

6TL09PBQ8K
18-02619

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 18-02619	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 03/12/2018		Crash Time 09:35 PM	Date Arrived 03/12/2018	Time Arrived 10:24 PM	
Date Notified 03/12/2018		Time Notified 09:55 PM	Total Units 01	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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p style="text-align: center;">CTH P</p> <p style="text-align: right;">Not to Scale</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.

UNIT 1 WAS WESTBOUND ON CTH P. UNIT 1 OPERATOR STATES 2 MALES WERE EACH WALKING WESTBOUND ON THE NORTH SHOULDER. UNIT 1 OPERATOR STATES THE MALES WERE WALKING WITH BICYCLES ON THEIR LEFT SIDE. UNIT 1 OPERATOR STATES HE STRUCK THE BICYCLE HANDLEBAR WITH UNIT 1'S PASSENGER SIDE MIRROR. UNIT 1 OPERATOR STATES THE BICYCLE WAS ON THE FOGLINE IF NOT IN THE WESTBOUND LANE OF TRAVEL. UNIT 1 OPERATOR STATES HE SPOKE TO THE BICYCLE OWNER WHOM STATED HE WASN'T INJURED. THE MALES WERE NEVER LOCATED NOR IDENTIFIED.

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Location

ON CTHP WB 1276 FT E OF COON BLUFF RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.590747787	Longitude -89.862571901
	X Coordinate 268919.3125	Y Coordinate 4830401.5
	Structure Type	

Crash Scene

First Harmful Event OTHER OBJECT - NOT FIXED	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
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

01 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 # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With OTHER OBJECT - NOT FIXED		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 HILLCREST		
	Truck Bus or HazMat NO					

01 UNIT VEHICLE	Vehicle			
	License Plate Number 543MPB	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5TDBK22C59S027386	Make TOYOTA	Year 2009	Model SIENNA XLE
	Color RED - RED	Body Style VN - VAN		Bus Use NOT A BUS
	Initial Contact Point 2--RIGHT SIDE FRONT	Vehicle Damage		
Extent Of Damage MINOR DAMAGE	2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE			

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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 NO CONTRIBUTING ACTION					
01	01	Driver Distractions NOT DISTRACTED					
		Owner Name DANIEL HESS (608) 547-0649		Owner Address S1532A BEAVER CREEK RD WISCONSIN DELLS, WI 53965 , US			
Sequence Of Events							
UNIT	INDIVIDUAL	01	Event OTHER OBJECT - NOT FIXED				
		02	Event				
		03	Event				
		04	Event				
Policy Holder							
UNIT	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO		Individual DANIEL HESS			
		Driver DANIEL HESS (608) 547-0649		Citations Issued 0	Sex MALE		
UNIT	INDIVIDUAL	Date of Birth		Race WHITE			
		Address S1532A BEAVER CREEK RD WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	001	Equipment		On Duty Crash			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment 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 APPLICABL		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		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		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 JENNIFER HESS (608) 547-0649		Citations Issued 0	Sex FEMALE		
				Date of Birth	Race WHITE		
		Address S1532A BEAVER CREEK RD WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		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 APPLICABL	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
Non Motorist		Striking Unit #	Prior Action	Location	To/From School		

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UNIT	INDIVIDUAL	Action		
		Action Other		
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		