

6TL0DBC3CK  
21-06329

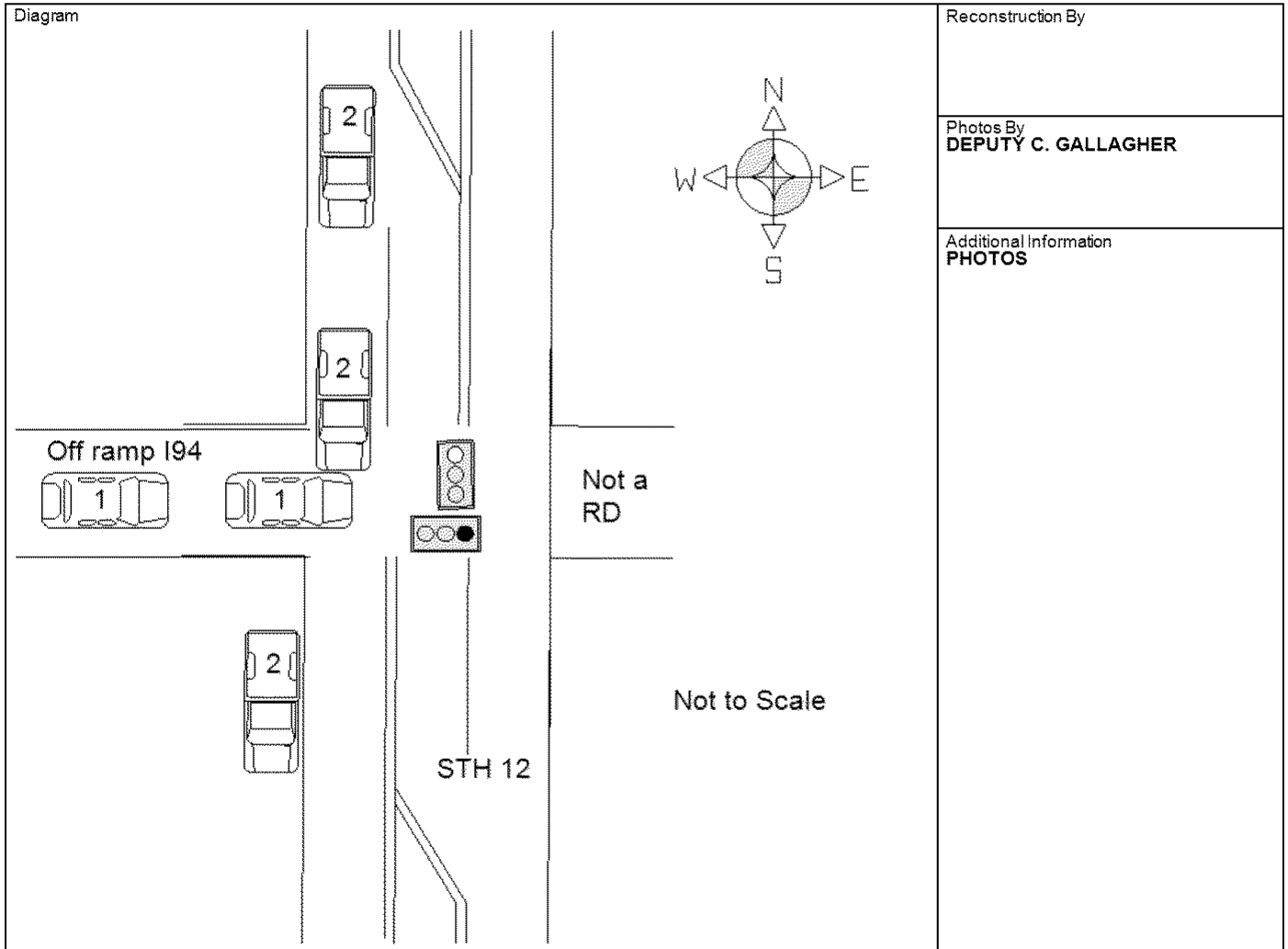
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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 21-06329		Investigating Officer/Deputy DEPUTY C. GALLAGHER	
Crash Date 07/09/2021		Crash Time 04:53 PM		Date Arrived 07/09/2021		Time Arrived 05:19 PM	
Date Notified 07/09/2021		Time Notified 04:53 PM		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 type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description



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

UNIT 1 WAS TRAVELING EB ON THE EXIT RAMP TO STH 12 FROM I94. UNIT 1 APPROACHED THE SIGNAL CONTROLLED INTERSECTION OF STH 12. UNIT 1 CONTINUED THROUGH A RED SIGNAL LIGHT TO MAKE A LEFT HAND TURN, TRAVELING NB ON STH 12. UNIT 2 WAS TRAVELING SB ON STH 12 APPROACHING THE SIGNAL CONTROLLED INTERSECTION. UNIT 2 HAD A GREEN LIGHT AND CONTINUED THROUGH THE INTERSECTION. BOTH UNIT 1 AND 2 HIT COLLIDED SUFFERING FUNCTIONAL DAMAGE.

