Surface Condition(s)			F	Roadway F	actor(s)				
WE	ΞT									
	vironment Factor(s)									
	EATHER CONDITIONS			N	NONE					
We	ather Condition(s)									
	OUDY, FOG		Relation To Trafficway TRAFFICWAY - ON ROAD							
Ani	malType					•	AD			
Cra	sh Classification - Location	1		Crash Classification -						
PU	BLIC PROPERTY		NO SPECIAL JUR Access Control NO CONTROL			RISDICTION				
Trib	palLand						Special Study			
Wit	hin Interchange Area		Intersection Type T-INTERSECTION							
	it Summary 💻	•								
	Unit Status			Vehicle Operating As Classification			UnitType AUTOMOBILE			
	TRANSIT	D CLASS	DCLASS		Operating As Endorsements					
	nicle Type SSENGER VAN								ements	
Tot	Total Occs Train/Bus#Recorded 1 Insurance? Direction Of Travel YES SOUTHBOUND		Total # Citations Issue		ed TotalTra		railers Total HazMat Typ 0		zMat Types	
				O		Speed Lir	mit	TotalLar	es	
				CrashTire Mark	55		2			
Most Harmful Event: Collision With FENCE			Special Function NO SPECIAL FUNCTION		Emergen NOT AP		cy Motor Vehicle Use PLICABLE			
	ffic Way O-WAY, NOT DIVIDED	1	Traffic Control STOP SIGN			Traffic Control Inoperative/Missing NO		ative/Missing		
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT			Road Grade			
							DOWNHILL			
	ck Bus or HazMat		l							
	Vehicle								e. G G K C C G G K C G G K C C K K K K K K	
	License Plate Number	Plate Type	Plate Type		St	Country of Is	Country of Issuance			
	KC9SII			MATEUR RA			UNITED STATES			
	Vehicle Identification Nu 1FMRE11L9WHA863	Make FORD	Make		Year	Model				
	::: :::::\⊆:::\⊆:::\∀\\\\\\\\\\\\\\\\\\\	רטאט				ECONOLINE				
5	*		Body Style	_			I Bue Hea			
0	Color RED - RED Initial Contact Point		Body Style VN - VAN				Bus Use			

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١.	11			Vehicle Damage							
INN	VEHIC			02 - RIGHT SIDE FRONT, 09 - LEFT SIDE MIDDLE, 11 - LEFT FRONT CORNER,							
5		Extent Of Damage		12 - FRONT, 14 - UNDERCARRIAGE							
	5	MINOR DAMAGE									
		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT		NOT APPLICABLE							
		Driver Prior Action Other		NOT ALL EIGABLE							
		Delican Antiona									
	ш	Driver Actions SPEED TOO FAST/COND	FAILURE TO CONTROL	L, RAN OFF ROADWAY, DISREGARDED	STOP SIGN. FAILED TO KEEP IN						
╻		DESIGNATED LANE, OPER	RATED MOTOR VEHICL	E IN INATTENTIVE, CARELESS OR ER	RATIC MANNER						
IN IN	≅										
⊃	VEHICL										
		0		I O A deleger							
		OwnerName ROBERT BRENT HOPPER) 	Owner Address W6261 FAIRWAY LN							
2	5	(608) 847-7620	•	MAUSTON, WI 53948 , US							
_											
	5	vent CROSS CENTERLINE									
		ONUGO CERTERLINE									
	8	Event RUN OFF ROADWAY LEFT									
		KOROLI KOADWALLE	'								
	8	Event FENCE									
	8	Event FENCE									
<u> </u>		Policy Holder									
L		Insurance Company		Individu al							
-		AUTO-OWNERS-INS-CO		ROBERT HOPPER							
		Individual									
		Driver		Citations Issued	Sex						
		ROBERT BRENT HOPPER		1	MALE						
	₫	(608) 847-7620		Date of Birth	Race						
⊢	DIVIDUA				WHITE						
S	2	Address		Driver License Number							
_				STATE: WISCONSIN COUNTRY: UNITED STATES							
	*	MAUSTON, WI 53948 , US	•	STATE: WISCONSIN COUNTRY: OR	ILED STATES						
		On Duty (Crash	Safety Equipment							
	33	fety Equipment									
		Row	Seat Position	SHOULDER & LAP BELT							
		01 - FRONT ROW	07 - LEFT								
		HelmetUse		Helmet Compliance							
		Eye Protection		Tint Compliance							
2	8	Injury Se	-	Airbag							
~	0	20000000000000000000000000000000000000	PARENT INJURY	NON DEPLOYED	T=						
		1	Ejection Path		Trapped/Extricated						
			NOT EJECTED/NOT AF		NOT TRAPPED						
		Medical Transport		EMS Agency Identifier	EMS Run#						
		NOT TRANSPORTED									
		Hospital		Date of Death	Time of Death						
	AND 45 (1972)	4			1						

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Distracted By Action UNKNOWN Non Motorist Prior Action Action Action Other Drug & Alcohol No Alcohol Test Given Alcohol Test Results										
Non Motorist Prior Action Action Action Other To/Fr Drug & Alcohol No Suspected Alcohol Use No Suspected Drug Use No										
Prior Action Action Action Other Drug & Alcohol No Suspected Alcohol Use No Suspected Drug Use No										
Action Action Other To/Fr Drug & Alcohol No Suspected Drug Use NO										
Action Other To/Fr Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO										
Action Other To/Fr Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO										
Action Other To/Fr Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO										
Action Other To/Fr Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO										
Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO										
Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO	rom School									
Drug & Alcohol NO NO	0111 3011001									
AlcoholTestGiven AlcoholTestType AlcoholTestResults										
TEST NOT GIVEN										
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results										
Drug Type										
Individual Condition										
APPEARED NORMAL										
Violations										
TC Number Issue To? Statute Number Description DRIVING TOO FAST FOR CONDITIONS										
Property Owner Property Owner										
Address 745 MEADOW LANE (608) 415-1512 Address 745 MEADOW LANE REEDSBURG, WI 53959, US										
Fixed Objects Struck	**************************************									
Striking Unit Object FENCE Structure Number Damag	ge Tag Number									