

6TL0B3P3K4
SC23-02770

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 SC23-02770		Investigating Officer/Deputy DEPUTY J. GREENWOOD	
Crash Date 03/21/2023		Crash Time 09:30 AM		Date Arrived 03/21/2023		Time Arrived 09:43 AM	
Date Notified 03/21/2023		Time Notified 09:36 AM		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 DEPUTY GREENWOOD
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING WEST ON STH 33 IN THE ROUND ABOUT. UNIT 2 WAS SOUTH ON USH 12 OFF RAMP ENTERING THE ROUND ABOUT. UNIT 2 FAILED TO YIELD TO UNIT 1 CAUSING UNIT 1 TO HIT UNIT 2.

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Location

ON STH33 WB 5 FT W OF STH33 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.514627486	Longitude -89.78538925
	X Coordinate 274866.71875	Y Coordinate 4821735.5
	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) 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 YES	Junction Location INTERSECTION	Intersection Type ROUNDBOUT

Unit Summary

01 UNIT	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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes 1
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way ONE-WAY TRAFFIC	Traffic Control TRAFFIC CONTROL PERSON	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE LEFT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

01 UNIT VEHICLE	License Plate Number ADK7378	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2GNALCEK6G1133813	Make CHEVROLET	Year 2016	Model EQUINOX
	Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER		
Extent Of Damage MINOR DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name COURTNEY RENEE SACHELI (608) 415-9976		Owner Address 2701 E MAIN ST # 96 REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company WISCONSIN-MUTUAL-INS-CO		Individual COURTNEY SACHELI	
UNIT INDIVIDUAL	Individual			
	Driver COURTNEY RENEE SACHELI (608) 415-9976		Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]		Race WHITE	
	Address 2701 E MAIN ST # 96 REEDSBURG, WI 53959 , US		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	
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 VAN				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	Total Lanes 1	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way ONE-WAY TRAFFIC			Traffic Control YIELD SIGN		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature CURVE LEFT		Road Grade LEVEL
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle					
	License Plate Number 949FTE		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 5GADX33L06D166722		Make BUICK	Year 2006	Model TERRAZA CX	
	Color WHI - WHITE		Body Style VN - VAN		Bus Use	
	Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage 10 - LEFT SIDE FRONT			
	Extent Of Damage MINOR DAMAGE		Towed Due To Damage NOT TOWED			
Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR			

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UNIT	What Driver Was Doing MERGING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
	Owner Name WILLIAM LEE SCHALLHAMMER (608) 448-1184	Owner Address 156 SANDSTONE DR LAKE DELTON, WI 53940 , US	
02	Sequence Of Events		
01	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
02	Policy Holder		
	Insurance Company OWNERS-INS-CO	Individual WILLIAM SCHALLHAMMER	
INDIVIDUAL	Individual		
	Driver WILLIAM LEE SCHALLHAMMER (608) 448-1184	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 156 SANDSTONE DR LAKE DELTON, WI 53940 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
02	Safety Equipment		Safety Equipment
	On Duty Crash	SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
002	Injury		Airbag
	Injury Severity 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		
	Non Motorist		
	Striking Unit #	Location	

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UNIT INDIVIDUAL 02 002	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		