

6TL0D1PTJZ
20-07809

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 20-07809 | Investigating Officer/Deputy DEPUTY S. MESSNER | |
| Crash Date 08/07/2020 | | Crash Time 08:30 AM | Date Arrived 08/07/2020 | Time Arrived 11:30 AM | |
| Date Notified 08/07/2020 | | Time Notified 11:24 AM | Total Units 01 | 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 PRIVATE PROPERTY/PARKING LOT | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|-------------|---|
| Diagram | Reconstruction By |
| | Photos By DEP. S. MESSNER #9134 |
| | Additional Information PHOTOS |

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

ON FRIDAY 8/7/2020, AT APPROXIMATELY 8:30 AM, UNIT 1, A BLACK OPTIMA BEARING WI REGISTRATION # AFS7997, WAS DRIVEN BY THE REGISTERED OWNER JUSTIN D. STENLI. THE DRIVER BACKED UNIT 1 ON THE DRIVEWAY OF S2989 FOX HILL ROAD. UNIT 1 LEFT THE DRIVEWAY AND STUCK A ROCK AND COULD NOT REMOVE ITSELF FROM THE ROCK. UPON REQUEST OF THE OWNER/OPERATOR A TOW COMPANY WAS NOTIFIED THROUGH MOTOR CLUB INSURANCE. CRAIG'S TOWING INITIALLY RESPONDED TO THE LOCATION, BUT THE DRIVER REFUSED TO MAKE CONTACT WITH CRAIG'S TOWING. AFTER LAW ENFORCEMENT REQUESTED THE ROOMMATE TO CONTACT THE DRIVER INSIDE THE RESIDENCE, CRAIG'S TOWING REMOVED THE VEHICLE. NO INJURIES OCCURRED. THE DRIVER WAS INCOHERENT AND BECAME ARGUMENTATIVE UPON NOTIFICATION THAT NO INVESTIGATION INTO POSSIBLE DRUG USE WOULD OCCUR DUE TO THE TIME LAPSE. THE DRIVER WAS UNCOOPERATIVE WITH LAW ENFORCEMENT IN ATTEMPTING TO GAIN INFORMATION FOR THE ACCIDENT REPORT. AFTER THE VEHICLE WAS REMOVED, LAW ENFORCEMENT ENDED CONTACT WITH THE DRIVER.

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Location

| | | |
|--|-----------------------------------|----------------------------------|
| PRIVATE PROPERTY S2989 FOX HILL CT (FIRE S2989) IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.536967757 | Longitude -89.76121193 |
| | X Coordinate 276903.375 | Y Coordinate 4824151.5 |
| | Structure Type FIRE | |

Crash Scene

| | | |
|--|--|---|
| First Harmful Event OTHER FIXED OBJECT | First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN | |
| 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 NON TRAFFICWAY - OTHER | |
| Crash Classification - Location PRIVATE PROPERTY | Crash Classification - Jurisdiction PRIVATE PROPERTY | |
| 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? UNKNOWN | Direction Of Travel NORTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit N/A | Total Lanes |
| | Most Harmful Event: Collision With OTHER FIXED OBJECT | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE |
| | Traffic Way UNKNOWN | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade DOWNHILL |
| | Truck Bus or HazMat NO | | | | |

| | | | | | |
|---|----------------|--|---------------------------------------|---------------------|---|
| UNIT | Vehicle | | | | |
| | 01 | License Plate Number AFS7997 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number KNAGE228595305845 | Make KIA MOTORS CORPORA | Year 2009 | Model OPTIMA LX/ |
| | VEHICLE | Color BLK - BLACK | Body Style 4D - 4DR | | Bus Use |
| | | Initial Contact Point 07 - LEFT REAR CORNER | Vehicle Damage | | |
| Extent Of Damage DISABLING DAMAGE | | 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 14 - UNDERCARRIAGE | | | |

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| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By CRAIGS TOWING | |
| | What Driver Was Doing BACKING | | Vehicle Factors | |
| | Driver Prior Action Other | | | |
| | Driver Actions SPEED TOO FAST/COND | | | |
| 01 01 | Owner Name JUSTIN D STENLI | | Owner Address S2989 W FOX HILL RD BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event OTHER FIXED OBJECT | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver JUSTIN D STENLI | | Citations Issued 0 | Sex MALE |
| | Address S2989 W FOX HILL RD BARABOO, WI 53913 , US | | Date of Birth | Race WHITE |
| | | | Driver License Number | STATE: WISCONSIN COUNTRY: UNITED STATES |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | | | Safety Equipment | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | RESTRAINT USE UNKNOWN | |
| | 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 UNKNOWN | | |
| Distracted By Action UNKNOWN | | | | |
| Non Motorist | | Striking Unit # | Location | |

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| UNIT INDIVIDUAL 01 001 | Prior Action | | |
| | Action | | |
| | Action Other | | To/From School |
| | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use YES |
| | 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 | | |
| | ASLEEP OR FATIGUED, UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL | | |