

6TL0BFKDG4
21-11931

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 21-11931		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 12/12/2021		Crash Time 04:15 PM		Date Arrived 12/12/2021		Time Arrived 04:22 PM	
Date Notified 12/12/2021		Time Notified 04:18 PM		Total Units 03		Total Injured 02	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 DEPUTY VOLZ	
		Additional Information PHOTOS	

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

UNITS 1 AND 3 WERE TRAVELING WB ON CTH P. UNIT 2 WAS TRAVELING EB ON CTH P UNIT 3 SLOWED IN TRAFFIC TO TURN SOUTH ONTO COON BLUFF ROAD. UNIT 1 SLOWED AND SLID ON THE SNOW COVERED ROADS AND TRAVELED ACROSS THE CENTERLINE AND INTO THE EAST BOUND LANE. UNIT 2 STRUCK UNIT 1 ON THE PASSENGER SIDE. UNIT 3 COMPLETED THE TURN PRIOR TO THE COLLISION AND WAS NOT IDENTIFIED.

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Location

ON COON BLUFF RD 14 FT S OF CTHP WB IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.59091363	Longitude -89.867281776
	X Coordinate 268539.75	Y Coordinate 4830433
	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) WET, SNOW, SLUSH, ICE	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 2	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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number RH3945	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GCHK23608F115084	Make CHEVROLET	Year 2008	Model SLV
	Color BLK - BLACK	Body Style PK - PICKUP	Bus Use	
	Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 14 - UNDERCARRIAGE		
Extent Of Damage DISABLING DAMAGE				

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name JONATHAN DAVID FANTA (608) 632-1278		Owner Address 935 WATER AVE HILLSBORO, WI 54634 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual JONATHAN FANTA	
UNIT INDIVIDUAL	Individual			
	Driver JONATHAN DAVID FANTA (608) 632-1278		Citations Issued 0	Sex MALE
	Address 935 WATER AVE HILLSBORO, WI 54634 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
01	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		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					
		Individual					
		Passenger JASMINE ANN FAWCETT (608) 632-7448			Citations Issued 0	Sex FEMALE	
		Address 35 S WAGONER AVE VIOLA, WI 54664 , US			Date of Birth [REDACTED]	Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
01	002	Injury		Injury Severity POSSIBLE 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				

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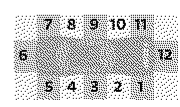
UNIT INDIVIDUAL 01 002
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit 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
Total Occs 1 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel EASTBOUND 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 STRAIGHT Road Grade UPHILL
Truck Bus or HazMat NO

Vehicle

UNIT 02 002
License Plate Number NN1885 Plate Type LTK - LIGHT TRUCK St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1D7HA18D85S135130 Make DODGE Year 2005 Model RAM
Color GLD - GOLD Body Style PK - PICKUP Bus Use
Initial Contact Point 12 - FRONT Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT
Extent Of Damage DISABLING DAMAGE
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE Vehicle Removed By PLATTS WRECKER
What Driver Was Doing GOING STRAIGHT



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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name ANITA HAVER	Owner Address E4858 LAVALLE, WI 53941 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U	Individual ANITA HAVER
UNIT INDIVIDUAL	Individual	
	Driver CURTIS JAMES FOULK	Citations Issued 0
		Sex MALE
		Race WHITE
	Date of Birth [REDACTED]	
	Address E4290 COUNTY ROAD V LA VALLE, WI 53941 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
02 003	Safety Equipment	
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
02 003	Injury	
	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT
	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED		
Non Motorist		
Striking Unit#	Location	

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UNIT INDIVIDUAL 02 003
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 Summary

UNIT 03
Unit Status NON-CONTACT Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR Operating As Endorsements
Total Occs 1 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? UNKNOWN Direction Of Travel WESTBOUND Pre Crash Tire Mark Speed Limit 55 Total Lanes 2
Most Harmful Event: Collision With OTHER NON-COLLISION 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 03 003 VEHICLE
License Plate Number Plate Type St Country of Issuance
Vehicle Identification Number Make Year Model
Color Body Style Bus Use
Initial Contact Point 00 - NON-COLLISION Vehicle Damage
Extent Of Damage NO DAMAGE 00 - NO DAMAGE
Towed Due To Damage NOT TOWED Vehicle Removed By OPERATOR
What Driver Was Doing LEFT TURN

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	UNKNOWN
	Driver Actions NO CONTRIBUTING ACTION, UNKNOWN	
03	Owner Name	Owner Address
Sequence Of Events		
01 02 03 04	Event	MOTOR VEH IN TRANSPORT
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	Individual	
	Driver	Citations Issued 0
		Sex
	Date of Birth	Race
	Address	Driver License Number
03 004	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	RESTRAINT USE UNKNOWN	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	
Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
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
	Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
	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 NOT OBSERVED		

Witness

WITN ESS	01	Individual KEELY ELIZABETH BAUER (608) 630-4694	Address S1510 WEGNER RD LA VALLE, WI 53941 , US	Date of Birth [REDACTED]
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Witness

WITN ESS	02	Individual COREY JOHN LEICHTMAN (608) 963-8098	Address 2017 VIKING DR REEDSBURG, WI 53959 , US	Date of Birth [REDACTED]
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