

6TL0BFKDGG

22-01086

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 22-01086		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 02/04/2022		Crash Time 10:35 AM		Date Arrived 02/04/2022		Time Arrived 10:49 AM	
Date Notified 02/04/2022		Time Notified 10:37 AM		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
	Photos By SGT KNULL
	Additional Information PHOTOS

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

UNITS 1 AND 2 WERE TRAVELING SB ON CTH BD. UNIT 1 REARENDED UNIT 2. UNIT 1 CROSSED THE CENTERLINE AND INTO THE ONCOMING LANE OF TRAFFIC, UNIT 1 TRAVELED INTO THE DITCH AND STRUCK A UTILITY POLE BEFORE COMING TO REST IN THE FIELD.

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Location

Table with 3 columns: Location details (ON CTHBD SB, 0.27 MI S OF PENNY LN, IN THE TOWN OF DELTON, IN SAUK COUNTY), Latitude (43.518716061), Longitude (-89.777969306), X Coordinate (275481.65625), Y Coordinate (4822169.5), Structure Type (NO STRUCTURE)

Crash Scene

Table with 4 columns: First Harmful Event (MOTOR VEH IN TRANSPORT), First Harmful Event Location (ON ROADWAY), Manner of Collision (03 - FRONT TO REAR), 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

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Operating As Endorsements, Total Occs (3), Train/Bus # Recorded, Total # Citations Issued (3), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (SOUTHBOUND), Pre Crash Tire Mark (checkbox), 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

Table with 4 columns: License Plate Number (AFN5268), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (2HGFG21596H705378), Make (HONDA), Year (2006), Model (CIVIC), Color (BLU - BLUE), Body Style (CP - COUPE), 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)



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	Owner Name ANTHONY MICHAEL WOLFE (920) 850-7393		Owner Address 817 BROADWAY ST BARABOO, WI 53913 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event CROSS CENTERLINE		
	03	Event DITCH		
	04	Event UTILITY POLE		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U		Individual ANTHONY WOLFE	
UNIT INDIVIDUAL	Individual			
	Driver ANTHONY MICHAEL WOLFE (920) 850-7393		Citations Issued 3	Sex MALE
	Address 817 BROADWAY ST BARABOO, WI 53913 , 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 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 EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				

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 YES	Suspected Drug Use NO		
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
UNIT	INDIVIDUAL	Individual					
		Passenger BYRON CLIFFORD THUNDERCLOUD JR (608) 393-8600		Citations Issued 0	Sex MALE		
		Date of Birth [REDACTED]		Race AMERICAN INDIAN OR ALASKAN NATIVE			
		Address 1121 11TH ST # 1 BARABOO, WI 53913 , US		Driver License Number			
		Safety Equipment		On Duty Crash	Safety Equipment		
		Row 01 - FRONT 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-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							
Distracted By Action							
UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location		

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	Prior Action		
	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		
UNIT INDIVIDUAL	Individual		
	Passenger ROY SANFORD GOODBEAR	Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]	Race AMERICAN INDIAN OR ALASKAN NATIVE	
	Address 5134 HORNED OWL DR MADISON, WI 53718 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 003	Safety Equipment	On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	RESTRAINT USE UNKNOWN
	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
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given Alcohol Test Type Alcohol Test Results
Drug Test Given Drug Test Type Drug Test Results
Drug Type
Individual Condition
Violations
UTC Number Issue To? Statute Number Description
BD758990 001 346.63(1)(a) OPERATING WHILE UNDER THE INFLUENCE(2ND)
BD758991 001 346.89(1) INATTENTIVE DRIVING
BD758993 001 346.57(2) FAILURE TO KEEP VEHICLE UNDER CONTROL

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
IN TRANSIT D CLASS AUTOMOBILE
Vehicle Type Operating As Endorsements
PASSENGER VAN
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
1 0 0 0 0
Insurance? Direction Of Travel Pre Crash Tire Mark Speed Limit Total Lanes
NO SOUTHBOUND [] 55 2
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT NO SPECIAL FUNCTION NOT APPLICABLE
Traffic Way Traffic Control Traffic Control Inoperative/Missing
TWO-WAY, NOT DIVIDED NO CONTROL NO
Surface Type Road Curvature Road Grade
BLACKTOP (BITUMINOUS) STRAIGHT LEVEL
Truck Bus or HazMat
NO

UNIT 02
Vehicle
License Plate Number Plate Type St Country of Issuance
380WHZ AUT - AUTOMOBILE WI UNITED STATES
Vehicle Identification Number Make Year Model
2C4RDGBGXHR702214 DODGE 2017 GRAND CARA
Color Body Style Bus Use
BLK - BLACK VN - VAN

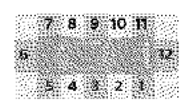
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UNIT VEHICLE 02 02 01 02 03 04 02 004
Initial Contact Point: 06 - REAR
Extent Of Damage: FUNCTIONAL DAMAGE
Vehicle Damage: 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR
Towed Due To Damage: NOT TOWED
Vehicle Removed By: OWNER
What Driver Was Doing: GOING STRAIGHT
Vehicle Factors: NOT APPLICABLE
Driver Actions: NO CONTRIBUTING ACTION
Owner Name: RAYMOND CURTIS SOMMERFELDT
Owner Address: S1903 COUNTY ROAD A # 64 BARABOO, WI 53913 , US
Sequence Of Events: MOTOR VEH IN TRANSPORT
Individual: RAYMOND CURTIS SOMMERFELDT, MALE, WHITE, S1903 COUNTY ROAD A # 64 BARABOO, WI 53913 , US
Safety Equipment: SHOULDER & LAP BELT
Injury: NO APPARENT INJURY, NON DEPLOYED
Ejected: NOT EJECTED, NOT EJECTED/NOT APPLICABLE, NOT TRAPPED
Medical Transport: NOT TRANSPORTED
Hospital:
Distracted By: NOT APPLICABLE (NOT DISTRACTED)



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By Action NOT DISTRACTED					
	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other			To/From School		
	02	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			
Property Owner						
PROP OWNER	01	Organization/Company ALLIANT ENERGY		Address 4902 N BILTMORE MADISON, WI 53707 1077, US		
		Fixed Objects Struck				
01	Striking Unit 01		Struck Object UTILITY POLE	Structure Number	Damage Tag Number 0000	