6TL0DCL4H1 22-03948

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

	Document Number Override 6TL09XQZ3V	Primary Crash Docu	I	Agency 22-03 9	Crash Number 448	Investigating Officer/Deputy DEPUTY I. GALVAN			
Ĭ	Crash Date 05/01/2022	Crash Time 04:36 PM		Date Arrived 05/01/2022		Time Arrived 04:50 PM			
CL4	Date Notified 05/01/2022	Time Notified 04:38 PM		Total Units 02		Total Injured 02	·		
Ö	On Emergency Hit	t and Run Lane Closu		ure Work Zone		Trailer or 1	Towed	Reporting Threshold	
eTL	Government Property	Active School Zone		School Bus Related NO		Tags			
	▼ Reportable	Crash Type DT4000 (STANDA	ARD CRASH)			✓ Amended		Secondary Crash	

BUNKER ROAD

REPRESENTED TO SCALE

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 LOCKING 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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Crash Date 05/01/2022

ſ	INTI ON	ation ERSECTION CTHA SB CTHT NB				Latitude 43.56829	93071		Longitud	de 8513496
	IN T	HE TOWN OF DELTO AUK COUNTY	N			X Coordin 278852.0			Y Coord 482757	
						Structure NO STR	Type UCTURE			
_		sh Scene 💻								
		HarmfulEvent FOR VEH IN TRANSPO	not			First Harm	nful Event Lo	ocation		
		ner of Collision	JR 1			Light Con-				
		FRONT TO FRONT				DAYLIG				
r	Road	d Surface Condition(s)				Roadway	Factor(s)			
	DRY	•								
	Envi NO N	ronment Factor(s)				NONE				
ŀ	Wea	ther Condition(s)				-				
		UDY								
ŀ	Anim	alType				Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction				
ŀ	Cras	h Classification - Location								
	PUE	LIC PROPERTY		NO SPECIAL JURISDICTION						
	Triba	llLand				NO CONTROL			Special Study	
	NO	n Interchange Area	Junction Location NON-JUNCTION		NOT AN	n Type INTERSE	CTION			
		Summary 💳								
		Status RANSIT		Vehicle Op D CLASS	Operating As Classification Unit Type SS AUTOMOBILE					
H		cle Type		B OLAGO	,			Operating A		ments
	PAS	SENGER CAR								
	Tota 1	Occs	Train/Bus#Recorded	Total#Citations Issued		ł	Total Trailers 0		Total HazMat Types 0	
	Insui YES	ance?	Direction Of Travel NORTHBOUND		CrashTire Mark	Speed Lin		imit Total Lanes 2		es
F	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Fu				Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED			Traffic Cor				Traffic Control Inoperative/Missing NO		
	Surface Type			Road Curv				Road Grade)	
⊢	BLACKTOP (BITUMINOUS) Truck Bus or HazMat			STRAIGH	STRAIGHT LEVEL					
	NO									
	Vehicle License Plate Number 48237DS			Diete Tue				Country of le	Ellanco	
				Plate Type DIS - DIS			St WI	Country of Issuance UNITED STATES		
	Vehicle Identification Number WMWZG3C52BTY36337			Make	Make			Model		
)	WMWZG3C52BTY36 Color BRO - BROWN	<i>აა</i> :	Body Style 2D - 2DF	e		2011	Bus Use	-	
	Initial Contact Point 01 - RIGHT FRONT CORNER				•					

