

6TL0BC3B57

21-06005

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, Primary Crash Document#, Agency Crash Number, Investigating Officer/Deputy, Crash Date, Crash Time, Date Arrived, Time Arrived, Date Notified, Time Notified, Total Units, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related, Tags, Reportable, Crash Type, Amended, Secondary Crash

Description

Diagram, Reconstruction By, Photos By, Additional Information, Non-reportable, NONE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 AND UNIT 2 WERE TRAVELING NORTHBOUND. THE OPERATOR OF UNIT 1 STATED THE OPERATOR OF UNIT 2 MADE A BRIEF RIGHT TURN ON TO CTH T AND THEN IMMEDIATELY TURNED LEFT IN FRONT OF HIM WHILE HE WAS TRAVELING NORTHBOUND.

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## Location

ON CTHA NB 14 FT S OF CHTH NB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.568275475	Longitude -89.738486454
	X Coordinate 278854.1875	Y Coordinate 4827568
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

## Unit Summary

<b>01 UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>1</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>55</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>01 UNIT VEHICLE</b>	<b>Vehicle</b>			
	License Plate Number <b>RAAM</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2T2ZK1BA2EC137317</b>	Make <b>LEXUS</b>	Year <b>2014</b>	Model <b>RX 350</b>
	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER</b>		

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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>IMPROPER OVERTAKING / PASSING LEFT</b>			
01 01	Owner Name <b>SUNIL V PATEL (817) 235-1188</b>	Owner Address <b>2504 WISCONSIN DELLS PKWY WISCONSIN DELLS, WI 53965 , 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>GEICO-CASUALTY-CO</b>	Individual <b>SUNIL PATEL</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>VINODKUMAR R PATEL (817) 653-6033</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth [REDACTED]	Race	
	Address <b>2101 HUTCHINS AVE BALLINGER, TX 76821 , US</b>	Driver License Number [REDACTED] <b>STATE: TEXAS 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	
	<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		
Distracted By Action <b>UNKNOWN</b>				

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UNIT INDIVIDUAL          01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO	
	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**

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</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>55</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT VEHICLE 02 02	<b>Vehicle</b>				
	License Plate Number <b>AKM1214</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GKEK13R7XR903868</b>		Make <b>GENERAL MOTORS COR</b>	Year <b>1999</b>	Model <b>DEN</b>
	Color <b>BLK - BLACK</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		

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UNIT VEHICLE	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
	Owner Name <b>LUCAS A BORN</b>	Owner Address <b>701 2ND ST BARABOO, WI 53913 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>		
	Event <b>LEFT TURN</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
UNIT VEHICLE	<b>Policy Holder</b>		
	Insurance Company <b>ERIE-INS-CO</b>	Individual <b>LUCAS BORN</b>	
	<b>Individual</b>		
	Driver <b>CORY WALKER (608) 566-9074</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
UNIT INDIVIDUAL		Date of Birth [REDACTED]	Race
	Address <b>701 2ND ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
UNIT INDIVIDUAL	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	UNIT INDIVIDUAL	<b>Injury</b>	
Injury Severity <b>NO APPARENT INJURY</b>		<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 #
UNIT INDIVIDUAL	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>		
	Distracted By Source		
	Distracted By Action <b>UNKNOWN</b>		
UNIT INDIVIDUAL	<b>Non Motorist</b>		
	Striking Unit #	Location	

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<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>		