WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override Crash Date 10/10/2020		Primary Crash E	ocument#	Agency 20-120	Crash Number 07	"	gating Officer/Deputy ITY I. HANSON				
		Crash Time 04:20 PM		Date Arrived 10/10/2020		Time Arrived 04:40 PM					
Date Notified	Time Notified		Total Ur	nits	Total Injured	Total Kille	ed				
10/10/2020		04:24 PM		02		00	00	T			
Date Notified 10/10/2020 On Emergency Government Property	MHI	it and Run	Lane Clos		Work Zone	Trailer	or Towed	Reporting Threshold			
Governmen Property		Active Sc	hool Zone	School NO	Bus Related	Tags					
∨ Reportable		Crash Type DT4000 (STA	NDARD CRASI	H)		Amendo	ed	Secondary Crash			
Description								•			
Lyndon Road			2	\$335 	lyndon road		Photos By ISAAC HAN Additional Info PHOTOS				
PASS UNIT 2. UNIT 2 S	F HIS DRIV TATED THA UNIT 2 STA	EWAY AND HEADE AT WHEN THE MAR ATED THAT UNIT 1	ED EAST ON LYNE ROON TRUCK PAS NEVER STOPPE	DON ROAD SSED HIM D AND CO	. UNIT 2 STATED THAT THE REAR PASSENGER NTINUED TOWARDS C	UNIT 1 WAS TRAV	JCK STRUCK 1	FAST AND ATTEMPTED TO THE FRONT DRIVERS STBOUND ONTO CTH H.			

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Crash Date 10/10/2020

Location ==									
ON LYNDON RD				Latitude			Longitud	łe	
1220 FT S				43.631482072 -89.86391449				91449	
OF OAK HILL RD IN THE TOWN OF DELL	CALA			X Coordinate Y Coordinate					
IN SAUK COUNTY	LOIVA			268967.0625 4834929.5					
				Structure NO STRI			•		
0				1110 0 7111					
Crash Scene									
FirstHarmfulEvent				I	ful Event L	ocation			
					DWAY				
					Light Condition DAYLIGHT				
Road Surface Condition(s)				Roadway	ractor(s)				
DRY									
Environment Factor(s)				1					
NONE				NONE					
W # 0 155 /)									
Weather Condition(s)									
CLEAR									
Animal Type				Relation T	o Trafficwa	у			
				TRAFFIC	WAY - O	N ROAD			
Crash Classification - Locat	ion			Crash Clas	ssification -	Jurisdiction			
PUBLIC PROPERTY				NO SPEC	NO SPECIAL JURISDICTION				
Tribal Land				Access Control Special Study					
				NO CONTROL					
Within Interchange Area	Junction Location		Intersection	••					
NO	NON-JUNCTION		NOT AN	INTERSE	CTION				
Unit Summary ■									
Unit Status		Vehicle Ope	erating As C	lassification		Unit Type			
Unit Status HIT AND RUN		Vehicle Ope	erating As C	lassification		TRUCK			
Unit Status HIT AND RUN Vehicle Type	D TRUCK	1	erating As C	lassification		1	As Endorser	ments	
Unit Status HIT AND RUN Vehicle Type UTILITY TRUCK/PICKU		D CLASS				TRUCK Operating A			
Unit Status HIT AND RUN Vehicle Type UTILITY TRUCK/PICKU Total Occs	P TRUCK Train/Bus#Recorded	D CLASS			Total Trail	TRUCK Operating A	TotalHazi	ments Mat Types	
Unit Status HIT AND RUN Vehicle Type UTILITY TRUCK/PICKU Total Occs 1	Train/Bus#Recorded	Total#Citat	tions Issued	F	Total Trail	TRUCK Operating A	Total Hazi	Mat Types	
Unit Status HIT AND RUN Vehicle Type UTILITY TRUCK/PICKU Total Occs 1 Insurance?	Train/Bus#Recorded Direction Of Travel	Total#Citat	tions Issued	F	Total Trail O Speed Lir	TRUCK Operating A	Total Hazi	Mat Types	
Unit Status HIT AND RUN Vehicle Type UTILITY TRUCK/PICKU Total Occs 1 Insurance? UNKNOWN	Train/Bus#Recorded Direction Of Travel UNKNOWN	Total#Citat 0 Pre	tions Issued CrashTire Mark	F	Total Trail	TRUCK Operating A	Total Hazi 0 Total Lane	Mat Types es	
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Unit Status HIT AND RUN Vehicle Type UTILITY TRUCK/PICKU Total Occs 1 Insurance? UNKNOWN	Train/Bus#Recorded Direction Of Travel UNKNOWN on With	Total#Citat 0 Pre SpecialFur UNKNOW	crashTire Mark Action	F	Total Trail O Speed Lir	TRUCK Operating A ers nit Emergency	Total Hazi 0 Total Lane 2 Motor Veh N	MatTypes es icle Use	
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Crash Date 10/10/2020

