

6TL0D6N00L
21-00907

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D6N00L

| | | | | | | | |
|--|--------------------------------------|---|------------------------------------|---|--|---|--------------------|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number 21-00907 | | Investigating Officer/Deputy DEPUTY B. STODDARD | |
| Crash Date 01/31/2021 | | Crash Time 08:07 AM | | Date Arrived 01/31/2021 | | Time Arrived 08:30 AM | |
| Date Notified 01/31/2021 | | Time Notified 08:07 AM | | 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 checked="" 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.

UNITS 1 AND 2 WERE NORTHBOUND ON CTH T. UNIT 1 IS A TRUCK WITH A SNOW PLOW ATTACHED ON THE FRONT. UNIT 1 WAS INTENDING TO TURN RIGHT INTO A DRIVEWAY, SO UNIT 1 ENTERED THE SOUTHBOUND LANE TO MAKE A WIDE RIGHT TURN. WHEN UNIT 1 ENTERED THE SOUTH LANE UNIT 2 CONTINUED NORTH AND UNIT 1 TURNED INTO UNIT 2. UNIT 1 OPERATOR STATED HE DIDNT USE HIS TURN SIGNAL NOR DID HE SEE UNIT 2. UNIT 1'S SNOWPLOW STRUCK UNIT 2'S DRIVER'S SIDE OF VEHICLE.

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Location

| | | |
|--|------------------------------|---------------------------|
| ON CTHT NB 0.41 MI N OF CTHA NB IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.572563104 | Longitude -89.74401632 |
| | X Coordinate 278423.34375 | Y Coordinate 4828059 |
| | 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) SNOW | Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) SNOW | | |
| 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 IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type TRUCK | | |
| | Vehicle Type SNOW PLOW | 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 NORTHBOUND | <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 RIGHT | | Road Grade DOWNHILL | |
| | Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR | | | | |

| | | | | |
|-----------------------------|---|--|---------------------|---|
| UNIT VEHICLE 01 01 | Vehicle | | | |
| | License Plate Number FB48227 | Plate Type HTK - HEAVY TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1FDUF5HT2KDA19099 | Make FORD | Year 2019 | Model F550 |
| | Color WHI - WHITE | Body Style PK - PICKUP | | Bus Use |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | Vehicle Damage | | |
| | Extent Of Damage MINOR DAMAGE | 01 - RIGHT FRONT CORNER | | |

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| | | | |
|---|---|---|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing RIGHT TURN | Vehicle Factors | |
| | Driver Prior Action Other | NOT APPLICABLE | |
| | Driver Actions LOOKED BUT DID NOT SEE | | |
| 01 01 | Owner Name LOWER DELLS ESTATES LLC (608) 254-2595 | Owner Address PO BOX 430 LAKE DELTON, WI 53940 0430, US | |
| | Sequence Of Events | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | |
| | Event | | |
| | Event | | |
| | Event | | |
| UNIT | Policy Holder | | |
| | Insurance Company CINCINNATI-INS-CO.-THE | Organization/Company LOWER DELLS ESTATES LLC | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver GARY L PRELLWITZ (608) 547-7829 | Citations Issued 0 | Sex MALE |
| | | Date of Birth [REDACTED] | Race WHITE |
| | Address W3569 NATE RD LYNDON STATION, WI 53944 , US | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | On Duty Crash |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | Safety Equipment SHOULDER & LAP BELT |
| | 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 | | | |

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|-------------|-------------------|---|---|---|--|---|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | | Action | | | | |
| | Action Other | | | | To/From School | |
| | 01 | 001 | 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 | | | |
| | | | Carrier | | | |
| 01 | 01 | <input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier | | Source DRIVER | | |
| | | Name LOWER DELLS ESTATES LLC USDOT# 994172 | | Address PO BOX 430 LAKE DELTON, WI 53940 0430, US | | |
| | | GVWR 10,001-26,000 LBS | Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA | Cargo Body Type FLATBED | | |
| | | US DOT # 994172 | Carrier Type NOT IN COMMERCE/OTHER TRUCK | Permitted Load NOT APPLICABLE | | |
| | | <input type="checkbox"/> OS/OW Load | WI Permit Number | <input type="checkbox"/> Permitted Vehicle On Permitted Route | <input type="checkbox"/> Escort Vehicle Required By Permit | <input type="checkbox"/> Escort Vehicle Present |
| | | Measured Height | Measured Length | Measured Width | Measured Weight | |