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	Ш			Vehicle Damage								
╘	VEHICLE			01 - RIGHT FRONT	CORNER, 02 - RIGI							
N	I	Extent Of Damage			SIDE FRONT, 11 - LI	EFT FRONT						
_	븿	DISABLING DAMAGE		CORNER, 12 - FRO	NT		5 4 3 2 1					
		Towed Due To Damage		Vehicle Removed By								
		TOWED DUE TO DISABLIN	G DAMAGE	PLATTS WRECKER								
		What Driver Was Doing		Vehicle Factors								
		LEFT TURN										
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions Driver Actions										
	Щ	OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER										
INI	O											
É	VEHICL											
		OwnerName	24	Owner Address								
2	5	ROBERT MICHAEL MOBLE (608) 393-3719	17	E8892 WINNES	HIEK DK ELLS, WI 53965 , US	ž.						
0		(000) 555-57 15		WOCOMON DE	•							
		Sequence Of Events										
Event												
	MOTOR VEH IN TRANSPORT											
	Event Event											
	8	Event										
	9											
	8	Event										
	255200000000000000000000000000000000000											
\vdash		l Policy Holder										
Ħ		Insurance Company		Individual								
IN		2000 000 000 000 000 000 000 000 000 00	L-INSURANCE-COMP	011011011011011011011011011011011011011								
UNIT		Insurance Company PROGRESSIVE-UNIVERSA		Individual ROBERT MOBLE	Y							
INN		Insurance Company PROGRESSIVE-UNIVERSA		Individual ROBERT MOBLE	Y							
LINO		Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE		Individual ROBERT MOBLE	Y							
INN		Insurance Company PROGRESSIVE-UNIVERSA Individual Driver		Individual ROBERT MOBLE Citations Issued	Sex MALE Race							
		Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE		Individual ROBERT MOBLE Citations Issued 1	Sex MALE Race							
		Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE		Individual ROBERT MOBLE Citations Issued 1	Sex MALE Race AMERICAN IND							
UNT UNIT		Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR	Y	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num	Sex MALE Race AMERICAN IND	IAN OR ALASKA						
		Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address	Y	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num	Sex MALE Race AMERICAN IND	IAN OR ALASKA						
		Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR	Y	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num	Sex MALE Race AMERICAN IND	IAN OR ALASKA						
	INDMIDUAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539	:Y 965 , US	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num	Sex MALE Race AMERICAN IND	IAN OR ALASKA						
	INDMIDUAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 538	:Y 965 , US	Citations Issued Citations Issued Date of Birth Driver License Num STATE: WISCON	Sex MALE Race AMERICAN IND	IAN OR ALASKA						
	INDMIDUAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539	:Y 965 , US	Citations Issued Citations Issued Date of Birth Driver License Num STATE: WISCON	Sex MALE Race AMERICAN IND Der SIN COUNTRY: UNIT	IAN OR ALASKA						
	INDMIDUAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539 Tety Equipment On Duty C	P65 , US	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment	Sex MALE Race AMERICAN IND Der SIN COUNTRY: UNIT	IAN OR ALASKA						
	INDMIDUAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539 Fety Equipment Row	P65 , US rash Seat Position	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment	Sex MALE Race AMERICAN IND Der SIN COUNTRY: UNIT	IAN OR ALASKA						
	INDMIDUAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use	P65 , US rash Seat Position	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA	Sex MALE Race AMERICAN IND Der SIN COUNTRY: UNIT	IAN OR ALASKA						
	INDMIDUAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539 Tety Equipment Row 01 - FRONT ROW	P65 , US rash Seat Position	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA	Sex MALE Race AMERICAN IND Der SIN COUNTRY: UNIT	IAN OR ALASKA						
LNO	S INDINIDIAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection	P65 , US rash Seat Position 07 - LEFT	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance	Sex MALE Race AMERICAN IND Der SIN COUNTRY: UNIT	IAN OR ALASKA						
TNO	S INDINIDIAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539 Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve	P65 , US rash Seat Position 07 - LEFT	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag	Sex MALE Race AMERICAN IND Per SIN COUNTRY: UNIT	IAN OR ALASKA						
LNO	INDMIDUAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury Seve	erity TED MINOR INJURY	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance	Sex MALE Race AMERICAN IND Per SIN COUNTRY: UNIT	IAN OR ALASKA						
LNO	S INDINIDIAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve	Seat Position 07 - LEFT erity TED MINOR INJURY	Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag DEPLOYED-FRO	Sex MALE Race AMERICAN IND Per SIN COUNTRY: UNIT	IAN OR ALASKA						
TNO	S INDINIDIAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539 Row 01 - FRONT ROW Helmet Use Eye Protection Injury Suspection Ejected NOT EJECTED	erity TED MINOR INJURY	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA Heimet Compliance Tint Compliance Airbag DEPLOYED-FRO	Sex MALE Race AMERICAN IND SIN COUNTRY: UNIT	Trapped/Extricated						
LNO	S INDINIDIAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539 Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sevential Suspection Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT erity TED MINOR INJURY	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA Heimet Compliance Tint Compliance Airbag DEPLOYED-FRO PLICABLE EMS Agency Identif	Sex MALE Race AMERICAN IND SIN COUNTRY: UNIT	Trapped/Extricated NOT TRAPPED EMS Run#						
LNO	S INDINIDIAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539 Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sevent Suspection Medical Transport EMS GROUND	Seat Position 07 - LEFT erity TED MINOR INJURY	Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA Heimet Compliance Tint Compliance Airbag DEPLOYED-FRO PLICABLE EMS Agency Identif 6000123	Sex MALE Race AMERICAN IND SIN COUNTRY: UNIT	Trapped/Extricated NOT TRAPPED EMS Run# 220810						
LNO	S INDINIDIAL	Insurance Company PROGRESSIVE-UNIVERSA Individual Driver ROBERT MICHAEL MOBLE (608) 393-3719 Address E8892 WINNESHIEK DR WISCONSIN DELLS, WI 539 Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sevential Suspection Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT erity TED MINOR INJURY	Individual ROBERT MOBLE Citations Issued 1 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA Heimet Compliance Tint Compliance Airbag DEPLOYED-FRO PLICABLE EMS Agency Identif	Sex MALE Race AMERICAN IND SIN COUNTRY: UNIT	Trapped/Extricated NOT TRAPPED EMS Run#						

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Crash Date 05/01/2022

	Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)											
		Distracted By Action OTHER ACTION (I	-001	KING AWAY I	FROM TASK ET	ΓC)						
		Non Motorist	Strik	ing Unit#	Location							
		Prior Action										
UNIT	NDIVIDUAL	Action										
-	NON	Action Other										To/From School
		7.03017.037.01	Action Cities									, c.r. tetti cerreei
	I	Drug & Alcohol	Sus NO	pected Alcohol (Jse		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty	pe				Alcohol Tes	:Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug T	est Results			
10	001	Drug Type										
		Individual Condition										
		APPEARED NORM	1AL									
	į	Violations										
	0.1	UTC Number AE757816	sst	1 0 4	itute Number 6.89(1)	Description INATTENTIVE DRIVING						
	Unit	t Summary ■										
	Unit	Status RANSIT				Vehicle Operating As Classification D CLASS			UnitType AUTOMOBILE			
05		cle Туре			1					Operating A	s Endorsem	ents
0	(SPORT) UTILITY VEHICLE				T. (180) C. (180)			275	rs Total HazMat Types			
	1					0			0		0	
⊨	YES	rance?	Direction Of Tr SOUTHBOU		Pre CrashTire Speed Mark 55			Speed Lim 55	mit TotalLand			
LINO		tHarmfulEvent: Collision				ecial Function SPECIAL FUNCTION	N		Emergency Motor Vehicle Use NOT APPLICABLE			
		fic Way D-WAY, NOT DIVIDI				ffic Control CONTROL			Traffic Control Inoperative/Missing NO			
		ace Type ACKTOP (BITUMINO	1		Road Curvature STRAIGHT				Road Grade LEVEL			
		k Bus or HazMat			I							
		Vehicle	\$ \$ \$ \$ \$	\$\$\$\$\$\$\$\$\$\$\$\$\$	**************************************	e e e e			*****			
		License Plate Number	r				ate Type JT - AUTOMOBILE		I .	Country of Iss		
02	02	Vehicle Identification 1GNEVKKW8LJ29				Ma	ake HEVROLET		Year	Model TRAVERSE		

