

6TL0B4X4NN

20-06009

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 20-06009, Investigating Officer/Deputy DEPUTY E. KNULL, Crash Date 06/22/2020, Crash Time 12:34 PM, Date Arrived 06/22/2020, Time Arrived 12:59 PM, Date Notified 06/22/2020, Time Notified 12:34 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, DT4000 (STANDARD CRASH), Amended, Secondary Crash

Description

Diagram, Reconstruction By, Photos By, Additional Information NONE, not to scale, Bunker Rd, A, 2, T

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT ONE WAS SOUTHBOUND ON CTH T APPROACHING CTH A. UNIT 2 WAS SOUTHBOUND ON CTH A. UNIT 1 STOPPED AT THE STOP SIGN BUT WAS CONFUSED BY THE INTERSECTION AND WENT EB THROUGH THE INTERSECTION AND DIDNT SEE UNIT 2. UNIT 2 WAS UNABLE TO AVOID A CRASH. NO INJURIES REPORTED BY ANYONE INVOLVED. UNIT 1 SUSTAINED DISABLING DAMAGE AND WAS TOWED BY BILLS TOWING. UNIT 2 SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED BY OPERATOR. OPERATOR OF UNIT 1 WAS ISSUED CITATION FOR FAILURE TO YIELD FROM STOP SIGN.

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Location

ON CTHA SB 44 FT S OF BUNKER DR IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.568192261</b>	Longitude <b>-89.738489349</b>
	X Coordinate <b>278853.65625</b>	Y Coordinate <b>4827558.5</b>
	Structure Type <b>NO STRUCTURE</b>	

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>WET</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>RAIN</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

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire 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>STOP SIGN</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 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>R992181</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2G1FB1EV0A9221855</b>	Make <b>CHEVROLET</b>	Year <b>2010</b>	Model <b>CAMARO</b>
	Color <b>GRN - GREEN</b>	Body Style <b>2D - 2DR</b>		Bus Use
	Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01	01	Owner Name <b>TODD E BEAR (847) 769-7334</b>		Owner Address <b>1213 BERYLAN ST BELVIDERE, IL 61008 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>GEICO-GENERAL-INS-CO</b>		Individual <b>TODD BEAR</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>TODD E BEAR (847) 769-7334</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>1213 BERYLAN ST BELVIDERE, IL 61008 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>			
01	001	<b>Safety Equipment</b>		Safety Equipment
		On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</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>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location			
		Prior Action						
		Action						
01	001	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>						
		UNIT	INDIVIDUAL	<b>Individual</b>				
				Passenger <b>DYLAN C BEAR (815) 519-4907</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Address <b>199 RIVERVIEW LN BELVIDERE, IL 61008 , US</b>		Date of Birth	Race <b>WHITE</b>	
						Driver License Number		
01	002	<b>Safety Equipment</b>		On Duty Crash				
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>				
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>					
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</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	
	01	002	<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>			
	01	01	<b>Violations</b>			
			UTC Number <b>BB955299</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</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>2</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>							

UNIT	02	<b>Vehicle</b>					
		License Plate Number <b>284WGP</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>KL4CJGSB1EB702478</b>		Make <b>BUICK</b>		Year <b>2014</b>	Model <b>ENCORE AWD</b>
		Color <b>BRO - BROWN</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Bus Use
		Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 12 - FRONT</b>			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</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>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>RUTH M LOVSTAD (608) 254-7342</b>		Owner Address <b>267 E HIAWATHA DR 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>WEST-BEND-MUTUAL-INS-CO</b>		Individual <b>RUTH LOVSTAD</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>RUTH M LOVSTAD (608) 254-7342</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>267 E HIAWATHA DR WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02 003	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</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		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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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 <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>RICHARD D LOVSTAD</b> <b>(608) 254-7342</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>
		Address <b>267 E HIAWATHA DR</b> <b>WISCONSIN DELLS, WI 53965 , US</b>			Date of Birth		Race <b>WHITE</b>
					Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
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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UNIT INDIVIDUAL          02 004	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>		