

6TL0B4X4Q6
22-01092

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 22-01092 | Investigating Officer/Deputy SERGEANT E. KNULL | |
| Crash Date 02/04/2022 | | Crash Time 01:37 PM | Date Arrived 02/04/2022 | Time Arrived 01:56 PM | |
| Date Notified 02/04/2022 | | Time Notified 01:37 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 |
| | Photos By |
| | Additional Information NONE |
| | |

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

UNIT 1 SB ON CTH K TURNED WB ON BIESEK RD AND WAS GOING TOO FAST TO NEGOTIATE CORNER AND STRUCK UNIT 2 THAT WAS STOPPED AT THE STOP SIGN. UNIT 1 CAME TO REST ON THE SOUTH SIDE OF BIESEK RD. UNIT 2 CAME TO REST FACING NORTHEAST ON THE SOUTH SIDE OF BIESEK RD. NO INJURIES REPORTED BY ANY INVOLVED. UNIT 1 SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED BY OPERATOR. UNIT 2 SUSTAINED DISABLING DAMAGE AND WAS REMOVED BY SKINNER TRANSFER.

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Location

| | | |
|--|--------------------------------|----------------------------|
| ON BIESEK RD 16 FT W OF CTHK WB IN THE TOWN OF WINFIELD IN SAUK COUNTY | Latitude 43.609216752 | Longitude -89.992604728 |
| | X Coordinate 258495.921875 | Y Coordinate 4832823 |
| | 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 DAYLIGHT | |
| Road Surface Condition(s) WET, SNOW | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) SNOW | | |
| 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 INTERSECTION | Intersection Type T-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 1 | 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 NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | Road Curvature STRAIGHT | | Road Grade HILLCREST | |
| | Truck Bus or HazMat NO | | | | |

Vehicle

| | | | | |
|-----------------------|---|---|---------------------|---|
| UNIT VEHICLE 01 | License Plate Number JM9170 | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1GCEK14Z75Z144470 | Make CHEVROLET | Year 2005 | Model SILVERADO |
| | Color BLK - BLACK | Body Style PK - PICKUP | | Bus Use |
| | Initial Contact Point 11 - LEFT FRONT CORNER | Vehicle Damage 11 - LEFT FRONT CORNER | | |
| | Extent Of Damage FUNCTIONAL DAMAGE | | | |



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| | | | | |
|---|--|--|---|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing RIGHT TURN | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL | | | |
| 01 01 | Owner Name BRUCE A CRAKER (608) 516-5952 | | Owner Address 6615 COLUMBUS DR MIDDLETON, WI 53562 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual BRUCE CRAKER | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver CLAY ALEXANDER CRAKER (608) 370-9112 | | Citations Issued 1 | Sex MALE |
| | Address 6615 COLUMBUS DR MIDDLETON, WI 53562 , US | | Date of Birth [REDACTED] | Race WHITE |
| | Driver License Number [REDACTED] | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Safety Equipment | | SHOULDER & LAP BELT | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | Helmet Compliance | |
| | Helmet Use | | Tint Compliance | |
| | Eye Protection | | Airbag NON DEPLOYED | |
| | Injury | | Injury Severity NO APPARENT INJURY | Trapped/Extricated NOT TRAPPED |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | EMS Agency Identifier |
| Medical Transport NOT TRANSPORTED | | Hospital | | EMS Run # |
| Date of Death | | Time of Death | | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

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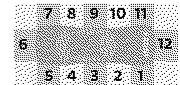
Form containing sections: Non Motorist, Drug & Alcohol, and Violations. Includes fields for Striking Unit #, Location, Prior Action, Action, Suspected Alcohol Use, Suspected Drug Use, Alcohol Test Given, Drug Test Given, and UTC Number BB955390.

Unit Summary

Unit Summary table with columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Total Occs (2), Direction Of Travel (EASTBOUND), Most Harmful Event (Collision With MOTOR VEH IN TRANSPORT), Traffic Way (TWO-WAY, NOT DIVIDED), Surface Type (BLACKTOP (BITUMINOUS)), and Truck Bus or HazMat (NO).

Vehicle

Vehicle information table with columns: License Plate Number (D0NALEN), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1G4HP52K13U270941), Make (BUICK), Year (2003), Model (LESABRE CU), Color (SIL - SILVER (ALUMINUM)), Body Style (4D - 4DR), and Initial Contact Point (08 - LEFT SIDE REAR).



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|--------------------|--|--|
| UNIT VEHICLE | Vehicle Damage | |
| | Extent Of Damage DISABLING DAMAGE | 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By |
| | What Driver Was Doing OTHER | Vehicle Factors |
| | Driver Prior Action Other STOPPED AT STOP SIGN | NOT APPLICABLE |
| UNIT VEHICLE | Driver Actions NO CONTRIBUTING ACTION | |
| | Owner Name DONNA J SCHMIDT (608) 524-6161 | Owner Address S1070 COUNTY ROAD K REEDSBURG, WI 53959 , US |
| UNIT VEHICLE | Sequence Of Events | |
| | Event MOTOR VEH IN TRANSPORT | |
| | Event | |
| | Event | |
| UNIT VEHICLE | Policy Holder | |
| | Insurance Company WADENA-INSURANCE-CO | Individual DONNA SCHMIDT |
| UNIT INDIVIDUAL | Individual | |
| | Driver DONNA J SCHMIDT (608) 524-6161 | Citations Issued 0 |
| | | Sex FEMALE |
| | | Date of Birth [REDACTED] |
| | Race WHITE | |
| | Address S1070 COUNTY ROAD K REEDSBURG, WI 53959 , US | Driver License Number [REDACTED] |
| | | STATE: WISCONSIN COUNTRY: UNITED STATES |
| UNIT INDIVIDUAL | 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 |
| UNIT INDIVIDUAL | 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 |

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| UNIT INDIVIDUAL | Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | |
| | Distracted By Action NOT DISTRACTED | |
| | 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 | | |
| Individual | | |
| Passenger LEONARD DEAN SCHMIDT (608) 524-6161 | Citations Issued 0 | |
| | Sex MALE | |
| | Date of Birth [REDACTED] | |
| | Race WHITE | |
| Address S1070 COUNTY ROAD K REEDSBURG, WI 53959 , US | Driver License Number [REDACTED] | |
| | 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 | |
| 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 | |

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|---|--|-----------------------------|--------------------------|
| UNIT INDIVIDUAL 02 003 | Distracted By Action | | |
| | 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 | | |