

6TL097RB1V
18-05206

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 18-05206	Investigating Officer/Deputy DEPUTY H. WEINKE	
Crash Date 05/21/2018		Crash Time 02:36 PM	Date Arrived 05/21/2018	Time Arrived 02:46 PM	
Date Notified 05/21/2018		Time Notified 02:38 PM	Total Units 02	Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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> <p>SAND RD</p> <p>STOP</p> <p>STOP</p> <p>STH 33 NOT TO SCALE</p>	Reconstruction By
	Photos By DEPUTY WEINKE
	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 WEST BOUND ON STH 33 JUST PASS THE INTERSECTION OF 33 AND SAND RD. UNIT #2 WAS HEADING EAST BOUND ON STH 33 APPROACHING SAND RD INTERSECTION. AT THIS TIME UNIT #1 BACKED UP INTO THE EAST BOUND LANE ON STH 33, ATTEMPTING TO GO NORTH ONTO SAND RD. UNIT #1 BACKED INTO THE PATH OF UNIT #2. OPERATOR OF UNIT #2 RECEIVED MINOR INJURIES TO HIS ARM FROM AIR BAG, BUT WAS NOT TRANSPORTED TO THE HOSPITAL. NO INJURIES REPORTED IN UNIT#1. OPERATOR OF UNIT#1 CITED FOR UNSAFE BACKING. ASSISTED AT THE SCENE BY LAKE DELTON FIRE DEPT, AND LAKE DELTON AMBULANCE.

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Location

INTERSECTION ON STH33 EB AT SAND RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.514725646	Longitude -89.798012867
	X Coordinate 273846.71875	Y Coordinate 4821780.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY, RAIN			
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-RELATED	Intersection Type FOUR-WAY INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 05/21/2018	Time Initial Lane/Rd Closed 02:36 PM	LAW ENFORCEMENT	
Date All Lanes Open 05/21/2018	Time All Lanes Open 02:55 PM	Date Scene Cleared 05/21/2018	Time Scene Cleared 03:25 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements		
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire 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						
		License Plate Number HL2029	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES		
	Vehicle Identification Number 2GCEK19R8V1143555	Make CHEVROLET	Year 1997	Model K1500			

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UNIT	VEHICLE	Color GRN - GREEN	Body Style PK - PICKUP	Bus Use NOT A BUS
		Initial Contact Point 9--LEFT SIDE MIDDLE	Vehicle Damage 9--LEFT SIDE MIDDLE	
		Extent Of Damage MINOR DAMAGE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing BACKING	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY, UNSAFE BACKING, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER		
		Driver Distractions UNKNOWN IF DISTRACTED		
01	01	Owner Name ROBERT EDWARD MASSEY (608) 369-3267	Owner Address W8308 DAKOTA LN WESTFIELD, WI 53964 , US	
		Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT		
		Event MOTOR VEH TRAN OTHER RDWY		
		Event		
		Event		
UNIT	04	Policy Holder		
		Insurance Company TWIN-CITY-FIRE-INS-CO-(C/O-HARTFORD-INS-G	Individual ROBERT MASSEY	
UNIT	INDIVIDUAL	Individual		
		Driver JOSHUA JAMES MASSEY (815) 274-9848	Citations Issued 1	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address W8308 DAKOTA LN WESTFIELD, WI 53964 , US	Driver License Number [REDACTED] STATE: GEORGIA COUNTRY: UNITED STATES	
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
	Helmet Use	Helmet Compliance		

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UNIT	INDIVIDUAL	01	001	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	
		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				
01	001	Drug Type							
Individual Condition									
APPEARED NORMAL									
Violations									
01	UTC Number	Issue To?	Statute Number	Seq Num	Description				
	AI387790	001	346.87	001	UNSAFE BACKING OF VEHICLE				

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	1		Train/Bus # Injured	0		Total Citations Issued	0		Total Trailers	0		Total HazMat Types	0		
		Insurance?	YES		Direction Of Travel	EASTBOUND		<input type="checkbox"/> Pre CrashTire 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															

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UNIT VEHICLE	02	02	License Plate Number 939UDT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 1C3CDFAA9DD295842	Make DODGE	Year 2013	Model DART SE
			Color WHI - WHITE	Body Style 4D - 4DR	Bus Use NOT A BUS	
			Initial Contact Point 12--FRONT	Vehicle Damage		
			Extent Of Damage DISABLING DAMAGE	11--LEFT FRONT CORNER, 12--FRONT		
			Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING		
			What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
UNIT VEHICLE			Driver Prior Action Other	NOT APPLICABLE		
			Driver Actions NO CONTRIBUTING ACTION			
			Driver Distractions NOT DISTRACTED			
02	02	Owner Name EUGENE ELDOR PIOTTER (608) 434-6981	Owner Address 1650 N DEWEY AVE # 26 REEDSBURG, WI 53959 , US			
Sequence Of Events						
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
UNIT INDIVIDUAL	Policy Holder					
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual EUGENE PIOTTER			
	Individual					
	Driver EUGENE ELDOR PIOTTER	Citations Issued 0			Sex MALE	
		Date of Birth [REDACTED]			Race WHITE	
	Address 1650 N DEWEY AVE # 26 REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES				
	Equipment	On Duty Crash				

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02	002	Safety Equipment		SHOULDER & LAP BELT		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance		
		Helmet Use		Tint Compliance		
		Eye Protection		Airbag DEPLOYED-COMBINATION		
		Injury Injury Severity SUSPECTED MINOR INJURY		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED
		Ejected NOT EJECTED		EMS Agency Identifier		EMS Run #
		Medical Transport NOT TRANSPORTED		Date of Death		Time of Death
		Hospital		Striking Unit #		Prior Action
		Non Motorist		Location		To/From School
		02	002	UNIT		
INDIVIDUAL						
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						

Witness

WITN ESS	01	Individual CINDY M ZIRNGIBLE (608) 963-5898		Address 541 RIDGE ST REEDSBURG, WI 53959 , US		Date of Birth [REDACTED]

Witness

WITN ESS	02	Individual JONI E HOWERY (608) 393-8152		Address E10531 N. REEDSBURG RD BARABOO, WI 53913 , US		Date of Birth [REDACTED]