

6TL09B7D93
18-06690

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 18-06690		Investigating Officer/Deputy DEPUTY A. MEEKER		
Crash Date 06/25/2018		Crash Time 08:08 PM		Date Arrived 06/25/2018		Time Arrived 08:37 PM		
Date Notified 06/25/2018		Time Notified 08:11 PM		Total Units 02		Total Injured 00	Total Killed 00	
<input type="checkbox"/> On Emergency	<input checked="" 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 A. MEEKER
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING WEST BOUND ON COUNTY HIGHWAY H WHILE UNIT 2 WAS TRAVELING EAST BOUND. UNIT 1 CROSSED THE CENTER LINE AND SIDE SWIPED UNIT 2 CAUSING MINOR DAMAGE TO THE DRIVER SIDE OF EACH OF THE VEHICLES. UNIT 1 THEN LEFT SCENE AND THE DRIVER WAS UNABLE TO BE IDENTIFIED. THE REGISTERED OWNER OF UNIT 1 WAS ISSUED A CITATION UNDER THE OWNER'S LIABILITY LAW AS HE WOULD NOT ADMIT TO DRIVING UNIT 1.

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Location

ON CTHH EB 854 FT W OF BIRCHWOOD SPUR IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.616096108	Longitude -89.833448894
	X Coordinate 271366.46875	Y Coordinate 4833136.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION	Light Condition DUSK	
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 HIT AND RUN	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			Operating As Endorsements	
	Total Occs 01	Train/Bus # Injured	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire 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 CURVE - UNKNOWN DIRECTION	Road Grade LEVEL	
	Truck Bus or HazMat NO				

01 UNIT	Vehicle			
	License Plate Number RLUKE	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2FTRX18L52CA46684	Make FORD	Year 2002	Model F150
	Color RED - RED	Body Style PK - PICKUP		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT		
Extent Of Damage MINOR DAMAGE				

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
		What Driver Was Doing UNKNOWN		Vehicle Factors			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions FAILED TO KEEP IN DESIGNATED LANE					
		Driver Distractions UNKNOWN IF DISTRACTED					
01	01	Owner Name ROY LUKE (608) 254-7642		Owner Address E9835 HWY H WISC DELLS, WI 53965 , US			
		Sequence Of Events					
01	01	Event MOTOR VEH IN TRANSPORT					
		Event					
		Event					
		Event					
UNIT	INDIVIDUAL	Individual					
		Driver UNKNOWN UNKNOWN		Citations Issued 1	Sex		
				Date of Birth	Race		
		Address , ,		Driver License Number			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		NONE USED - VEHICLE OCCUPANT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		01	001	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
				Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT APPLICABLE
Medical Transport NOT TRANSPORTED				EMS Agency Identifier	EMS Run #		

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UNIT	INDIVIDUAL	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		Suspected Drug Use	
		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				
		NOT OBSERVED				
01	001	Violations				
		UTC Number	Issue To?	Statute Number	Seq Num	Description
01	001	AE141871	001	346.675(1)	001	VEHICLE OWNER'S LIABILITY FOR FSA - ATTENDED VEHICLE

Unit Summary

UNIT	02	Unit Status	Vehicle Operating As Classification		Unit Type	
		IN TRANSIT	D CLASS		AUTOMOBILE	
		Vehicle Type	Operating As Endorsements			
		PASSENGER CAR				
		Total Occs	Train/Bus # Injured	Total # Citations Issued	Total Trailers	Total HazMat Types
		04		0	0	0
		Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes
		YES	EASTBOUND		55	2
		Most Harmful Event: Collision With	Special Function		Emergency Motor Vehicle Use	
		MOTOR VEH IN TRANSPORT	NO SPECIAL FUNCTION		NOT APPLICABLE	
Traffic Way	Traffic Control		Traffic Control Inoperative/Missing			
TWO-WAY, NOT DIVIDED	NO CONTROL		NO			
Surface Type	Road Curvature		Road Grade			
BLACKTOP (BITUMINOUS)	CURVE - UNKNOWN DIRECTION		LEVEL			
Truck Bus or HazMat	NO					
02	02	Vehicle				
		License Plate Number	Plate Type	St	Country of Issuance	
		992TSC	AUT - AUTOMOBILE	WI	UNITED STATES	
		Vehicle Identification Number	Make	Year	Model	
		3LNHL2GC1CR823686	LINCOLN	2012	MKZ	
Color	Body Style		Bus Use			
SIL - SILVER (ALUMINUM)	4D - 4DR		NOT A BUS			
Initial Contact Point						
12--FRONT						

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UNIT	VEHICLE	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE			
		7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER			
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
UNIT	VEHICLE	What Driver Was Doing NEGOTIATING CURVE			
		Driver Prior Action Other NOT APPLICABLE			
		Driver Actions NO CONTRIBUTING ACTION			
		Driver Distractions NOT DISTRACTED			
02	02	Owner Name PEGGY DUCAT (920) 242-2327			
		Owner Address 2358 ROOSEVELT AVE TWO RIVERS, WI 54241 , US			
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	02	Event			
		Event			
		Event			
		Event			
UNIT	03	Event			
		Event			
		Event			
		Event			
UNIT	04	Event			
		Event			
		Event			
		Event			
Policy Holder					
Insurance Company STATE-FARM-COUNTY-MUTUAL-INS-CO-OF-TEX		Individual PEGGY DUCAT			
Individual					
UNIT	INDIVIDUAL	Driver PEGGY DUCAT (920) 242-2327	Citations Issued 0	Sex FEMALE	
		Date of Birth		Race WHITE	
		Address 2358 ROOSEVELT AVE TWO RIVERS, WI 54241 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
Equipment		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			

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02	UNIT	INDIVIDUAL	002	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				
002	002	Drug Type							
Individual Condition	APPEARED NORMAL								
02	UNIT	INDIVIDUAL	Individual						
			Passenger JAMES THOMAS JR (920) 794-1156	Citations Issued 0	Sex MALE				
				Date of Birth	Race WHITE				
			Address 1834 31ST ST TWO RIVERS, WI 54241 , US	Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES				
			Equipment	On Duty Crash	Safety Equipment				
			Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	SHOULDER & LAP BELT					
			Helmet Use	Helmet Compliance					
			Eye Protection	Tint Compliance					
			003	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 #							

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UNIT	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				
Passenger RYAN STUBBE (920) 645-4787			Citations Issued 0		Sex MALE	
			Date of Birth		Race WHITE	
Address 1022 S 13TH ST MANITOWOC, WI 54220 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Equipment		On Duty Crash		Safety Equipment		
Seat Position 6--SECOND SEAT-RIGHT SIDE			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				
		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 TRINITY THOMAS (920) 794-1156	Citations Issued 0	Sex FEMALE
					Date of Birth	Race WHITE
Address 1834 31ST ST TWO RIVERS, WI 54241 , US	Driver License Number					
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		
UNIT	INDIVIDUAL			Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
					Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL
		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		
02	005	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		