

6TL0DCL4H1
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 6TL09XQZ3V		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 checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	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.

ISSUES WITH UNIT 2 NAME

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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 MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 02 - FRONT TO FRONT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	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 NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<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

01	License Plate Number 48237DS	Plate Type DIS - DISABLED	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number WMWZG3C52BTY36337	Make VOLKSWAGEN	Year 2011	Model MINI COOP
	Color BRO - BROWN	Body Style 2D - 2DR	Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER			

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UNIT VEHICLE	Vehicle Damage		7 8 9 10 11 5 4 3 2 1	
	Extent Of Damage DISABLING DAMAGE			01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By PLATTS WRECKER
	What Driver Was Doing LEFT TURN			Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
	Owner Name ROBERT MICHAEL MOBLEY (608) 393-3719		Owner Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT VEHICLE	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual ROBERT MOBLEY		
UNIT INDIVIDUAL	Individual			
	Driver ROBERT MICHAEL MOBLEY (608) 393-3719	Citations Issued 1	Sex MALE	
		Date of Birth [REDACTED]	Race AMERICAN INDIAN OR ALASKAN NATIVE	
	Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 53965 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	Injury		Airbag	
	Injury Severity SUSPECTED MINOR INJURY	DEPLOYED-FRONT		
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND	EMS Agency Identifier 6000123	EMS Run# 220810	
Hospital ST CLARE'S HOSPITAL		Date of Death	Time of Death	

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UNIT INDIVIDUAL	Distracted By Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)	
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)	
	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		
Violations		
01	UTC Number AE757816	Issue To? 001 Statute Number 346.89(1) Description INATTENTIVE DRIVING

Unit Summary


UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE	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 SOUTHBOUND	<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				
	02	License Plate Number ANX5999	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNEVKKW8LJ294113	Make CHEVROLET	Year 2020	Model TRAVERSE	

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UNIT VEHICLE	Color BLK - BLACK	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 08 - LEFT SIDE REAR, 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			Vehicle Factors NOT APPLICABLE
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name PUTTKAMER JOSHUA ARTHUR (608) 963-4463	Owner Address S3286 COUNTY ROAD A BARABOO, WI 53913 , US		
UNIT VEHICLE	Sequence Of Events			
	Event MOTOR VEH IN TRANSPORT			
	Event DITCH			
	Event			
UNIT VEHICLE	Event			
	Event			
UNIT VEHICLE	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual PUTTKAMER ARTHUR		
UNIT INDIVIDUAL	Individual			
	Driver JOSHUA A PUTTKAMER (608) 963-4463	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
Address S3286 COUNTY ROAD A BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT VEHICLE	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity SUSPECTED MINOR INJURY	
		Airbag DEPLOYED-COMBINATION		
UNIT VEHICLE	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier [REDACTED] EMS Run#	

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UNIT INDIVIDUAL 02 002	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	
	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						

Witness

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