



6TL0D1PTK3

20-10347

# Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

UNIT 01	Role <b>DRIVER</b>			Citations Issued <b>0</b>		<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>MYER</b>			First Name <b>ALLEN</b>			Middle Initial <b>J</b>		Suffix	
	Street Address <b>E2635 KIRK DR</b>			Street Address 2			PO Box			
	City <b>EAU CLAIRE</b>			State <b>WI</b>		Zip Code <b>54701</b>		Country of Residence <b>UNITED STATES</b>		
	DOB		Sex <b>M</b>	Race <b>W</b>	Hair	Eyes <b>BLUE</b>	Height <b>511</b>	Weight <b>205</b>	Phone Number <b>(715) 552-3385 EXT.</b>	
	Driver's License Number			State <b>WI</b>		License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>		
	License Type <b>NON-CDL DRIVER'S LICENSE</b>			License Status <b>VALID LICENSE</b>			DL Expire Year <b>2025</b>			
	<b>Equipment</b>		On Duty Accident			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							
UNIT 01	<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 APPLICA</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>Non Motorist</b>		Striking Unit #			Location		To/From School		
	Prior Action			Action						
	Distracted By Action <b>NOT DISTRACTED</b>									
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			Action Other						
	<b>Drug &amp; Alcoh</b>		Individual Condition <b>APPEARED NORMAL</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										
UNIT 01	License Plate Number <b>496280</b>			Plate Type <b>LTk - LIGHT TRUCK</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>		
	Vehicle Identification Number <b>1GTV2UEC9EZ167793</b>					Year <b>2014</b>		Make <b>GM</b>		
	Model <b>SIERRA</b>			Body Style <b>PK - PICKUP</b>			Color <b>BLU - BLUE</b>			
	Initial Contact Point <b>08 - LEFT SIDE REAR</b>									

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UNIT VEHICLE	01	Vehicle Damage		
	01	Extent Of Damage <b>MINOR DAMAGE</b>	<b>08 - LEFT SIDE REAR</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Factors	
		Vehicle Removed By <b>OPERATOR</b>	<b>NOT APPLICABLE</b>	
		What Driver Was Doing <b>MERGING</b>	Driver Prior Action Other	
			Bus Use	
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE</b>		
		<input checked="" type="checkbox"/> <b>Vehicle Owner Same As Operator</b> <input checked="" type="checkbox"/> <b>Use Operator Address</b>		
		Organization Type <b>INDIVIDUAL</b>	Company Name	
		Last Name <b>MYER</b>	First Name <b>ALLEN</b>	
		Middle <b>J</b>		
		Suffix		
		Date of Birth		
	Street Address <b>E2635 KIRK DR</b>	Street Address2	PO Box	
	City <b>EAU CLAIRE</b>	St <b>WI</b>	Zip Code <b>54701</b>	
		Country of Residence <b>UNITED STATES</b>		
	Telephone Number <b>(715) 552-3385 EXT.</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT HOL	01	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	<input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b> <input type="checkbox"/> <b>Policy Holder Same As Driver</b>	
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>MYER</b>	First Name <b>ALLEN</b>
			Policy Holder Company	

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>O CLASS</b>	Unit Type <b>BICYCLE</b>
	Vehicle Type <b>BICYCLE</b>	Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>
			Total Trailers <b>0</b>
			Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>
			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>DIVIDED HWY MEDIAN W/BARRIER</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>
Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE LEFT</b>	Road Grade <b>LEVEL</b>	
Truck Bus or HazMat <b>NO</b>			
	Role <b>BICYCLIST</b>	Citations Issued	<input type="checkbox"/> <b>Use Driver Address</b>
			Individual Type <b>INDIVIDUAL</b>

