

6TL0C884FV

20-10558

Wisconsin Motor Vehicle Crash Report

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

6TL0C884FV

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|---|--|---|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 20-10558 | | Investigating Officer/Deputy DEPUTY T. SUTHERLAND | |
| Crash Date 08/28/2020 | | Crash Time 01:25 PM | | Date Arrived 08/28/2020 | | Time Arrived 01:42 PM | |
| Date Notified 08/28/2020 | | Time Notified 01:30 PM | | Total Units 02 | | 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 DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Location

| | | | | |
|--|------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|
| ON CTHG EB 22 FT N OF STH154 EB IN THE TOWN OF WASHINGTON IN SAUK COUNTY | Latitude 43.40921366 | Longitude -90.1526690 | Lat/LongSource TLT/ILT | Access Control |
| | X Coordinate 244735.6875 | Y Coordinate 4811087.5 | On Roadway Link ID# 4555233 | On Roadway Link Offset 22 |
| | Override <input type="checkbox"/> | Tribal Land | | Structure Type NO STRUCTURE |

Crash Scene

| | | | |
|---|--|---|---------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 01 - ANGLE | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | | Environment Factor(s) NONE | |
| Roadway 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 PARTIAL CONTROL | Special Study |
| Within Interchange Area NO | Junction Location INTERSECTION | Intersection Type T-INTERSECTION | |

Unit Summary

| | | | | | | |
|------------|---|---|---|----------------------------|--|--|
| 01 UNIT | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER VAN | | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? NO | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre CrashTire 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 | | | | | |

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| | | | | | | | | |
|---|--|--|---|--------------------------------|---|----------------------|--|--|
| UNIT 01 INDIVIDUAL | Role DRIVER | | Citations Issued 1 | | <input type="checkbox"/> Use Driver Address | | Individual Type INDIVIDUAL | |
| | Last Name STUBER | | First Name SHAWN | | Middle Initial ALLEN | | Suffix | |
| | Street Address 31180 STATE HWY 154 | | Street Address 2 | | PO Box | | | |
| | City CAZENOVIA | | State WI | | Zip Code 53924 | | Country of Residence UNITED STATES | |
| | DOB | Sex M | Race W | Hair BROWN | Eyes HAZEL | Height 602 | Weight 300 | Phone Number (608) 386-1318 EXT. |
| | Driver's License Number | | State WI | | License Jurisdiction STATE | | Country of Issuance UNITED STATES | |
| | License Type NON-CDL DRIVER'S LICENSE | | License Status VALID LICENSE | | DL Expire Year 2020 | | | |
| | Equipment | On Duty Accident | | Safety Equipment | | | | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | | SHOULDER & LAP BELT | | | | |
| | Helmet Use | | Helmet Compliance | | | | | |
| Eye Protection | | Tint Compliance | | | | | | |
| UNIT 01 INDIVIDUAL | Injury | Injury Severity NO APPARENT INJURY | | Airbag NON DEPLOYED | | | | |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICA | | Trapped/Extricated NOT TRAPPED | | | |
| | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | | | |
| | Hospital | | Date of Death | | Time of Death | | | |
| | Non Motorist | Striking Unit # | | Location | | To/From School | | |
| | Prior Action | | Action | | | | | |
| | Distracted By Action NOT DISTRACTED | | | | | | | |
| | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | Action Other | | | | | |
| | Drug & Alcoh | Individual Condition APPEARED NORMAL | | | | | | |
| | 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 | | | | | | | | |
| UNIT 01 INDIVIDUAL | License Plate Number RP3464 | | Plate Type AUT - AUTOMOBILE | | St WI | | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 2C4GP54L15R284179 | | | | Year 2005 | | Make CHRYSLER | |
| | Model TOWN & COU | | Body Style VN - VAN | | | | Color GLD - GOLD | |
| | Initial Contact Point 03 - RIGHT SIDE MIDDLE | | | | | | | |
| | | | | | | | | |