		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR				
		What Driver Was Doing		Vehicle Factors				
		ACCELERATING IN ROAD						
		Driver Prior Action Other		UNKNOWN				
LINI	VEHICLE	Driver Actions FAILED TO KEEP IN DESIG	NATED LANE, UNKNO	WN				
		Owner Name		Owner Address				
_	_	Owner warne		Owner Address				
5	0.1			, ,				
		Sequence Of Events						
		Event						
	01	MOTOR VEH IN TRANSPOR	₹T					
	02	Event						
	03	Event						
	04	Event						
		ndividual Driver		Citations ssued	Sex			
	_1	Dilvei		0	Sex			
_	INDIVIDUAL			Date of Birth	Race			
N		Address		Driver License Number				
		, ,						
	Saf	On Duty C ety Equipment	rash	Safety Equipment				
		Row	SeatPosition	RESTRAINT USE UNKNOWN				
		01 - FRONT ROW HelmetUse	07 - LEFT	Helmet Compliance				
		Eye Protection		Tint Compliance				
5	180	I Injury Seve	erity	Airbag				
0	5	Injury NO APPA	ARENT INJURY jection Path	NOT APPLICABLE	Trapped/Extricated			
		•	Jection Path IOT EJECTED/NOT API	PLICABLE	NOT APPLICABLE			
		Medical Transport		EMS Agency Identifier	EMS Run#			
		NOT TRANSPORTED		D-44D4	Time of Dooth			
		Hospital		Date of Death	Time of Death			
	1	Distracted By	By Source	•				
		Distracted By Action						
		Striking Ur	nit# Location					
		Non Motorist						

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1											
		Prior Action									
TINO	INDIVIDUAL	Action Action Other									To/From School
	Suspected Alcohol Use Suspected Drug Use										
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	ype				Alcohol Tes	st Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	9		Drug 7	Test Results			
01	100	Drug Type									
		Individual Condition									
•	Uni	t Summary ===									
	Unit	Status			l	e Operating As Classi	fication		UnitType		
		RANSIT icle Type			D CLASS		AUTOMOBILE Operating As Endorsements				
02		SENGER VAN							Operating	s Elidoisei	Het its
	Tota	lOccs	Train/Bus#Red	corded	Total#			Total Traile	ers Total HazMat Types 0		Mat Types
-		Insurance? Direction Of Trav YES EASTBOUND			Pre CrashTire Mark		Speed Limit		it	TotalLane	es
TNU	MO	tHarmfulEvent: Collision Wi TOR VEH IN TRANSPOR			Special Function NO SPECIAL FUNCTION			NOT APP	Motor Vehi	cle Use	
		fic Way D-WAY, NOT DIVIDED			Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
		ace Type ACKTOP (BITUMINOUS)			Road Curvature Road Grade CURVE LEFT LEVEL			9			
		k Bus or HazMat			l .						
	,	Vehicle		****	ceecee	************	eeeee				SAASISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTASSISTA
		License Plate Number AAY3663	30 30 30 30 30 30 30 30 30 30 30 30 30 3		Plate a	Type - AUTOMOBILE		St WI	Country of Issuance UNITED STATES		
05	02	Vehicle Identification Number 2C4RC1BGXCR133101 Color BLK - BLACK			Make			Year 2012	Model TOWN/CNTRY		
					Body VN -	Style			Bus Use		
	Щ	Initial Contact Point	_			le Damage					
UNIT	VEHICLE	10 - LEFT SIDE FRONT Extent Of Damage MINOR DAMAGE			10 - L	LEFT SIDE FRONT	·, 11 -	LEFT FRO	NT CORN	ER, 12 - FI	RONT
		Towed Due To Damage NOT TOWED			Vehic OWN	le Removed By					
1		What Driver Was Doing GOING STRAIGHT									

6TL0CX0Q71

20-12007

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Crash Date 10/10/2020

				V	ehicle Factors				
		Driver Prior Action Other		N	OT APPLICABLE				
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION	L					
02	22	Owner Name ROBERT J SCHREIBER (609) 393-7411			Owner Address \$339 LYNDON RD WISCONSIN DELLS, WI 53965, L	JS			
		L Sequence Of Events Event							
	8	MOTOR VEH IN TRANSP	ORT						
	ខ	Event							
	63	Event							
	2	Event							
_		l Policy Holder							
IN I		Insurance Company STATE-FARM-GENERAL			Individual ROBERT SCHREIBER	001			
		Individual							
		Driver ROBERT J SCHREIBER			Citations issued 0	Sex MALE			
	DUAL	(609) 393-7411			Date of Birth	Race ASIAN			
TIND	INDIVIDUAL	Address \$339 LYNDON RD WISCONSIN DELLS, WI 53965, US			STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sa	l On Dut fety Equipment	y Crash		Safety Equipment				
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP BELT				
		HelmetUse			Helmet Compliance				
		Eye Protection			Tint Compliance				
8	005	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPL	ICABLE	Trapped/Extricated NOT TRAPPED			
		Medical Transport	110120		EMS Agency Identifier	EMS Run#			
		NOT TRANSPORTED Hospital			Date of Death	Time of Death			
		Distract	ted By Source)					
		Distracted By NOT A	PPLICABL	E (NOT DISTRAC	TED)				
		NOT DISTRACTED							
		Non Motorist	Unit#	Location					

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1 8		Truinu Antinu					
		Prior Action Prior Action					
		Action					
	4						
l <u>⊨</u> ∜	2						
UNIT	INDIVIDUAL						
⊃	Ħ						
	Z						
		Action Other					To/From School
		Suspected Alcohol	Use	Suspected Drug Use			
	i	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
02	005	Drug Type	•		•		
0	8						
		Individual Condition					
		APPEARED NORMAL					
		AT LAKED HOKWAL					
1							