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02	UNIT	INDIVIDUAL	Last Name <b>HANCOVSKY</b>		First Name <b>PETER</b>		Middle Initial	Suffix
			Street Address <b>222 W LAKE AVE</b>		Street Address 2		PO Box	
02	UNIT	INDIVIDUAL	City <b>WISCONSIN DELLS</b>		State <b>WI</b>	Zip Code <b>53965</b>	Country of Residence <b>UNITED STATES</b>	
			DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>BROWN</b>	Height <b>603</b>
02	UNIT	INDIVIDUAL	Driver's License Number		State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>	
			License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2023</b>	
02	UNIT	INDIVIDUAL	<b>Equipment</b> On Duty Accident		Safety Equipment			
			Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>HELMET</b>			
02	UNIT	INDIVIDUAL	Helmet Use		Helmet Compliance			
			Eye Protection		Tint Compliance			
02	UNIT	INDIVIDUAL	<b>Injury</b> Injury Severity <b>POSSIBLE INJURY</b>		Airbag <b>NOT APPLICABLE</b>			
			Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
02	UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
			Hospital		Date of Death		Time of Death	
02	UNIT	INDIVIDUAL	<b>Non Motorist</b> Striking Unit # <b>01</b>		Location <b>AT INTERSECTION-NOT IN C</b>		To/From School <b>NO</b>	
			Prior Action <b>IN ROADWAY - OTHER</b>		Action			
02	UNIT	INDIVIDUAL	Distracted By Action <b>NOT DISTRACTED</b>		<b>NO IMPROPER ACTION</b>			
			Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other			
02	UNIT	INDIVIDUAL	<b>Drug &amp; Alcoh</b> Individual Condition <b>APPEARED NORMAL</b>					
			Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>			
02	UNIT	INDIVIDUAL	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	
02	UNIT	INDIVIDUAL	Drug Type					
02	UNIT	INDIVIDUAL	License Plate Number		Plate Type	St	Country of Issuance	
			Vehicle Identification Number <b>NA</b>			Year	Make	
02	UNIT	INDIVIDUAL	Model <b>NA</b>		Body Style <b>BI - BICYCLE</b>		Color <b>BLK - BLACK</b>	
			Initial Contact Point <b>12 - FRONT</b>					

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UNIT VEHICLE	02	Vehicle Damage	
	02	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>12 - FRONT</b>
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Factors
		Vehicle Removed By <b>OPERATOR</b>	<b>NOT APPLICABLE</b>
		What Driver Was Doing	Driver Prior Action Other      Bus Use
		Driver Actions	
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator <input checked="" type="checkbox"/> Use Operator Address	
		Organization Type <b>INDIVIDUAL</b>	Company Name
		Last Name <b>HANCOVSKY</b>	First Name <b>PETER</b> Middle      Suffix      Date of Birth
		Street Address <b>222 W LAKE AVE</b>	Street Address2      PO Box
	City <b>WISCONSIN DELLS</b>	St <b>WI</b> Zip Code <b>53965</b> Country of Residence <b>UNITED STATES</b>	
	Telephone Number <b>(608) 434-0765 EXT.</b>		
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	Event		
03	Event		
04	Event		

