

6TL0D6N008

20-10624

# Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

6TL0D6N008

Document Number Override		Primary Crash Document #	Agency Crash Number <b>20-10624</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>08/30/2020</b>		Crash Time <b>12:59 PM</b>	Date Arrived <b>08/30/2020</b>	Time Arrived <b>01:06 PM</b>	
Date Notified <b>08/30/2020</b>		Time Notified <b>12:59 PM</b>	Total Units <b>02</b>	Total Injured <b>02</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

**Location**

<b>ON STH136 WB 30 FT S OF CTHBD NB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY</b>	Latitude <b>43.47471124</b>	Longitude <b>-89.7688257</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control
	X Coordinate <b>276057.9687</b>	Y Coordinate <b>4817257.5</b>	On Roadway Link ID# <b>5319740</b>	On Roadway Link Offset <b>305</b>
	Override <input type="checkbox"/>	Tribal Land		Structure Type

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Environment Factor(s) <b>NONE</b>	
Roadway 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>FULL 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>01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
<b>UNIT</b>	Total Occs <b>1</b>	Train/Bus # Recorded	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>30</b>	Total Lanes <b>6</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>DIVIDED HWY W/O TRAFFIC BARRI</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
<b>01</b>	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

6TL0D6N008

20-10624

# Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

UNIT INDIVIDUAL 01	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>			
	Last Name <b>RUDOLPH SHEPHERD</b>		First Name <b>KIMBERLY</b>		Middle Initial <b>JEAN</b>	Suffix		
	Street Address <b>506 7TH AVE</b>		Street Address 2		PO Box			
	City <b>BARABOO</b>		State <b>WI</b>	Zip Code <b>53913</b>	Country of Residence <b>UNITED STATES</b>			
	DOB	Sex <b>F</b>	Race <b>W</b>	Hair <b>BLOND</b>	Eyes <b>HAZEL</b>	Height <b>504</b>	Weight <b>163</b>	Phone Number <b>(608) 963-2971 EXT.</b>
	Driver's License Number		State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2023</b>			
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
UNIT INDIVIDUAL 01	<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>		Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	<b>Non Motorist</b>	Striking Unit #		Location	To/From School			
	Prior Action		Action					
	Distracted By Action <b>UNKNOWN</b>							
	Distracted By Source		Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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								
License Plate Number <b>446EBS</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>				
Vehicle Identification Number <b>1C4PJM CB6EW153244</b>			Year <b>2014</b>	Make <b>JEEP</b>				
Model <b>CHK</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Color <b>BLU - BLUE</b>				
Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>								

6TL0D6N008

20-10624

# Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

UNIT VEHICLE	01	Vehicle Damage	
	01	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	
	02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR		Vehicle Factors
	Towed Due To Damage <b>NOT TOWED</b>		NOT APPLICABLE
	Vehicle Removed By <b>OPERATOR</b>		Driver Prior Action Other
	What Driver Was Doing <b>LEFT TURN</b>		Bus Use
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address
	Organization Type <b>INDIVIDUAL</b>		Company Name
	Last Name <b>RUDOLPH SHEPHERD</b>		First Name <b>KIMBERLY</b>
		Middle <b>JEAN</b>	
		Suffix	
		Date of Birth	
Street Address <b>506 7TH AVE</b>		Street Address2	
		PO Box	
City <b>BARABOO</b>		St <b>WI</b>	
		Zip Code <b>53913</b>	
		Country of Residence <b>UNITED STATES</b>	
Telephone Number <b>(608) 963-2971 EXT.</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	Event		
03	Event		
04	Event		
UNIT HOL	01	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	<input checked="" type="checkbox"/> Policy Holder Same As Owner
			<input checked="" type="checkbox"/> Policy Holder Same As Driver
Organization Type <b>INDIVIDUAL</b>		Last Name <b>RUDOLPH SHEPHERD</b>	First Name <b>KIMBERLY</b>
		Policy Holder Company	

