

6TL0BC3B7J
23-10430

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 23-10430	Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 09/24/2023		Crash Time 09:37 AM	Date Arrived 09/24/2023	Time Arrived 09:51 AM	
Date Notified 09/24/2023		Time Notified 09:39 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 checked="" 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 B. STODDARD
	Additional Information PHOTOS

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS STOPPED AT A STOP SIGN AND UNIT 2 WAS TRAVELING NORTHBOUND. THE OPERATOR OF UNIT 1 DID NOT SEE UNIT 2 AND PULLED OUT IN FRONT OF UNIT 2. UNIT 2 STRUCK UNIT 1 IN THE DRIVER'S DOOR. NO REPORTED INJURIES.

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Location

ON LYNDON RD 21 FT S OF OAK HILL RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.634312159	Longitude -89.866225908
	X Coordinate 268791.4375	Y Coordinate 4835250.5
	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 NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY 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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle					
	01	License Plate Number WRC3		Plate Type AUT - AUTOMOBILE	St MO	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FADP3N29EL199912		Make FORD	Year 2014	Model FOCUS
		Color MAR - MAROON (BURGUNDY)		Body Style 4D - 4DR		Bus Use
		Initial Contact Point 09 - LEFT SIDE MIDDLE		Vehicle Damage 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER		
VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	01	Owner Name JAMES HEINE (314) 922-6120		Owner Address 3955 BOWEN ST SAINT LOUIS, MO 63116 , 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 STATE-FARM-GENERAL-INS-CO		Individual JAMES HEINE	
UNIT INDIVIDUAL	Individual			
	Driver JOHN VONHATTEN (314) 715-1398		Citations Issued 1	Sex MALE
	Address 13425 OLD JAMESTOWN RD ST LOUIS, MO 63033 , US		Date of Birth	Race WHITE
		Driver License Number STATE: MISSOURI COUNTRY: UNITED STATES		
UNIT 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 NO APPARENT INJURY	Airbag DEPLOYED-SIDE
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 UNKNOWN				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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					
		Individual					
		Passenger JAMES HEINE (314) 922-6120			Citations Issued 0	Sex MALE	
		Address 3955 BOWEN ST ST LOUIS, MO 63116 , US			Date of Birth	Race WHITE	
		Driver License Number STATE: MISSOURI COUNTRY: UNITED STATES					
		01	002	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
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				

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	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			
	01	01	Violations			
			UTC Number AE138566	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK					Operating As Endorsements	
		Total Occs 2	Train/Bus # Recorded		Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel NORTHBOUND		<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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	02	Vehicle					
		License Plate Number NY8154		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1FT8W3BT7KEG35930		Make FORD	Year 2019	Model F350	
		Color MAR - MAROON (BURGUNDY)		Body Style PK - PICKUP		Bus Use	
		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR, 12 - FRONT			
		Extent Of Damage FUNCTIONAL DAMAGE					



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	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name TY MOTZ		Owner Address W1728 SMITH RD WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT 02	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual TY MOTZ	
UNIT TRAILER/ 02	Trailer/Towed			
	Trailer Plate # DR78450	Plate Type TRL - TRAI	Make HHTC	State WI
	Country of Issuance UNITED STATES	Address W1728 SMITH RD WISCONSIN DELLS, WI 53965 , US		
UNIT INDIVIDUAL 02	Unit Type UTILITY TRAILER	Individual TY MOTZ		Address W1728 SMITH RD WISCONSIN DELLS, WI 53965 , US
	Vehicle Identification Number 5JWUF2020MN549617			
	Individual			
	Driver TRENT MOTZ (608) 434-0042		Citations Issued 0	Sex MALE
Address W1728 SMITH RD WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE	
Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES		
02 003	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	
003	Injury		Airbag	
	NO APPARENT INJURY		NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED

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UNIT INDIVIDUAL	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	
	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 INDIVIDUAL	Individual				
	Passenger MASON MISTELE (608) 393-3962		Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
	Address 3377 3RD LN OXFORD, WI 53952 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment				
On Duty Crash		Safety Equipment SHOULDER & LAP BELT			
Row 01 - FRONT ROW	Seat Position 09 - RIGHT				
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT INDIVIDUAL	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 #		

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UNIT	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source			
	Distracted By Action					
	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	
02	004	Drug Type				
		Individual Condition				
		APPEARED NORMAL				