

6TL09XQXXZ
18-06520

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 18-06520	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 06/21/2018		Crash Time 11:50 AM	Date Arrived 06/21/2018	Time Arrived 12:07 PM	
Date Notified 06/21/2018		Time Notified 11:52 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
	Additional Information NONE

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

UNIT 1 WAS TRAVELING WESTBOUND ON USH 14 NEAR STH 60. UNIT 2 WAS TRAVELING EASTBOUND ON USH 14 NEAR TH 60. UNIT 1 TRAVELS LEFT OF CENTER ACCORDING TO UNIT 2. UNIT 1 STRIKES UNIT 2'S DRIVER SIDE MIRROR AND CAUSES DAMAGE. UNIT 1 CLAIMS HE WAS NOT PAYING ATTENTION AND MAY HAVE CROSSED THE CENTER LINE. UNIT 1 WAS ISSUED AND EXPLAINED A CITATION FOR OPERATING LEFT OF CENTER. NO INJURIES OR TOW WERE NEEDED.

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Location

ON USH14 WB 148 FT W OF PRAIRIE VIEW RD/ STH23 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189706618	Longitude -90.074417573
	X Coordinate 250173.859375	Y Coordinate 4786471.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) 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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			Operating As Endorsements	
	Total Occs 3	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire 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				

01 UNIT	Vehicle			
	License Plate Number NR3784	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GCHK24124E202701	Make CHEVROLET	Year 2004	Model SILVERADO
	Color WHI - WHITE	Body Style PK - PICKUP		Bus Use NOT A BUS
	Initial Contact Point 10--LEFT SIDE FRONT	Vehicle Damage		
Extent Of Damage NO DAMAGE		NO DAMAGE		

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions FAILED TO KEEP IN DESIGNATED LANE				
01	01	Driver Distractions UNKNOWN IF DISTRACTED				
		Owner Name FREDRICK L HALL (608) 606-3789		Owner Address S5773 REALITY RD VIOLA, WI 54664 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
Policy Holder						
UNIT	INDIVIDUAL	Insurance Company AMERICAN-NATIONAL-PROPERTY-&-CASUALTY		Individual FREDRICK HALL		
		Driver JAMES L BARTELT (608) 606-9239		Citations Issued 1	Sex MALE	
UNIT	INDIVIDUAL	Date of Birth [REDACTED]		Race WHITE		
		Address 107 N 4TH ST READSTOWN, WI 54652 , US		Driver License Number [REDACTED] 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			
UNIT INDIVIDUAL	Individual Condition APPEARED NORMAL			
	Individual			
	Passenger ROBERT DANIEL OLSON (608) 606-9239		Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]		Race	
	Address 417 S 4TH ST # B READSTOWN, WI 54652 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
	Equipment	On Duty Crash	Safety Equipment	
	Seat Position 2--FRONT SEAT-MIDDLE	LAP BELT ONLY		
	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 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				
	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 EDWIN L HALL (608) 606-3789	Citations Issued 0	Sex MALE		
	Address S4687 N ELK RUN RD VIOLA, WI 54664 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	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	003	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	Violations				
		UTC Number AE757465	Issue To? 001	Statute Number 346.05(1)	Seq Num 001	Description OPERATING LEFT OF CENTER LINE

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		Total # Citations Issued 0		Total Trailers 0	Total HazMat Types 0
		Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire 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 EC60489		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GCGWAFP7J1196806		Make CHEVROLET	Year 2018	Model EXPRESS G2
		Color WHI - WHITE		Body Style VN - VAN		Bus Use NOT A BUS
		Initial Contact Point 10--LEFT SIDE FRONT		Vehicle Damage		
		Extent Of Damage MINOR DAMAGE		10--LEFT SIDE FRONT		
		Towed Due To Damage NOT TOWED		Vehicle Removed By		

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Driver Distractions NOT DISTRACTED		
02	02	Owner Name SUMMIT FIRE PROTECTION CO (608) 516-7514	Owner Address 918 JONATHON DR MADISON, WI 53713 , US
Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT	
02	02	Event	
03	03	Event	
04	04	Event	
Policy Holder			
UNIT		Insurance Company HARTFORD-FIRE-INS-CO	Individual BRANTLEY HENDRICKSON
Individual			
UNIT INDIVIDUAL	Driver BRANTLEY ODELL HENDRICKSON (608) 516-7514	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 208 E MADISON AVE MILTON, WI 53563 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Compliance	
Helmet Use		Tint Compliance	
Eye Protection			
02	004	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 [REDACTED]
			EMS Run #

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UNIT INDIVIDUAL 02 004	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					