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		Color				dy Style		Bus Use				
		BLK - BLACK				- 4DR						
	Щ	Initial Contact Point 12 - FRONT			1	Vehicle Damage 7 8 9 10 11						
	¥	Extent Of Damage			01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 08 - LEFT SIDE REAR, 10 - LEFT SIDE							
ו⊃ו	VEHICE	DISABLING DAMAGE				ONT, 11 - LEFT FI			5 4 3 2 1			
		Towed Due To Damage			Vel	nicle Removed By						
		TOWED DUE TO DISA	BLING	DAMAGE	PL.	ATTS WRECKER						
		What Driver Was Doing			Vel	nicle Factors						
		GOING STRAIGHT			١.,,	T 400 10401 5						
		Driver Prior Action Other			NO	T APPLICABLE						
	Driver Actions											
	ш	NO CONTRIBUTING ACTION										
l⊨	VEHICLE											
\frac{1}{2}	I											
-	3											
		OwnerName PUTTKAMER JOSHUA ARTHUR				Owner Address S3286 COUNTY I	A GAOS					
8	8	(608) 963-4463				BARABOO, WI 53						
-												
		Event										
	5	MOTOR VEH IN TRANSPORT										
	8	Event DITCH										
	8	Event										
	8	Event										
l⊨		Policy Holder Programme Pr										
		Insurance Company	EDGVI	INICI IDANICE COMP	Individual PUTTKAMER ARTHUR							
		PROGRESSIVE-UNIVERSAL-INSURANCE-COMP			1							
		ndividual			ererere.							
		Driver JOSHUA A PUTTKAME	ER		Citations Issued Sex 0 MALE							
	₹	(608) 963-4463			\vdash	Date of Birth	Race					
l <u>⊨</u>	E S				أ		WHITE					
Š	5	Address			Driver License Number							
_	NON	S3286 COUNTY ROAD BARABOO, WI 53913			STATE: WISCONSIN COUNTRY: UNITED STATES							
		BARABOO, W. 33813	, 03		The second section of the second seco							
		Onf	N. b. C.	- i-								
	Sai	ety Equipment	Outy Cr	asn	1	Safety Equipment						
		Row		Seat Position	ا.	SHOULDER & LAP	BELT					
		01 - FRONT ROW		07 - LEFT								
		HelmetUse			1	Helmet Compliance						
		Eye Protection			٦	Fint Compliance						
	O.	leige	y Seve	rity	Airbag							
05	005	Injury sus	, Seve	ED MINOR INJURY	- 1	DEPLOYED-COMB	INATION					
		Ejected		ection Path				Trapped/Extricated				
		NOT EJECTED	N	OT EJECTED/NOT AP	PLIC	ABLE		NOT TRAPPED				
		Medical Transport			E	EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED										

Crash Date 05/01/2022
Crash Time 04:36 PM

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		Hospital			Date of Death		Time of Death		
		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRA	CTED)				
		Distracted By Action NOT DISTRACTED)						
		Non Motorist	Striking Unit#	Location					
		Prior Action							
		Action							
	INDIVIDUAL								
ENS.									
_	S								
		Action Other						To/From School	
	ı	Drug & Alcohol	Suspected Alcohol U NO	se	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			
05	005	Drug Type				ı			
		Individual Condition							
		APPEARED NORM	IAL						
	Wit	ness							
	Indiv	ridual	_		Address			ate of Birth	
01		NJAMIN A SPLINTEI 3) 448-7637	R		205 MADISON AVE BARABOO, WI 53913 , US				
WITN	(000) 440-1007								