

6TL0CX0Q8X
21-10511

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document#	Agency Crash Number 21-10511	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 11/01/2021		Crash Time 12:17 PM	Date Arrived 11/01/2021	Time Arrived 12:25 PM	
Date Notified 11/01/2021		Time Notified 12:17 PM	Total Units 02	Total Injured 01	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

Description

Diagram 	Reconstruction By
	Photos By HANSON
	Additional Information PHOTOS

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

UNIT 1 WAS EAST ON N REEDSBURG RD. UNIT 2 WAS STOPPED IN TRAFFIC ALLOWING VEHICLES TO TURN INTO THE VFW LOT FOR A FUNERAL. UNIT 1 STATED SHE WAS EASTBOUND LOOKING INTO THE PARKING LOT BECAUSE OF ALL THE VEHICLES AT THE VFW AND CROSSED THE CENTERLINE STRIKING UNIT 2 IN THE FRONT DRIVERS SIDE. 9109

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Location

ON N REEDSBURG RD 1114 FT E OF CTHBD WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude	Longitude
	43.53241817	-89.773651239
	X Coordinate	Y Coordinate
	275881.4375	4823679.5
Structure Type		

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	Roadway Factor(s) NONE	
Environment 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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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				

Vehicle

UNIT VEHICLE 01	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number 1GNFK16Z66J177291	Make CHEVROLET	Year 2006	Model SUBURBAN
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage FUNCTIONAL DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OTHER CONTRIBUTING ACTION			
01 01	Owner Name PRESTON JAMES CALVIN		Owner Address 635 ELM ST OMRO, WI 54963 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver CONNIE M WINNESHIEK (608) 253-5279		Citations Issued 0	Sex FEMALE
	Address S1037 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US		Date of Birth [REDACTED]	Race AMERICAN INDIAN OR ALASKAN NATIVE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				
Non Motorist		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	001	Drug & Alcohol 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			
Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	Individual	
		Passenger PEGGY ANN DAVISON	Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
			Race
Address S1075 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	002	Safety Equipment On Duty Crash	
		Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT
		Helmet Use	
		Tint Compliance	
Eye Protection			
Injury Injury Severity NO APPARENT INJURY Airbag NON DEPLOYED			
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run#
Hospital		Date of Death	Time of Death
Distracted By Distracted By Source			
Distracted By Action			
Non Motorist Striking Unit#		Location	
Prior Action			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Action		
		Action Other	To/From School	
01	002	Drug & Alcohol		
		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		
		Individual Condition	APPEARED NORMAL	
		Individual		
		UNIT	INDIVIDUAL	Passenger EVELYN M WHITEAGLE (608) 253-5279
	Date of Birth [REDACTED]			Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN
UNIT	INDIVIDUAL	Address S1037 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US	Driver License Number	
		Safety Equipment		
01	004	On Duty Crash	Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
Hospital	Date of Death	Time of Death		
Distracted By		Distracted By Source		
Distracted By Action				
Non Motorist		Striking Unit #	Location	
Prior Action				

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	004	Drug & Alcohol		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			
		Individual Condition APPEARED NORMAL			

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER VAN				Operating As Endorsements		
UNIT	02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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						

Vehicle

UNIT	VEHICLE	02	02	License Plate Number ADK2899		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
				Vehicle Identification Number 2D4GP44L47R132252		Make DODGE	Year 2007	Model GRAND CARA	
UNIT	VEHICLE	02	02	Color SIL - SILVER (ALUMINUM)		Body Style VN - VAN		Bus Use	
				Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 11 - LEFT FRONT CORNER			
				Extent Of Damage FUNCTIONAL DAMAGE					
				Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING			
				What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors NOT APPLICABLE			
				Driver Prior Action Other					

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UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	02	02	02
	Owner Name ROSE A WALKER (608) 254-5216	Owner Address S3115A COUNTY ROAD BD BARABOO, WI 53913 , US	
Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
Individual			
UNIT INDIVIDUAL	Driver ROSE A WALKER (608) 254-5216		Citations Issued 0
			Sex FEMALE
	Date of Birth [REDACTED]		Race AMERICAN INDIAN OR ALASKAN NATIVE
	Address S3115A COUNTY ROAD BD BARABOO, WI 53913 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW		Seat Position 07 - LEFT
	Helmet Use		Safety Equipment SHOULDER & LAP BELT
	Eye Protection		Helmet Compliance
	Injury SUSPECTED MINOR INJURY		Tint Compliance
02	003	Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE
	Medical Transport EMS GROUND		Trapped/Extricated NOT TRAPPED
	Hospital ST CLARE HOSP		EMS Agency Identifier 6000123
	Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED)		EMS Run#
	Distracted By Action NOT DISTRACTED		Date of Death
	Non Motorist		Time of Death
	Striking Unit#	Location	
Prior Action			

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UNIT INDIVIDUAL	Action			
	Action Other		To/From School	
	Drug & Alcohol	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			
	Individual Condition APPEARED NORMAL			
	02 003			