

6TL09XQZ3V  
22-03948

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 22-03948		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 05/01/2022		Crash Time 04:36 PM		Date Arrived 05/01/2022		Time Arrived 04:50 PM	
Date Notified 05/01/2022		Time Notified 04:38 PM		Total Units 02		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 COREY FRANK
		Additional Information PHOTOS

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

UNIT 1 TRAVELING NORTH BOUND ON COUNTY ROAD A WAITING TO TURN LEFT ON TO BUNKER ROAD. UNIT 1 OPERATOR STATES HE WASNT PAYING ATTENTION TO THE ROAD AND WAS LOOKING AT A TRUCK AND BOAT WAITING AT THE STOP SIGN ON COUNTY ROAD T. UNIT 1 TURNED LEFT IN FRONT OF UNIT 2. UNIT 2 TRAVELING SOUTH BOUND STRUCK UNIT 1. BOTH UNIT 1 AND 2 ULTIMATELY ENDED IN THE SOUTH WEST DITCH. BOTH SUSPECTED OF MINOR INJURIES. OPERATOR OF UNIT 1 TRANSPORTED TO ST. CLARE HOSPITAL VIA AMBULANCE. BOTH UNITS REMOVED BY PLATTS WRECKER. OPERATOR OF UNIT 1 CITED FOR INATTENTIVE DRIVING.

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## Location

INTERSECTION ON CTHA SB AT CHTH NB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.568293071	Longitude -89.738513496
	X Coordinate 278852.0625	Y Coordinate 4827570
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02 - FRONT TO FRONT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

UNIT VEHICLE 01	License Plate Number <b>48237DS</b>	Plate Type <b>DIS - DISABLED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>WMWZG3C52BTY36337</b>	Make <b>VOLKSWAGEN</b>	Year <b>2011</b>	Model <b>MINI COOP</b>
	Color <b>BRO - BROWN</b>	Body Style <b>2D - 2DR</b>	Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>PLATTS WRECKER</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	Owner Name <b>ROBERT MICHAEL MOBLEY (608) 393-3719</b>		Owner Address <b>E8892 WINNESHIEK DR WISCONSIN DELLS, WI 53965 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>		Individual <b>ROBERT MOBLEY</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ROBERT MICHAEL MOBLEY (608) 393-3719</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>E8892 WINNESHIEK DR WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth [REDACTED]	Race <b>AMERICAN INDIAN OR ALASKAN NATIVE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01	<b>Injury</b>		Airbag	
	Injury Severity <b>SUSPECTED MINOR INJURY</b>		<b>DEPLOYED-FRONT</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Trapped/Extricated <b>NOT TRAPPED</b>			
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000123</b>		
Hospital <b>ST CLARE'S HOSPITAL</b>		EMS Run # <b>220810</b>		
Date of Death		Time of Death		
<b>Distracted By</b>		Distracted By Source <b>OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)</b>		
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>				

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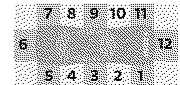
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
<b>01</b>	<b>01</b>	<b>Violations</b>				
		UTC Number <b>AE757816</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	

## Unit Summary

<b>UNIT</b>	<b>02</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>0</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>MOTOR VEH IN TRANSPORT</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>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
		Truck Bus or HazMat <b>NO</b>						

## Vehicle

<b>02</b>	<b>02</b>	License Plate Number <b>ANX5999</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1GNEVKKW8LJ294113</b>		Make <b>CHEVROLET</b>	Year <b>2020</b>	Model <b>TRAVERSE</b>	
		Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use	
		Initial Contact Point <b>12 - FRONT</b>					



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UNIT VEHICLE	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 08 - LEFT SIDE REAR, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>PLATTS WRECKER</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>PUTTKAMER JOSHUA ARTHUR (608) 963-4463</b>		Owner Address <b>S3286 COUNTY ROAD A BARABOO, WI 53913 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>			
	Event 01	<b>MOTOR VEH IN TRANSPORT</b>		
	Event 02	<b>DITCH</b>		
	Event 03			
UNIT VEHICLE	Event 04			
	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>		Individual <b>PUTTKAMER ARTHUR</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>PUTTKAMER JOSHUA ARTHUR (608) 963-4463</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S3286 COUNTY ROAD A BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Driver License Number [REDACTED]		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>			
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	Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</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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UNIT INDIVIDUAL          02 002	<b>Distracted By</b> Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	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		

### Witness

WITN 01 ESS	Individual BENJAMIN A SPLINTER (608) 448-7637	Address 205 MADISON AVE BARABOO, WI 53913 , US	Date of Birth [REDACTED]