## Description

Diagram

Reconstruction By

 Photos By  
**DEP. S. MESSNER**

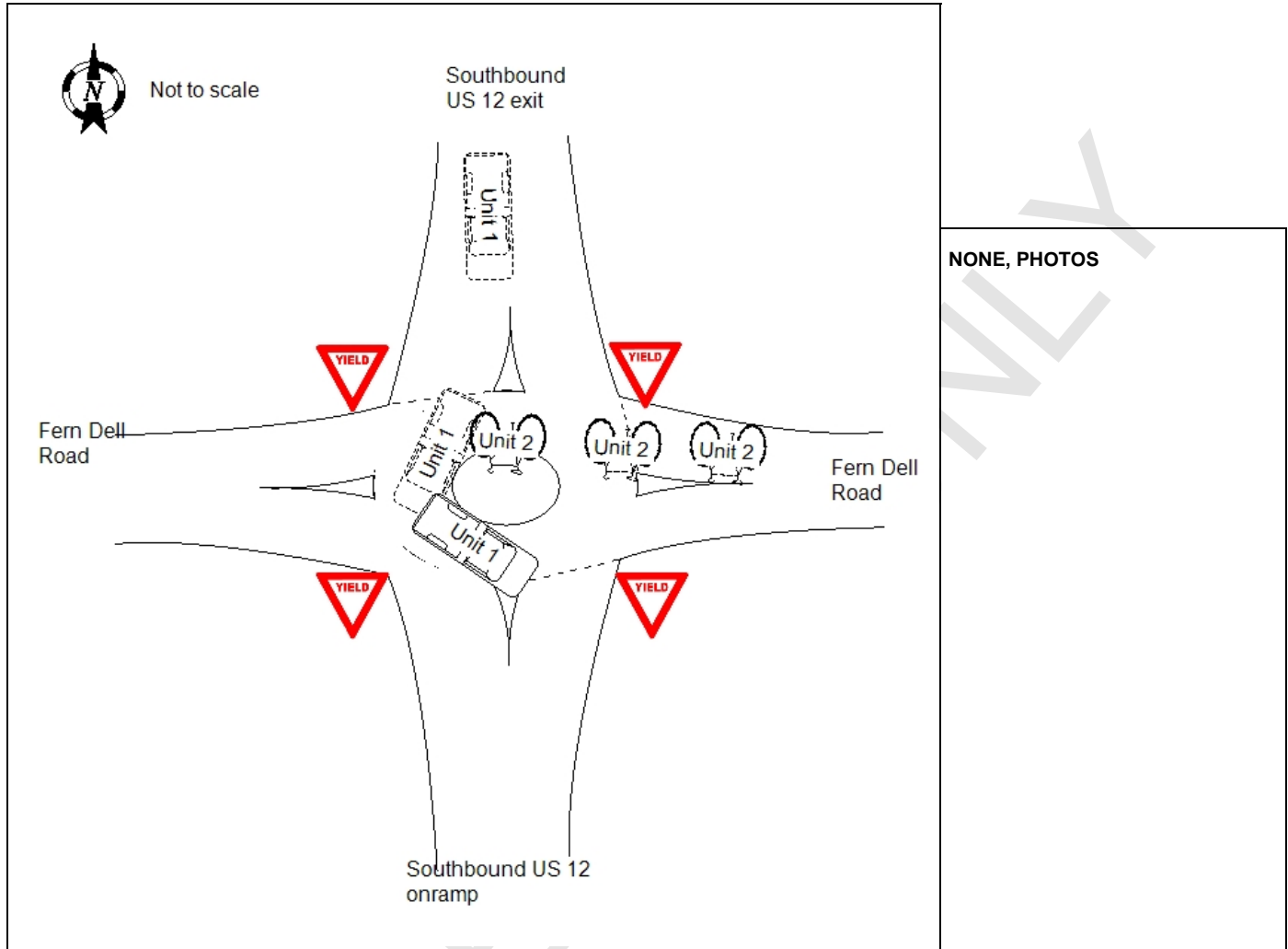
Additional Information

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NONE, PHOTOS

## Narrative

ON 8/22//202, AT APPROXIMATELY 6:25 PM, UNIT 1, A BLUE SIERRA GMC PICKUP TRUCK, BEARING WISCONSIN REGISTRATION PLATE #496280, BEING OPERATED BY ALLEN J. MYER, WAS SOUTHBOUND ON US 12. UNIT 1 EXITED ONTO THE OFFRAMP OF FERN DELL ROAD. UNIT 1 CAME TO THE YIELD SIGN OF THE ROUNDABOUT TO FERN DELL ROAD. THE DRIVER ADVISED HE LOOKED, BUT DID NOT SEE THE ONCOMING BICYCLIST. UNIT 1 PROCEEDED INTO THE INTERSECTION, CROSSING THE LEFT LANE AND GOING INTO THE RIGHT LANE. UNIT 2, A BICYCLE THAT WAS OPERATED BY PETER HANCOVSKY, WAS IN THE LEFT HAND LANE OF THE TWO LANES OF THE ROUND ABOUT. UNIT WAS WEST BOUND ON FERN DELL ROAD AND BEING IN THE ROUND ABOUT, HAD THE RIGHT AWAY. UNIT 2 STRUCK UNIT 1 IN THE DRIVER'S SIDE REAR CORNER PANEL. UNIT 2 HAD DAMAGE TO THE BREAKS AND POSSIBLE FRONT TIRE AREA. THE OPERATOR OF UNIT 2 REFUSED MEDICAL TREATMENT AND WAS ABLE TO REMOVE THE BICYCLE FROM THE SCENE. MINOR DAMAGE OCCURRED TO UNIT 1. PHOTOGRAPHS WERE TAKEN.

## Signature

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

## Law Enforcement Agency

Agency Space

Officer Rank <b>DEP</b>	Officer Last Name <b>MESSNER</b>	Officer First Name <b>STEVE</b>	Officer Middle Name <b>E</b>	Suffix
DOT Officer ID <b>9134</b>		DNR Officer ID		Officer Badge Number <b>9134</b>
Officer EMail				
Local Agency Number		Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPARTMENT</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	

Law Enforcement Agency Street Address

Law Enforcement Agency Street Address2

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Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>	
Law Enforcement Agency Phone Number <b>(608) 356-4895 EXT.</b>	ORI Number <b>WI0570000</b>	BFUNC Agency <b>5600</b>	TraCS Agency Number <b>205</b>

OFFICE USE ONLY