

6TL0DDT5KD
21-01170

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 6TL0CX0Q7P		Primary Crash Document#	Agency Crash Number 21-01170	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 02/09/2021		Crash Time 06:05 AM	Date Arrived 02/09/2021	Time Arrived 06:35 AM	
Date Notified 02/09/2021		Time Notified 06:07 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 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 checked="" 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.

UNIT 1 WAS EAST ON KENNEDY ROAD. UNIT 2 WAS WEST ON KENNEDY ROAD. BOTH PARTIES STATED THEY DID NOT BELIEVE THEY WERE CLOSE TO THE CENTER OF THE ROAD. WHEN BOTH VEHICLES PASSED EACH OTHER THE DRIVERS SIDE SIDE MIRRORS HIT EACH OTHER. I DID NOT OBSERVE ANY DAMAGE OTHER THAN THE MIRRORS ON EACH UNIT. UNIT 2 CONTACTED ME THE DAY AFTER THE CRASH AND INFORMED ME THE OTHER OPERATOR CAME TO HER DRIVER WINDOW AFTER THE COLLISION AND PUT HER HANDS OVER HER MOUTH AND SAID SHE MUST HAVE SLID ON THE ICE OR SOMETHING. I INFORMED UNIT 2 I WOULD ADD THIS STATEMENT TO THE REPORT.

ADDITIONAL STATEMENT

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Location

ON KENNEDY RD 487 FT N OF PARTRIDGE COVE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.180709839	Longitude -90.170669556
	X Coordinate 242314.0625	Y Coordinate 4785764.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW	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	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	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 STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

01	License Plate Number AKN4836	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C4BJWKGXFL662159	Make JEEP	Year 2015	Model WRANGLER U
	Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 10 - LEFT SIDE FRONT			

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	10 - LEFT SIDE FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
01 01	Owner Name MARJORIE A STANKE (608) 647-6252	Owner Address 29798 CTH TB LONE ROCK, WI 53556 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual MARJORIE STANKE
UNIT INDIVIDUAL	Individual	
	Driver MARJORIE A STANKE (608) 647-6252	Citations Issued 0
		Sex FEMALE
		Date of Birth [REDACTED]
	Race WHITE	
	Address 29798 CTH TB LONE ROCK, WI 53556 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
01 001	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance	
	Injury Severity Injury 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	

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UNIT INDIVIDUAL	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	Non Motorist	Striking Unit# Location
	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		

Unit Summary

UNIT 02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	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 WESTBOUND	<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 STRAIGHT	Road Grade LEVEL	Truck Bus or HazMat NO

02 02	Vehicle			
	License Plate Number MU8151	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FTFW1ET7DKD58241	Make FORD	Year 2013	Model F150
	Color BLU - BLUE	Body Style PK - PICKUP	Bus Use	
	Initial Contact Point 10 - LEFT SIDE FRONT			

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	10 - LEFT SIDE FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name MELISSA A SCHNEIDER (806) 559-7149	Owner Address S7559 US HIGHWAY 12 # P-15 NORTH FREEDOM, WI 53951 , US
	Sequence Of Events	
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual MELISSA SCHNEIDER
UNIT INDIVIDUAL	Individual	
	Driver MELISSA A SCHNEIDER (806) 559-7149	Citations Issued 0
		Sex FEMALE
		Date of Birth [REDACTED]
	Race WHITE	
	Address S7559 US HIGHWAY 12 # P-15 NORTH FREEDOM, WI 53951 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT INDIVIDUAL	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
Helmet Use		Helmet Compliance
Eye Protection		Tint Compliance
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
Hospital		EMS Run#
Date of Death		Time of Death

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UNIT	INDIVIDUAL	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED		
		Non Motorist	Striking Unit #	Location
		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				
UNIT	INDIVIDUAL	Individual		
		Passenger KAYLA ANN PALMER (608) 495-5041	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]		Race WHITE
		Address 358 S OAK ST LONE ROCK, WI 53556 , 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 09 - RIGHT	
		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				

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UNIT INDIVIDUAL 02 003	Distracted By Action		
	Non Motorist	Striking Unit #	Location
	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		