WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document#	Agency Crash Number 21-06005	Investigating Officer/Deputy DEPUTY W. VERTEIN	<i>(</i>		
Crash Date 07/02/2021	Crash Time 09:23 AM	Date Arrived 07/02/2021	Time Arrived 09:30 AM			
Date Notified	Time Notified	Total Units	Total Injured Total Kill	ed		
07/02/2021	09:25 AM	02	00 00	1		
O7/02/2021 Date Notified O7/02/2021 On Emergency Hi Government Property	t and Run Lane Clo		Trailer or Towed	Reporting Threshold		
Government Property	Active School Zone	School Bus Related NO	Tags			
Reportable	Crash Type DT4000 (STANDARD CRAS	SH)	Amended	Secondary Crash		
Description						
Non-reportable			Additional Inf NONE	ormation		
I, a sworn law enforceme	ent officer, agree that I have	not added any CJIS data in th	his report.			
OF UNIT 2 MADE A BRIEF RIGHT THE OPERATOR OF UNIT 1 STATI CROSSED THE CENTERLINE WHIL ATTEMPTED TO MAKE A LEFT TU	TURN ON TO CTH T AND THEN IN ED HE THOUGHT THE OPERATOR LE HE WAS TRAVELING NORTHBO IRN AND THE OPERATOR OF UNIT	T 2 WERE TRAVELING NORTHBOUN IMEDIATELY TURNED LEFT IN FRO OF UNIT 2 WAS MAKING A RIGHT JUND AND NEVER ATTEMPTED TO 11 ATTEMPTED TO PASS HER ON T JECKED IT. IT WORKED AS IT SHOL	NT OF HIM WHILE HE WAS TRAY TURN. THE OPERATOR OF UNIT PASS UNIT 2. THE OPERATOR THE LEFT AND STRUCK HER. TI	VELING NORTHBOUND. 1 STATED HE NEVER OF UNIT 2 STATED SHE		

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	Location —								
-	ON CTHA NB				Latitude			Longitud	de
	14 FT S				43.56827	75475		-89.738	3486454
	OF CTHT NB IN THE TOWN OF DELTO	A)			X Coordin	ate		Y Coord	linate
	IN SAUK COUNTY	i.f.			278854.1875			482756	58
						Type UCTURE			
(Crash Scene								
Ī	First Harmful Event					nful Event L	ocation		
	MOTOR VEH IN TRANSPORT					DWAY			
	Manner of Collision		Light Condition DAYLIGHT						
	01 - ANGLE								
	Road Surface Condition(s) DRY				Roadway	ractor(s)			
ŀ	Environment Factor(s)				1				
	NONE				NONE				
					110112				
	Weather Condition(s)								
	CLEAR								
	AnimalType				1	o Trafficwa	-		
ŀ	Crash Classification - Location				Crash Cla	ssification -	-Jurisdiction		
	PUBLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION		
ľ	TribalLand				Access Control Special Study			Special Study	
					NO CONTROL				
	Within Interchange Area Junction Location Intersection NO INTERSECTION FOUR-WA				VAY INTERSECTION				
į	Unit Summary 💻								
\Box	Unit Status		Vehicle Op	erating As C	lassification	1	UnitType		
	IN TRANSIT		D CLASS		AUTOMOBILE				
5	Vehicle Type	_					Operating As Endorsements		
'	(SPORT) UTILITY VEHICL								
	Total Occs	Train/Bus#Recorded		Total # Citations Issued O Pre CrashTire Mark		··		Total Haz 0	:Mat Types
	1	Direction Of Travel				0 Speedt in	⁻		05
	Insurance? YES	NORTHBOUND	Pre			Speed Lim		2	es
	Most Harmful Event: Collision		Special Fur			1 00	Emergency		nicle Use
	MOTOR VEH IN TRANSPO		1 '	IAL FUNC	TION		NOT APPLICABLE		
ŀ	Traffic Way		Traffic Con	Traffic Control				Traffic Control Inoperative/Missing	
	TWO-WAY, NOT DIVIDED		NO CONT	ROL			NO		
İ	Surface Type		Road Curva	Road Curvature				Road Grade	
	BLACKTOP (BITUMINOU	S)	STRAIGH	T			LEVEL		
	Truck Bus or HazMat NO								
-0.00	Vehicle	SSSISSISISISISISISISISISISISISISISISIS				· · · · · · · · · · · · · · · · · · ·			SISISISISISISISISISISISISISISISISISISI
			Plate Type			St	Country of Issuance		
- Compagnition	License Plate Number		1	AUT - AUTOMOBILE		WI	UNITED STATES		
0-0-0-0-0-0-0-0-0-0-0	License Plate Number RAAM			OMOBIL					
- 1	License Plate Number RAAM Vehicle Identification Nu		Make	TOMOBIL		Year 2044	Model		
	License Plate Number RAAM Vehicle Identification Nul 2T2ZK1BA2EC13731		Make LEXUS			Year 2014	RX 350		
,	License Plate Number RAAM Vehicle Identification Nul 2T2ZK1BA2EC13731 Color		Make LEXUS Body Style			2014	1		
-	License Plate Number RAAM Vehicle Identification Nul 2T2ZK1BA2EC13731 Color BLK - BLACK		Make LEXUS Body Style UT - SPC	ORT UTILI		2014	RX 350		
	License Plate Number RAAM Vehicle Identification Nul 2T2ZK1BA2EC13731 Color BLK - BLACK Initial Contact Point	17	Make LEXUS Body Style	ORT UTILI		2014	RX 350		
	License Plate Number RAAM Vehicle Identification Nul 2T2ZK1BA2EC13731 Color BLK - BLACK Initial Contact Point	17	Make LEXUS Body Style UT - SPC Vehicle Da	PRT UTILI	TY VEHIC	2014 LE	RX 350 Bus Use	, 05 - RIG	SHT REAR CORNER

