

6TL0DCL4GD  
21-10959

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 <b>6TL0BGSFGQ</b>		Primary Crash Document#	Agency Crash Number <b>21-10959</b>	Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>11/14/2021</b>		Crash Time <b>99:99</b>	Date Arrived <b>11/14/2021</b>	Time Arrived <b>09:27 AM</b>	
Date Notified <b>11/14/2021</b>		Time Notified <b>09:12 AM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

VEHICLE WAS SOUTH BOUND ON OLD HWY 12 WHEN IT LEFT THE ROAD TO IT'S RIGHT. AFTER LEAVING THE ROAD IT STRUCK A GUARDRAIL, BREAKING OFF MULTIPLE SUPPORT POSTS. THE VEHICLE THEN STRUCK A UTILITY POLE, BREAKING IT OFF AT THE BASE BEFORE DESCENDING INTO A DEEP DITCH WHERE IT CAME TO REST.

ADDITIONAL DAMAGE SUMMARY

ADDING DAMAGED PROPERTY OWNERS

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## Location

ON OLD 12 0.34 MI W OF CTHH SB IN THE CITY OF WISCONSIN DELLS IN SAUK COUNTY	Latitude 43.629278811	Longitude -89.810689167
	X Coordinate 273252.625	Y Coordinate 4834538
	Structure Type	

## Crash Scene

First Harmful Event <b>GUARDRAIL FACE</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements				
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>GUARDRAIL FACE</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>					

## Vehicle

<b>01</b>	License Plate Number <b>566ZCR</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IA</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>5TDDK3EH3DS229352</b>	Make <b>TOYOTA</b>	Year <b>2013</b>	Model <b>TOYOTA</b>	
	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use		
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>				

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UNIT VEHICLE	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 12 - FRONT	7 8 9 10 11 5 4 3 2 1
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE</b>			
	Owner Name <b>PHILIP PAUL PAPE</b>		Owner Address <b>1049 MILSTEAD DR HIAWATHA, IA 52233 1868, US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>			
	01	Event <b>GUARDRAIL FACE</b>		
	02	Event <b>UTILITY POLE</b>		
	03	Event <b>DITCH</b>		
UNIT VEHICLE	04	Event		
	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>ZACHARY PAPE</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>ZACHARY ANDREW PAPE</b>		Citations Issued 1	Sex <b>MALE</b>
	Date of Birth		Race	
	Address <b>312 E BUFFALO ST # 56 MILWAUKEE, WI 53202 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>			
UNIT INDIVIDUAL	On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	<b>Injury</b>		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<b>DEPLOYED-SIDE</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	

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<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			
Action			
Action Other		To/From School	
<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>NO</b>	
Alcohol Test Given <b>TEST GIVEN</b>	Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>	
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
Drug Type			
Individual Condition <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>			
<b>Violations</b>			
UTC Number <b>BE132247</b>	Issue To? <b>001</b>	Statute Number <b>346.63(1)(a)</b>	Description <b>OPERATING WHILE UNDER THE INFLUENCE</b>
<b>Property Owner</b>			
<b>01</b> PROP OWNER	Government <b>TOWNSHIP OF DELLONA</b> (608) 524-0800		Address <b>E8062 HIGHWAY H</b> <b>LYNDON STATION, WI 53944 , US</b>
<b>Fixed Objects Struck</b>			
<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>GUARDRAIL FACE</b>	Structure Number Damage Tag Number
<b>Property Owner</b>			
<b>02</b> PROP OWNER	Organization/Company <b>ALLIANT ENERGY</b> (608) 356-0601		Address <b>520 COMMERCE AVE</b> <b>BARABOO, WI 53913 , US</b>
<b>Fixed Objects Struck</b>			
<b>02</b>	Striking Unit <b>01</b>	Struck Object <b>UTILITY POLE</b>	Structure Number Damage Tag Number