

20-10556

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

Document Number Override		Primary Crash Document #		Agency Crash Number 20-10556		Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 08/28/2020		Crash Time 10:38 AM		Date Arrived 08/28/2020		Time Arrived 11:10 AM	
Date Notified 08/28/2020		Time Notified 10:40 AM		Total Units 02		Total Injured 02	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

ON CTHH EB 124 FT S OF CHADWICK RD IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.55964520	Longitude -89.9727132	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 259904.125	Y Coordinate 4827259.5	On Roadway Link ID# 5483198	On Roadway Link Offset 857
	Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE

First Harmful Event		First Harmful Event Location	
MOTOR VEH IN TRANSPORT		ON ROADWAY	
Manner of Collision		Light Condition	
03 - FRONT TO REAR		DAYLIGHT	
Road Surface Condition(s)		Environment Factor(s)	
WET		WEATHER CONDITIONS	
Roadway Factor(s)		Weather Condition(s)	
NONE		CLOUDY, RAIN	
Animal Type		Relation To Trafficway	
		TRAFFICWAY - ON ROAD	
Crash Classification - Location		Crash Classification - Jurisdiction	
PUBLIC PROPERTY		NO SPECIAL JURISDICTION	
Tribal Land		Access Control	Special Study
NO		NO CONTROL	
Within Interchange Area	Junction Location	Intersection Type	
NO	INTERSECTION	T-INTERSECTION	

01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
UNIT	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 3	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	
01	Truck Bus or HazMat NO					

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UNIT 01	Role DRIVER		Citations Issued 3	<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name WILCOX		First Name CHARLES		Middle Initial BRUCE	Suffix	
	Street Address E7882 COUNTY ROAD H		Street Address 2		PO Box		
	City LYNDON STATION		State WI	Zip Code 53944		Country of Residence UNITED STATES	
	DOB	Sex M	Race W	Hair GRAY	Eyes BLUE	Height 508	Weight 255
						Phone Number (608) 524-0551 EXT.	
	Driver's License Number		State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status NOT LICENSED			DL Expire Year	
	Equipment		On Duty Accident		Safety Equipment		
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT		
UNIT 01	Helmet Use		Helmet Compliance				
	Eye Protection		Tint Compliance				
	Injury		Injury Severity POSSIBLE 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 UNKNOWN						
	Distracted By Source		Action Other				
UNIT 01	Drug & Alcoh		Individual Condition NOT OBSERVED				
	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						
	License Plate Number 678DNY		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2G1WF55EX29280943				Year 2002	Make CHEVROLET	
	Model IMP		Body Style 4D - 4DR			Color TAN - TAN	
	Initial Contact Point 12 - FRONT						

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UNIT VEHICLE	01	Vehicle Damage		
		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Vehicle Factors		
		NOT APPLICABLE		
	01	Extent Of Damage FUNCTIONAL DAMAGE	Towed Due To Damage NOT TOWED	
		Vehicle Removed By OPERATOR	What Driver Was Doing GOING STRAIGHT	
		Driver Prior Action Other	Bus Use	
		Driver Actions SPEED TOO FAST/COND, FOLLOWING TOO CLOSE, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator <input checked="" type="checkbox"/> Use Operator Address		
		Organization Type INDIVIDUAL		
Company Name 				
Last Name WILCOX				
First Name CHARLES				
Middle BRUCE				
Suffix 				
Date of Birth 				
Street Address E7882 COUNTY ROAD H				
Street Address2 				
PO Box 				
City LYNDON STATION				
St WI				
Zip Code 53944				
Country of Residence UNITED STATES				
Telephone Number (608) 524-0551 EXT.				
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
	01	UTC Number BG023529	Issue To? 001	Statute Number 343.05(3)(a)
	02	UTC Number BG023530	Issue To? 001	Statute Number 344.62(1)
	03	UTC Number BG023531	Issue To? 001	Statute Number 346.14(1m)
Description OPERATE W/O VALID LICENSE (1ST VIOLATION)				
Description OPERATE MOTOR VEHICLE W/O INSURANCE				
Description AUTOMOBILE FOLLOWING TOO CLOSELY				

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					

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UNIT 02	Role DRIVER			Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name BARBKNECHT			First Name GARY			Middle Initial A		Suffix
	Street Address S2452 MEADOWVIEW RD			Street Address 2			PO Box		
	City REEDSBURG			State WI		Zip Code 53959		Country of Residence UNITED STATES	
	DOB	Sex M	Race W	Hair	Eyes	Height	Weight	Phone Number (608) 963-6061 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 02	Injury		Injury Severity POSSIBLE 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 02	License Plate Number 168TWH			Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
	Vehicle Identification Number JTEEP21A350073094					Year 2005		Make TOYOTA	
	Model HIGHLANDER			Body Style UT - SPORT UTILITY VEHICLE			Color BGE - BEIGE		
	Initial Contact Point 06 - REAR								

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UNIT VEHICLE	02	Vehicle Damage	
	02	Extent Of Damage FUNCTIONAL DAMAGE	06 - REAR, 07 - LEFT REAR CORNER
		Towed Due To Damage NOT TOWED	Vehicle Factors
		Vehicle Removed By OPERATOR	NOT APPLICABLE
		What Driver Was Doing SLOW/STOPPING	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 BARBKNECHT	First Name GARY
		Middle A	
		Suffix	
	Date of Birth		
	Street Address S2452 MEADOWVIEW RD	Street Address2	PO Box
	City REEDSBURG	St WI	Zip Code 53959
		Country of Residence UNITED STATES	
	Telephone Number (608) 963-6061 EXT.		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT HOL	01	Insurance Company ALLSTATE-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 BARBKNECHT First Name GARY Policy Holder Company

Description

Diagram

Reconstruction By

Photos By

Additional Information

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CTH H

STOP

CHADWICK RD

NONE

NOT DRAWN TO SCALE

UNITS 1 AND 2 WERE BOTH E/B ON CTH H. UNIT 2 SLOWED TO MAKE A LEFT TURN ONTO CHADWICK RD AND WAS HIT FROM BEHIND BY UNIT 1. UNIT 1 DRIVER STATED HE TRIED TO STOP BUT DUE TO THE WET ROADWAY HE SKIDDED INTO UNIT 2. UNIT 2 DRIVER STATED HE DIDN'T SEE UNIT 1 BEHIND HIM UNTIL HE WAS HIT BY HIM.

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 DEP	Officer Last Name FINNEGAN	Officer First Name S	Officer Middle Name A	Suffix
DOT Officer ID 9107		DNR Officer ID	Officer Badge Number 9107	
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
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