Crash Date 07/02/2021
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6TL0BC3B57

21-06005

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		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Division follows:							
LIND	VEHICLE	Driver Actions IMPROPER OVERTAKING	/ PASSING LEFT						
		Owner Name		Owner Address					
2	5	SUNIL V PATEL (817) 235-1188		2504 WISCONSIN DELLS F WISCONSIN DELLS, WI 53					
0		(4 (1) 200-1100		11.000110111 2222, 111 00	, , ,				
		Sequence on Events							
	5	MOTOR VEH IN TRANSPO	RT						
	8	Event							
	8	Event							
	4	Event							
—		Policy Holder							
INN		Insurance Company GEICO-CASUALTY-CO		Individual SUNIL PATEL					
		ndividual							
		Driver		Citations ssued	Sex				
		VINODKUMAR R PATEL		0	MALE				
		VINODKUMAR R PATEL (817) 653-6033		O Date of Birth	MALE Race				
=	/IDUAL	(817) 653-6033		Date of Birth					
UNIT	DIVIDUAL								
UNIT	INDIVIDUAL	(817) 653-6033 Address	JS	Date of Birth	Race				
TINO	INDIVIDUAL	(817) 653-6033 Address 2101 HUTCHINS AVE	JS	Date of Birth Driver License Number	Race				
TINO		Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L		Date of Birth Driver License Number	Race				
TINO		Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L	Crash	Date of Birth Driver License Number STATE: TEXAS COUNTRY: U	Race				
TINO		Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L		Date of Birth Driver License Number STATE: TEXAS COUNTRY: L	Race				
HNO		Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L ety Equipment Row	Crash Seat Position	Date of Birth Driver License Number STATE: TEXAS COUNTRY: U	Race				
TIND		Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L Fety Equipment Row 01 - FRONT ROW	Crash Seat Position	Date of Birth Driver License Number STATE: TEXAS COUNTRY: L Safety Equipment SHOULDER & LAP BELT	Race				
	Sal	Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L ety Equipment Row 01 - FRONT ROW Heimet Use Eye Protection	Seat Position 07 - LEFT	Date of Birth Driver License Number STATE: TEXAS COUNTRY: L Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Race				
UNIT UNIT	Sal	Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L ety Equipment Row 01 - FRONT ROW Helmet Use Injury Se NO APF	Seat Position 07 - LEFT verity PARENT INJURY	Date of Birth Driver License Number STATE: TEXAS COUNTRY: L Safety Equipment SHOULDER & LAP BELT Heimet Compliance	Race UNITED STATES				
	Sal	Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APF	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Date of Birth Driver License Number STATE: TEXAS COUNTRY: L Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race UNITED STATES Trapped/Extricated				
	Sal	Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APF	Seat Position 07 - LEFT verity PARENT INJURY	Date of Birth Driver License Number STATE: TEXAS COUNTRY: L Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race UNITED STATES				
	Sal	Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APF Ejected NOT EJECTED	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Date of Birth Driver License Number STATE: TEXAS COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated NOT TRAPPED				
	Sal	Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Date of Birth Driver License Number STATE: TEXAS COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated NOT TRAPPED				
	Sal	Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Date of Birth Driver License Number STATE: TEXAS COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	Trapped/Extricated NOT TRAPPED EMS Run#				
	Sal	Address 2101 HUTCHINS AVE BALLINGER, TX 76821 , L Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Date of Birth Driver License Number STATE: TEXAS COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	Trapped/Extricated NOT TRAPPED EMS Run#				

