

6TL0CX0Q8L

21-08201

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 21-08201, Investigating Officer/Deputy DEPUTY I. HANSON, Crash Date 08/29/2021, Crash Time 02:28 PM, Date Arrived 08/29/2021, Time Arrived 03:00 PM, Date Notified 08/29/2021, Time Notified 02:49 PM, Total Units 02, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type DT4000 (STANDARD CRASH), Amended, Secondary Crash.

Description

Diagram, Reconstruction By, Photos By HANSON/FINNEGAN, Additional Information PHOTOS, Non Reportable

[x] I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT 1 WAS STUCK ON A CULVERT IN A PRIVATE DRIVEWAY ON CTH W. UNIT 2 BACKED HIS TRUCK UP TO TRY TO PULL UNIT 1 WITH A TOW STRAP. DURING THAT TIME UNIT 1 BACKED UP AND STRUCK THE REAR OF UNIT 2 WITH HIS REAR BUMPER AREA. UNIT 2 DID NOT HAVE ANYONE IN THE DRIVERS SEAT AT THE TIME BUT WAS IN THE ROADWAY. 9109

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Location

ON E12593 CTHW EB 0.53 MI W OF POTTER RD (FIRE E12593) IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.469703642	Longitude -89.645028664
	X Coordinate 286053.375	Y Coordinate 4816375.5
	Structure Type FIRE	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location ON ROADWAY	
Manner of Collision 04 - REAR TO REAR	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 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 NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE		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

UNIT	VEHICLE	License Plate Number AAT2068	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1HGCG3252XA013440	Make HONDA	Year 1999	Model ACCORD	
		Color RED - RED	Body Style CP - COUPE		Bus Use	
		Initial Contact Point 06 - REAR	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE	06 - REAR			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions UNSAFE BACKING			
01	Owner Name ROBERT DENNIS O BRION (608) 477-7468		Owner Address 717 1/2 OAK ST BARABOO, WI 53913 , US	
	Sequence Of Events			
01 02 03 04	Event PARKED MOTOR VEHICLE			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company UNKNOWN		Name	
UNIT INDIVIDUAL	Individual			
	Driver ROBERT DENNIS O BRION (608) 477-7468		Citations Issued 1	Sex MALE
	Address 717 1/2 OAK ST BARABOO, WI 53913 , US		Date of Birth [REDACTED]	Race WHITE
			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		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		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

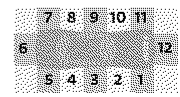
UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use YES	Suspected Drug Use NO	
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD	Alcohol Test Results PENDING	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition				
	UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL				

Unit Summary

UNIT 02	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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

UNIT VEHICLE 02	License Plate Number 2406339B		Plate Type LTK - LIGHT TRUCK	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C6RR7TM0GS197746		Make RAM	Year 2016	Model
	Color		Body Style		Bus Use
	Initial Contact Point 06 - REAR		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		06 - REAR		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		



WISCONSIN MOTOR VEHICLE
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UNIT VEHICLE	What Driver Was Doing LEGALLY PARKED		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name DAVID PENDER		Owner Address 7614 N CHERRYVALE BLVD CHERRY VALLEY, IL 61016 9343, US	
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company GOOD 2 GO INSURANCE		Individual DAVID PENDER	
	Individual			
UNIT INDIVIDUAL	Passenger AMY T PENDER (815) 914-7026		Citations Issued 0	Sex FEMALE
	Address 1004 C STREET ROCKFORD, IL 61107 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number COUNTRY: UNITED STATES	
02 002	Safety Equipment		On Duty Crash	
	Row 98 - NOT APPLICABLE		Seat Position	
	Helmet Use		Safety Equipment NONE USED - VEHICLE OCCUPANT	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	
			Airbag UNKNOWN	
	Ejected UNKNOWN		Ejection Path UNKNOWN	
	Medical Transport NOT TRANSPORTED		Trapped/Extricated UNKNOWN	
	Hospital		EMS Agency Identifier	
		EMS Run #		
		Date of Death		
		Time of Death		
Distracted By		Distracted By Source		
		Distracted By Action		
Non Motorist		Striking Unit #		Location

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	002	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 ELLIOT M PENDER	Citations Issued 0	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address 1004 C STREET ROCKFORD, IL 61107 , US		Driver License Number
02	003	Safety Equipment		
		On Duty Crash		Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity NO APPARENT INJURY	Airbag UNKNOWN
		Ejected UNKNOWN	Ejection Path UNKNOWN	Trapped/Extricated UNKNOWN
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier
		Hospital		EMS Run #
		Date of Death		Time of Death
		Distracted By		
		Distracted By Source		
		Distracted By Action		
		Non Motorist		
		Striking Unit #	Location	
		Prior Action		

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
02	003	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		
		Individual		
UNIT	INDIVIDUAL	Passenger LONDON S PENDER	Citations Issued 0	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address 1004 C ST ROCKFORD, IL 61107 , US	Driver License Number	
		Safety Equipment	On Duty Crash	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING
02	004	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	Helmet Compliance
		Eye Protection	Tint Compliance	Airbag UNKNOWN
		Injury	Injury Severity NO APPARENT INJURY	Airbag UNKNOWN
		Ejected UNKNOWN	Ejection Path UNKNOWN	Trapped/Extricated UNKNOWN
		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				

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UNIT INDIVIDUAL	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			
	02 004			