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Location

ON USH12 EB 572 FT S OF RAMP IH90 EB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude 43.568150317	Longitude -89.778563403
	X Coordinate 275617.1875	Y Coordinate 4827661.5
	Structure Type NO STRUCTURE	

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) DRY	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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	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 DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

01 UNIT VEHICLE	License Plate Number AML156	Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES
	Vehicle Identification Number KMHGN4JEXFU076775	Make HYUNDAI	Year 2015	Model GENESIS
	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions		
01	01	Owner Name <b>TODD WAYNE PETERSON (612) 741-8633</b>	Owner Address <b>5112 WINDSOR AVE EDINA, MN 55436 2443, US</b>
<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
02	02	Event	
03	03	Event	
04	04	Event	
<b>Policy Holder</b>			
UNIT		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>TODD PETERSON</b>
<b>Individual</b>			
UNIT INDIVIDUAL	01	Driver <b>TODD WAYNE PETERSON (612) 741-8633</b>	Citations Issued <b>1</b>
			Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race
		Address <b>5112 WINDSOR AVE EDINA, MN 55436 2443, US</b>	Driver License Number <b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>
<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>
		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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
		Distracted By Action <b>NOT DISTRACTED</b>	

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit#	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</b>	<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>					
		<b>Individual</b>					
		Passenger <b>LANDON J PETERSON</b> (612) 741-8633			Citations Issued <b>0</b>		Sex <b>MALE</b>
					Date of Birth [REDACTED]		Race <b>WHITE</b>
		Address <b>5112 WINDSOR AVE</b> <b>EDINA, MN 55436 2443, US</b>			Driver License Number		
		<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use			Helmet Compliance				
Eye Protection			Tint Compliance				
<b>01</b>	<b>002</b>	<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>Non Motorist</b>		Striking Unit#	Location				

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UNIT INDIVIDUAL	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>			
	<b>Violations</b>			
	01	UTC Number <b>BG112782</b>	Issue To? <b>001</b>	Statute Number <b>346.37(1)(c)1</b>

## Unit Summary

UNIT 02	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>2</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>	
	Insurance? <b>YES</b>		Direction Of Travel <b>SOUTHBOUND</b>		Total Trailers <b>0</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Total HazMat Types <b>0</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Speed Limit <b>45</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Total Lanes <b>2</b>	
	Truck Bus or HazMat <b>NO</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Road Grade <b>LEVEL</b>		Pre Crash Tire Mark <input type="checkbox"/>		Road Grade <b>LEVEL</b>	

## Vehicle

UNIT VEHICLE 02	License Plate Number <b>PF3510</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FTEW1E53LFC19177</b>		Make <b>FORD</b>	Year <b>2020</b>	Model <b>F150</b>	
	Color <b>WHI - WHITE</b>		Body Style <b>PK - PICKUP</b>		Bus Use	
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>OTTO ELROY SCHLADWEILER (715) 459-3198</b>		Owner Address <b>12360 80TH ST S WISCONSIN RAPIDS, WI 54494 , US</b>	
	<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
02	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>OTTO SCHLADWEILER</b>	
03	<b>Individual</b>			
	Driver <b>OTTO ELROY SCHLADWEILER (715) 459-3198</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>12360 80TH ST S WISCONSIN RAPIDS, WI 54494 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number [REDACTED]	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
04	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
02	<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
003	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit#	Location		
		Prior Action					
		Action					
02	003	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>					
		<b>Individual</b>					
		Passenger <b>TAMARA LYNN SCHLADWEILER</b> (715) 459-3198			Citations Issued 0		Sex <b>FEMALE</b>
		Address 12360 80TH ST S WISCONSIN RAPIDS, WI 54494 , US			Date of Birth [REDACTED]		Race <b>WHITE</b>
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
02	004	<b>Safety Equipment</b>		On Duty Crash			
		Safety Equipment					
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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>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>			
	<b>02</b>	<b>004</b>		