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1				Li a						
		Non Motorist Strik	ing Unit#	Location						
		Prior Action								
<u> </u> 		Action								
	_1									
 	INDIVIDUAL									
UNIT										
	2									
		Action Other								To/From School
		Sus	pected Alcohol U	lse	Suspected Drug Use					
	1	Drug & Alcohol No			NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•			Alcohol Test F	Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug T	est Results			
01	994	Drug Type								
		1 6 11 10 12								
		Individual Condition								
		APPEARED NORMAL								
		t Summary ===								
		Status 'RANSIT			ehicle Operating As Classi CLASS	itication		Unit Type AUTOMOBI	LE	
02		cle Type ORT) UT!LITY VEHICLE						Operating As Endorsements		
		Total Occs Train/Bus#Re		I '	orded Total # Citations Issued 0		Total Trailers		otal HazN	Mat Types
		Insurance? Direction Of T				Speed Limit		it T	otal Lane	s
TINO	YES	t Harmful Event: Collision Wi	NORTHBOU	Same	Mark pecial Function		55	Emergency M	-	
5	MO.	TOR VEH IN TRANSPOR			NO SPECIAL FUNCTION			NOT APPLICABLE		
		fic Way D-WAY, NOT DIVIDED		Traffic Control NO CONTROL			Traffic Control Inop NO		l Inoperati	ive/Missing
	Surf	асе Туре		R	Road Curvature			Road Grade		
		kCKTOP (BITUMINOUS) k Bus or HazMat		S	TRAIGHT			LEVEL		
	NO									
	1	Vehicle				·	T			
		License Plate Number AKM1214			Plate Type AUT - AUTOMOBILE			Country of Issuance UNITED STATES		
02	8	Vehicle Identification Numb			Make		Year 4000	Model		
	9	1GKEK13R7XR903868 Color			GENERAL MOTORS C Body Style	UR	1999	DEN Bus Use		
		BLK - BLACK			UT - SPORT UTILITY V	/EHICL	.E			
E		Initial Contact Point 11 - LEFT FRONT COR	RNER		/ehicle Damage					
INN	VEHICL	Extent Of Damage MINOR DAMAGE			10 - LEFT SIDE FRONT	Г, 11 -	LEFT FRO	ONT CORNER	₹	
	7	Towed Due To Damage		I	/ehicle Removed By					
		NOT TOWED			OPERATOR					

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		What Driver Was Doing		Ve	ehicle Factors				
		LEFT TURN			NOT ARRIVARIE				
		Driver Prior Action Other		l _M	OT APPLICABLE				
		Driver Actions							
	ш	FAILED TO YIELD RIGHT	-OF-WAY						
⊨	VEHICLE								
INI	I								
	3								
		0 11			To				
		OwnerName LUCAS A BORN			Owner Address 701 2ND ST				
05	8				BARABOO, WI 53913 , US	3			
		Sequence Of Events							
	5	Event LEFT TURN							
	8	MOTOR VEH IN TRANSP	ORT						
	03	Event							
	8	Event							
⊨		Policy Holder							
INN		Insurance Company ERIE-INS-CO			Individual LUCAS BORN				
					LUCAS BORN				
		Individual			Citations Issued	Sex			
		Driver CORY WALKER			0	I	IALE		
	₹	(608) 566-9074		L	Date of Birth	Race			
⊨	ă								
L N N	INDIVIDUAL	Address			Drivert icense Number				
_	Z	701 2ND ST BARABOO, WI 53913 , US			STATE: WISCONSIN COUNTRY: UNITED STATES				
		L On Duty	Crash	-	Safety Equipment				
	Sai	ety Equipment							
		Row	SeatPo	sition	SHOULDER & LAP BELT				
		01 - FRONT ROW 07 - LEFT							
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
			.,						
05	205	Injury Si Injury NO AP	eventy PARENT II	JURY	Airbag NON DEPLOYED				
		Ejected	Ejection Pa				ped/Extricated		
		NOT EJECTED	NOT EJE	CTED/NOT APPLI			NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS	Run#		
		Hospital			Date of Death	Time	of Death		
		· ·							
		Distracted By	ed By Source	· ·		I			
		Distracted By Action UNKNOWN							
		Non Motorist	Unit#	Location					

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lä		I B 1 A 41					
		Prior Action					
		Action					
9000	3						
	3						
	9						
UNIT	INDIVIDUAL						
	9						
100000							
		Action Other					To/From School
(m)							
		Suspected Alcohol U	Jse	Suspected Drug Use			
	į	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
color color		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
02	005	Drug Type	•				
0	O						
		Individual Condition					
		APPEARED NORMAL					
		AFFEARED NORWAL					
1 0	12.18						