

6TL0B3P3HD
21-11616

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 21-11616		Investigating Officer/Deputy DEPUTY J. GREENWOOD	
Crash Date 12/03/2021		Crash Time 05:53 PM		Date Arrived 12/03/2021		Time Arrived 06:06 PM	
Date Notified 12/03/2021		Time Notified 05:56 PM		Total Units 02		Total Injured 00	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 PLAINFIELD POLICE DEPARTMENT	
<p style="text-align: center;">Not to scale</p>		Photos By	
		Additional Information NONE, RECONSTRUCTION	

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

UNIT 2 WAS TRAVELING WESTBOUND ON COUNTY HIGHWAY H. UNIT 1 WAS STOPPED AT THE STOP SIGN ON COUNTY HIGHWAY P AT THE INTERSECTION OF CTH H. UNIT 1 PULLED OUT FROM THE STOP SIGN AND PROCEEDED TO MAKE A LEFT HAND TURN ONTO COUNTY HIGHWAY H IN FRONT OF UNIT 2. UNIT 2 COLLIDED WITH UNIT 1. OPERATOR OF UNIT 1 ADMITTED HE WAS STUPID AND PULLED OUT WHEN HE SHOULD NOT HAVE. THE OPERATOR OF UNIT 1 WAS CITED FOR FAILING TO YIELD FROM A STOP SIGN.

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Location

ON CTHP WB 80 FT E OF CTHH WB IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.592556485	Longitude -89.910090505
	X Coordinate 265090.28125	Y Coordinate 4830736
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DARK/UNLIT	
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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER VAN	Operating As Endorsements			
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire 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 STOP SIGN	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE RIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number 351JGN	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KNDMB5C18G6130774	Make KIA MOTORS CORPORAT	Year 2016	Model SEDONA
	Color BLU - BLUE	Body Style VN - VAN	Bus Use	
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER		
Extent Of Damage DISABLING DAMAGE				

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01 01	Owner Name NICHOLAS JOHN SUTTMAN (262) 903-3994		Owner Address 3125 ROYAL OAKS DR ELKHORN, WI 53121 , US	
	Sequence Of Events			
01 01	01	Event LEFT TURN		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ERIE-INS-CO		Individual NICHOLAS SUTTMAN	
UNIT INDIVIDUAL	Individual			
	Driver KENNETH ROBERT KIDD (262) 903-4033		Citations Issued 1	Sex MALE
	Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US		Date of Birth [REDACTED]	Race WHITE
	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 Compliance	
	Helmet Use		Tint Compliance	
Eye Protection		Airbag DEPLOYED-CURTAIN		
Injury		Injury Severity NO APPARENT INJURY		
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 PASSENGER/OTHER NON-MOTORIST		
Distracted By Action TALKING/LISTENING				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	Non Motorist		Striking Unit#	Location	
	Prior Action				
	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				
	UNIT INDIVIDUAL	Individual			
Passenger SUSAN LEE KIDD (262) 903-4033		Citations Issued 0	Sex FEMALE		
		Date of Birth [REDACTED]	Race		
Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment		On Duty Crash	Safety Equipment		
Row 02 - SECOND ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT INDIVIDUAL		Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN
		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	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
01	002	Action Other		To/From School	
		Drug & Alcohol Suspected Alcohol Use NO		Suspected Drug Use NO	
01	002	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
01	002	Drug Type			
		Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	Individual			
		Passenger BENJAMIN N SUTTMAN	Citations Issued 0	Sex MALE	
01	003	Date of Birth [REDACTED]	Race WHITE		
		Address 315 ROYAL OAKS DRIVE ELKHORN, WI 53121 , US	Driver License Number		
01	003	Safety Equipment On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
01	003	Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
01	003	Injury Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-CURTAIN	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
01	003	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
01	003	Distracted By Distracted By Source			
		Distracted By Action			
01	003	Non Motorist Striking Unit #		Location	
		Prior Action			

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UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
01	003	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	
		Passenger JILLIAN A SUTTMAN (262) 903-3994	Citations Issued 0
	Sex FEMALE		
	Date of Birth [REDACTED]		
	Race WHITE		
Address 3125 ROYAL OAKS DRIVE ELKHORN, WI 53121 , US	Driver License Number		
01	004	Safety Equipment	
		On Duty Crash	Safety Equipment
		Row 02 - SECOND ROW	Seat Position 07 - LEFT
		CHILD RESTRAINT SYSTEM - FORWARD FACING	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	
		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN
		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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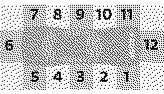
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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	004	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition APPEARED NORMAL			
01	001	Violations			
		UTC Number BC937142	Issue To? 001	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements		
UNIT	02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire 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 CURVE RIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO						

Vehicle

UNIT	02	VEHICLE	License Plate Number PF2157	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 1GCSKTE3XAZ157071	Make CHEVROLET	Year 2010	Model SILVERADO
UNIT	02	VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style PK - PICKUP		Bus Use
			Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER		
			Extent Of Damage DISABLING DAMAGE			
			Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE		

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UNIT	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
VEHICLE	Driver Actions		
	Owner Name BOBBY N WALDNER (608) 475-1361	Owner Address 153 N MAIN ST APT 1 RICHLAND CENTER, WI 53581 , US	
02	Sequence Of Events		
01	Event	MOTOR VEH IN TRANSPORT	
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual BOBBY WALDNER	
INDIVIDUAL	Individual		
	Driver BOBBY N WALDNER	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 153 N MAIN ST APT 1 RICHLAND CENTER, WI 53581 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
02	Safety Equipment		Safety Equipment
	On Duty Crash		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
005	Injury		Airbag
	Injury Severity NO APPARENT INJURY	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
02	Distracted By		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED			
Non Motorist			
	Striking Unit #	Location	

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UNIT INDIVIDUAL 02 005	Prior Action		
	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		