

6TL0D9428P
SC22-06870

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 SC22-06870		Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 07/16/2022		Crash Time 07:19 PM		Date Arrived 07/16/2022		Time Arrived 07:28 PM	
Date Notified 07/16/2022		Time Notified 07:22 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

<p>Diagram</p>	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 WAS TRAVELING NORTH ON CTH BD NEARING THE CASINO ENTRANCE PARKING LOT. AT THAT TIME UNIT 2 WAS TRAVELING SOUTH ON CTH BD AND WAS TURNING EAST INTO THE CASINO ENTRANCE PARKING LOT. UNIT 1'S FRONT PASSENGER CORNER STRUCK UNIT 2'S BACK PASSENGER CORNER. UNIT 1 SUSTAINED MINOR DAMAGE BUT HAD A FLAT TIRE. UNIT 2 SUSTAINED MINOR DAMAGE AND WAS DRIVEN FROM THE SCENE.

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Location

ON CTHBD NB 1075 FT N OF COOP LN IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude	Longitude
	43.52810203	-89.777938712
	X Coordinate	Y Coordinate
	275518.9375	4823211.5
Structure Type		

Crash Scene

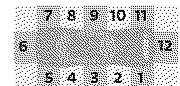
First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - 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

UNIT 01	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 0	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

UNIT 01 VEHICLE 01	License Plate Number 980XTV		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3FAHP0CG9AR262243		Make FORD	Year 2010	Model FUSION
	Color GRY - GRAY		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT		
Extent Of Damage DISABLING DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
01	01	Owner Name LORRAINE K HARMON (608) 415-9796	Owner Address S1256 LOST OAKS COURT WISCONSIN DELLS, WI 53965 , US
Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT	
02	02	Event	
03	03	Event	
04	04	Event	
UNIT	Policy Holder		
	Insurance Company NORTH-STAR-MUTUAL-INSURANCE-CO	Individual LORRAINE HARMON	
UNIT INDIVIDUAL	Individual		
	Driver LORRAINE K HARMON (608) 415-9796	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address S1256 LOST OAKS COURT WISCONSIN DELLS, WI 53965 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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	Airbag
		NO APPARENT INJURY	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	
		NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action			
NOT DISTRACTED			

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UNIT INDIVIDUAL 01 001	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				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	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					

UNIT VEHICLE 02 02	Vehicle					
	License Plate Number ACT7847		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 19XFC2F63LE023759		Make HONDA	Year 2020	Model CIVIC	
	Color WHI - WHITE		Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 05 - RIGHT REAR CORNER		Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR			
	Extent Of Damage MINOR DAMAGE					
Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER				

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UNIT	VEHICLE	What Driver Was Doing LEFT TURN	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
02	02	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
		Owner Name ROBERT EDWARD HEISSE (219) 688-5257	Owner Address 3808 SUNNYSIDE DR LA CROSSE, WI 54601 , US		
Sequence Of Events					
UNIT	VEHICLE	01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
Policy Holder					
UNIT	VEHICLE	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual ROBERT HEISSE		
		Individual			
UNIT	INDIVIDUAL	Driver ROBERT EDWARD HEISSE (219) 688-5257	Citations Issued 1	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address 3808 SUNNYSIDE DR LA CROSSE, WI 54601 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
02	002	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 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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action		NOT DISTRACTED			
Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other	To/From School			
02	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 VIRGINIA M TALBERT	Citations Issued 0	Sex FEMALE
					Date of Birth	Race WHITE
				Address 1896 OAK CREST CIRCLE CASTLE ROCK, CO 80104 , US	Driver License Number	
	STATE: COLORADO COUNTRY: UNITED STATES					
02	003	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		
		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 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 BG112520	Issue To? 002	Statute Number 346.18(7)	Description FYR-ENTERING ALLEY/DRIVEWAY FROM HWY
	02	003			