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|---------------------|--|---|---|--|---|--|---|--------------------------------------|
| UNIT VEHICLE | 01 | Vehicle Damage | | | | | | |
| | | Extent Of Damage MINOR DAMAGE | 03 - RIGHT SIDE MIDDLE | | | | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Factors | | | | | |
| | | Vehicle Removed By OPERATOR | NOT APPLICABLE | | | | | |
| | 01 | What Driver Was Doing GOING STRAIGHT | Driver Prior Action Other | Bus Use NOT A BUS | | | | |
| | | Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER OVERTAKING / PASSING LEFT | | | | | | |
| | | <input checked="" type="checkbox"/> Vehicle Owner Same As Operator | | <input checked="" type="checkbox"/> Use Operator Address | | | | |
| | | Organization Type INDIVIDUAL | Company Name | | | | | |
| | | Last Name STUBER | First Name SHAWN | Middle ALLEN | Suffix | | | |
| | | Street Address 31180 STATE HWY 154 | PO Box | | | | | |
| 01 | City CAZENOVIA | St WI | Zip Code 53924 | Country of Residence UNITED STATES | | | | |
| | Telephone Number (608) 386-1318 EXT. | | | | | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | | | | | |
| | 02 | Event | | | | | | |
| | 03 | Event | | | | | | |
| | 04 | Event | | | | | | |
| 01 | 01 | UTC Number BD759432 | Issue To? 001 | Statute Number 344.62(1) | Description OPERATE MOTOR VEHICLE W/O INSURANCE | | | |
| | | | | | | | | |
| Unit Summary | | | | | | | | |
| UNIT | 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | |
| | | Vehicle Type (SPORT) UTILITY VEHICLE | | | | 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 EASTBOUND | <input type="checkbox"/> Pre CrashTire 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 | | | | | | |
| | | 02 | 02 | Role DRIVER | | Citations Issued 0 | <input type="checkbox"/> Use Driver Address | Individual Type INDIVIDUAL |
| | | | Last Name BROWN | | First Name WILLIAM | | Middle Initial C | Suffix |

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|--|---|--|---|--|--------------------------------|--|---|--|--|
| UNIT INDIVIDUAL | Street Address 98 S AIRE DR | | | Street Address 2 | | | PO Box | | |
| | City REEDSBURG | | | State WI | | Zip Code 53959 | | Country of Residence UNITED STATES | |
| | DOB | Sex M | Race W | Hair GRAY | Eyes BROWN | Height 509 | Weight 200 | Phone Number (608) 963-7074 EXT. | |
| | Driver's License Number | | | State WI | | License Jurisdiction STATE | | Country of Issuance UNITED STATES | |
| | License Type NON-CDL DRIVER'S LICENSE | | | License Status VALID LICENSE | | | DL Expire Year 2021 | | |
| | Equipment | On Duty Accident | | | Safety Equipment | | | | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | | SHOULDER & LAP BELT | | | | |
| | Helmet Use | | | Helmet Compliance | | | | | |
| | Eye Protection | | | Tint Compliance | | | | | |
| | UNIT INDIVIDUAL | Injury | Injury Severity NO APPARENT INJURY | | | Airbag NON DEPLOYED | | | |
| Ejected NOT EJECTED | | | Ejection Path NOT EJECTED/NOT APPLICA | | | Trapped/Extricated NOT TRAPPED | | | |
| Medical Transport NOT TRANSPORTED | | | EMS Agency Identifier | | | EMS Run # | | | |
| Hospital | | | Date of Death | | | Time of Death | | | |
| Non Motorist | | Striking Unit # | | | Location | | | To/From School | |
| Prior Action | | | Action | | | | | | |
| Distracted By Action NOT DISTRACTED | | | | | | | | | |
| Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | Action Other | | | | | | |
| Drug & Alcoh | | Individual Condition APPEARED NORMAL | | | | | | | |
| Suspected Alcohol Use NO | | | Suspected Drug Use NO | | | | | | |
| UNIT INDIVIDUAL | 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 | | | | | | | | |
| | License Plate Number 526CHA | | | Plate Type AUT - AUTOMOBILE | | St WI | Country of Issuance UNITED STATES | | |
| | Vehicle Identification Number 1FMCU9D74CKB83923 | | | | | Year 2012 | Make FORD | | |
| | Model ECP | | | Body Style 4D - 4DR | | | Color RED - RED | | |
| Initial Contact Point 12 - FRONT | | | | | | | | | |

