

6TL096J8WP  
18-04536

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 <b>18-04536</b>		Investigating Officer/Deputy <b>DEPUTY J. SOLCHENBERGER</b>	
Crash Date <b>05/04/2018</b>		Crash Time <b>12:45 PM</b>		Date Arrived <b>05/04/2018</b>		Time Arrived <b>12:53 PM</b>	
Date Notified <b>05/04/2018</b>		Time Notified <b>12:50 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS BEHIND UNIT 2 WAITING ON A RED LIGHT. UNIT 1 THOUGHT UNIT 2 WAS GOING TO MAKE A RIGHT TURN. UNIT 1 THEN DROVE INTO THE BACK OF UNIT 2.

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Location

ON N REEDSBURG RD 46 FT W OF CTHBD EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.532462665</b>	Longitude <b>-89.778036549</b>
	X Coordinate <b>275527.21875</b>	Y Coordinate <b>4823696.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

Unit Summary

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>TRAFFIC SIGNAL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT 01</b>	<b>Vehicle</b>			
	License Plate Number <b>8191937</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G1AL55F577283723</b>	Make <b>CHEVROLET</b>	Year <b>2007</b>	Model <b>COBALT LT</b>
	Color <b>BLU - BLUE</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>		
		What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>				
01	01	Driver Distractions <b>DISTRACTION/INATTENTION</b>				
		Owner Name <b>DALE R ERICSON (715) 207-2726</b>		Owner Address <b>818 WESTERN ST MARSHFIELD, WI 54449 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
<b>Policy Holder</b>						
Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>		Individual <b>DALE ERICSON</b>				
<b>Individual</b>						
Driver <b>DALE R ERICSON (715) 207-2726</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>		
Address <b>818 WESTERN ST MARSHFIELD, WI 54449 , US</b>		Date of Birth [REDACTED]		Race <b>WHITE</b>		
Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES				
<b>Equipment</b>		On Duty Crash		Safety Equipment		
Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
01	001	<b>Injury</b>		Airbag		
		Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>		



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		What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
02	02	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>WILLIAM H FRY (608) 697-4519</b>		Owner Address <b>155 STATE ROAD 23 BRIGGSVILLE, WI 53920 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
<b>Policy Holder</b>						
Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>WILLIAM FRY</b>				
<b>Individual</b>						
Driver <b>WILLIAM H FRY</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>		
Address <b>155 STATE ROAD 23 BRIGGSVILLE, WI 53920 , US</b>		Date of Birth [REDACTED]		Race <b>WHITE</b>		
Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES				
<b>Equipment</b>		On Duty Crash		Safety Equipment		
Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
02	002	<b>Injury</b>		Airbag		
		Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>		

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UNIT INDIVIDUAL          02 002	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
	Hospital		Date of Death	Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School	
	Action					
	Action Other					
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					