Unit Summary

| | | | | | | | | |
|-------------|---|--|--|---|----------------------------|--|--|--|
| UNIT | 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | |
| | | Vehicle Type (SPORT) UTILITY VEHICLE | | | | Operating As Endorsements | | |
| | | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <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 RIGHT | | Road Grade DOWNHILL | | |

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|--|--|---|---------------|--------------------------------------|
| Truck Bus or HazMat NO | | | | |
| Vehicle | | | | |
| 02 UNIT VEHICLE | License Plate Number AFN5382 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 3GNAXUEV3LS722272 | Make CHEVROLET | Year 2020 | Model EQUINOX |
| | Color DBL - BLUE, DARK | Body Style UT - SPORT UTILITY VEHICLE | Bus Use | |
| | Initial Contact Point 09 - LEFT SIDE MIDDLE | Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 14 - UNDERCARRIAGE | | |
| | Extent Of Damage DISABLING DAMAGE | | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By MIKES TOWING | | |
| | What Driver Was Doing GOING STRAIGHT | Vehicle Factors NOT APPLICABLE | | |
| Driver Prior Action Other | | | | |
| Driver Actions NO CONTRIBUTING ACTION | | | | |
| 02 UNIT VEHICLE | Owner Name DONNA KATHLEEN BIELICKI (308) 650-9446 | Owner Address S3543 PINE KNOLL CT BARABOO, WI 53913 , US | | |
| Sequence Of Events | | | | |
| 01 | Event MOTOR VEH IN TRANSPORT | | | |
| 02 | Event | | | |
| 03 | Event | | | |
| 04 | Event | | | |
| Policy Holder | | | | |
| 02 UNIT | Insurance Company AMERICAN-FAMILY-INS-CO | Individual DONNA BIELICKI | | |
| Individual | | | | |
| 02 UNIT INDIVIDUAL | Driver BRIAN HUNTER BIELICKI (419) 379-8216 | Citations Issued 0 | Sex MALE | |
| | | Date of Birth [REDACTED] | Race WHITE | |
| | Address S3543 PINE KNOLL CT BARABOO, WI 53913 , 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 07 - LEFT | | | |
| Helmet Use | | Helmet Compliance | | |

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|----|-----|---|--|---|--|
| 02 | 002 | Eye Protection | | Tint Compliance | |
| | | Injury Injury Severity NO APPARENT INJURY | | Airbag NON DEPLOYED | |
| 02 | 002 | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| | | Medical Transport NOT TRANSPORTED | | Trapped/Extricated NOT TRAPPED | |
| 02 | 002 | Hospital | | EMS Agency Identifier | |
| | | Date of Death | | EMS Run# | |
| 02 | 002 | Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | Time of Death | |
| | | Distracted By Action NOT DISTRACTED | | | |
| 02 | 002 | Non Motorist Striking Unit# | | Location | |
| | | Prior Action | | | |
| 02 | 002 | Action | | | |
| | | Action Other | | To/From School | |
| 02 | 002 | Drug & Alcohol Suspected Alcohol Use NO | | Suspected Drug Use NO | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | |
| 02 | 002 | Drug Test Given TEST NOT GIVEN | | Alcohol Test Results | |
| | | Drug Test Type | | Drug Test Results | |
| 02 | 002 | Drug Type | | | |
| | | Individual Condition APPEARED NORMAL | | | |
| 02 | 002 | Individual | | | |
| | | Passenger ABIGAIL FAWN BIELICKI (419) 701-1349 | | Citations Issued 0 | |
| 02 | 002 | Address S3543 PINE KNOLL CT BARABOO, WI 53913 , US | | Sex FEMALE | |
| | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | Date of Birth [REDACTED] | |
| 02 | 002 | Safety Equipment On Duty Crash | | Race WHITE | |
| | | Safety Equipment SHOULDER & LAP BELT | | | |
| 02 | 002 | Row 01 - FRONT ROW | | Seat Position 09 - RIGHT | |
| | | Helmet Use | | Helmet Compliance | |
| 02 | 002 | Eye Protection | | Tint Compliance | |

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|-----------|--------------------|--|--|--|--|----------------|--|
| 02 003 | UNIT INDIVIDUAL | 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 | | | |
| | | Distracted By Action | | | | | |
| | | Non Motorist | | Striking Unit # | Location | | |
| | | Prior Action | | | | | |
| | | Action | | | | | |
| | | Action Other | | | | To/From School | |
| 02 003 | UNIT INDIVIDUAL | 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 | | | | | |