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|------|--|--|---|--|-----------------------|---------------|
| UNIT | VEHICLE | 02 | Vehicle Damage | | | |
| | | 02 | Extent Of Damage MINOR DAMAGE | 12 - FRONT | | |
| | | | Towed Due To Damage NOT TOWED | Vehicle Factors | | |
| | | | Vehicle Removed By OPERATOR | NOT APPLICABLE | | |
| | | What Driver Was Doing LEFT TURN | Driver Prior Action Other | Bus Use | | |
| | | Driver Actions NO CONTRIBUTING ACTION | | | | |
| | | <input checked="" type="checkbox"/> Vehicle Owner Same As Operator | | <input checked="" type="checkbox"/> Use Operator Address | | |
| | | Organization Type INDIVIDUAL | Company Name | | | |
| | | Last Name BROWN | First Name WILLIAM | Middle C | Suffix | Date of Birth |
| | | Street Address 98 S AIRE DR | Street Address2 | PO Box | | |
| | City REEDSBURG | St WI | Zip Code 53959 | Country of Residence UNITED STATES | | |
| | Telephone Number (608) 963-7074 EXT. | | | | | |
| UNIT | 01 | Event MOTOR VEH IN TRANSPORT | | | | |
| | 02 | Event | | | | |
| | 03 | Event | | | | |
| | 04 | Event | | | | |
| HOL | 01 | Insurance Company AMERICAN-FAMILY-MUTUAL-INS-CO | <input checked="" type="checkbox"/> Policy Holder Same As Owner | <input checked="" type="checkbox"/> Policy Holder Same As Driver | | |
| | | Organization Type INDIVIDUAL | Last Name BROWN | First Name WILLIAM | Policy Holder Company | |

Description

Diagram

Reconstruction By

Photos By

Additional Information

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CTH G

2

1

1

2

STH 154

Not To Scale

NONE

ON 08-28-20 UNIT 2 WAS EASTBOUND ON STH 154 ATTEMPTING TO MAKE A LEFT TURN ONTO CTH G. UNIT 1 WAS ALSO EASTBOUND DIRECTLY BEHIND UNIT 2. UNIT 1 ATTEMPTED TO PASS UNIT 2 ON THE LEFT AND UNIT 2 HIT THE PASSENGER SIDE OF UNIT 1. BOTH VEHICLES THEN PULLED ONTO CTH G AND STOPPED. NO INJURIES REPORTED.

Signature

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

Law Enforcement Agency

| | | | | |
|--|--|---|--|--------|
| Agency Space 20-10558 | | | | |
| Officer Rank DEP | Officer Last Name SUTHERLAND | Officer First Name T | Officer Middle Name | Suffix |
| DOT Officer ID 9195 | | DNR Officer ID | Officer Badge Number 9195 | |
| Officer EMail | | | | |
| Local Agency Number | Law Enforcement Agency Jurisdiction SAUK | | Law Enforcement Agency type COUNTY SHERIFF | |
| Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN | | TAS Agency Name SAUK COUNTY SHERIFF | | |
| Law Enforcement Agency Street Address 1300 LANGE COURT | | Law Enforcement Agency Street Address2 | | |
| Law Enforcement Agency City BARABOO | LEA State WI | Law Enforcement Agency Zip Code 53913 | | |

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| Law Enforcement Agency Phone Number (608) 356-4895 EXT. | ORI Number WI0570000 | BFUNC Agency 5600 | TraCS Agency Number 205 |
|--|-------------------------|----------------------|----------------------------|

OFFICE USE ONLY