

6TL0FB0017
24-05234

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 24-05234		Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 05/22/2024		Crash Time 11:05 AM		Date Arrived 05/22/2024		Time Arrived 11:20 AM	
Date Notified 05/22/2024		Time Notified 11:07 AM		Total Units 01		Total Injured 01	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

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 TRAVELING S/B ON LYNDON RD. UNIT 1 LEFT THE ROADWAY TO THE RIGHT, ENTERED THE DITCH, JUMPED A CULVERT, AND STRUCK A TREE.
UNIT 1 DRIVER SUSTAINED MINOR INJURY TO KNEE.

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Location

ON LYNDON RD 0.38 MI N OF CTHH SB IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.62379406	Longitude -89.852419714
	X Coordinate 269865.03125	Y Coordinate 4834044
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	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 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			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 SOUTHBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With TREE		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 01 VEHICLE	License Plate Number 60395DS	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C6SRFBT8NN181570	Make RAM	Year 2022	Model 1500
	Color BLU - BLUE	Body Style PK - PICKUP		Bus Use
	Initial Contact Point 00 - NON-COLLISION	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		
	Extent Of Damage DISABLING DAMAGE			



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UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions RAN OFF ROADWAY				
01	01	Owner Name PETER NIESING SR (608) 432-1713		Owner Address 751 COUNTY ROAD K WISCONSIN DELLS, WI 53965 , US	
		Sequence Of Events			
UNIT	01	Event RUN OFF ROADWAY RIGHT			
		Event DITCH			
		Event CULVERT			
		Event TREE			
UNIT	01	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual PETER NIESING		
UNIT	01	Individual			
		Driver PETER NIESING SR (608) 432-1713		Citations Issued 0	Sex MALE
		Address 751 COUNTY ROAD K WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE
		Driver License Number			
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 SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND		EMS Agency Identifier 6000123	EMS Run #		
Hospital ST CLARE HOSP		Date of Death	Time of Death		
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action		UNKNOWN			

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UNIT	INDIVIDUAL	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		CONFUSED OR DISORIENTED (NON LUCID)			
	01	001				