### Unit Summary

UNIT	02	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>2</b>	Train/Bus # Recorded	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>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>30</b>
			Total Lanes <b>6</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>
	02	Truck Bus or HazMat <b>NO</b>		
Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>

6TL0D6N008

20-10624

Wisconsin Motor Vehicle  
Crash ReportSAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

02 UNIT INDIVIDUAL	Last Name <b>WINKOWSKI</b>		First Name <b>BEATA</b>			Middle Initial <b>A</b>	Suffix	
	Street Address <b>S1208 COON BLUFF RD</b>			Street Address 2		PO Box		
	City <b>WISCONSIN DELLS</b>		State <b>WI</b>	Zip Code <b>53965</b>		Country of Residence <b>UNITED STATES</b>		
	DOB	Sex <b>F</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>GREEN</b>	Height <b>505</b>	Weight <b>145</b>	Phone Number <b>(608) 408-0853 EXT.</b>
	Driver's License Number		State <b>WI</b>	License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>		
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>			DL Expire Year <b>2021</b>		
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
02 UNIT INDIVIDUAL	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</b>				
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action <b>NOT DISTRACTED</b>							
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>						
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>					
02 UNIT INDIVIDUAL	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							
03 UNIT INDIVIDUAL	Role <b>PASSENGER</b>		Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>BATZ</b>		First Name <b>ALEXIS</b>			Middle Initial <b>MORGAN</b>	Suffix	
	Street Address <b>S1208 COON BLUFF RD</b>		Street Address 2		PO Box			
	City <b>WISCONSIN DELLS</b>		State <b>WI</b>	Zip Code <b>53965</b>		Country of Residence <b>UNITED STATES</b>		

6TL0D6N008

20-10624

# Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

UNIT INDIVIDUAL	DOB		Sex <b>F</b>	Race <b>W</b>	Hair	Eyes	Height	Weight	Phone Number <b>(608) 408-0853 EXT.</b>	
	Driver's License Number				State	License Jurisdiction		Country of Issuance		
	License Type				License Status			DL Expire Year		
	<b>Equipment</b>		On Duty Accident			Safety Equipment				
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>			<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use				Helmet Compliance					
	Eye Protection				Tint Compliance					
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>			Airbag <b>DEPLOYED-COMBINATION</b>				
	Ejected <b>NOT EJECTED</b>				Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>NOT TRANSPORTED</b>				EMS Agency Identifier			EMS Run #		
Hospital				Date of Death			Time of Death			
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #		Location		To/From School			
	Prior Action				Action					
	Distracted By Action									
	Distracted By Source				Action Other					
	<b>Drug &amp; Alcoh</b>		Individual Condition <b>APPEARED NORMAL</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										
UNIT INDIVIDUAL	License Plate Number <b>263UMT</b>				Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
	Vehicle Identification Number <b>1G1JF5SB7H4122009</b>					Year <b>2017</b>	Make <b>CHEVROLET</b>			
	Model <b>SONIC</b>			Body Style <b>SD - SEDAN</b>			Color <b>WHI - WHITE</b>			
	Initial Contact Point <b>12 - FRONT</b>									

6TL0D6N008

20-10624

# Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

<b>UNIT</b>	<b>02</b>	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors		
		Vehicle Removed By <b>BILLS TOWING</b>		<b>NOT APPLICABLE</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>		Driver Prior Action Other	Bus Use	
	<b>VEHICLE</b>	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address	
		Organization Type <b>INDIVIDUAL</b>		Company Name		
		Last Name <b>WINKOWSKI</b>	First Name <b>BEATA</b>	Middle <b>A</b>	Suffix	Date of Birth
		Street Address <b>S1208 COON BLUFF RD</b>		Street Address2	PO Box	
		City <b>WISCONSIN DELLS</b>	St <b>WI</b>	Zip Code <b>53965</b>	Country of Residence <b>UNITED STATES</b>	
Telephone Number <b>(608) 408-0853 EXT.</b>						
<b>01</b>	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event					
	Event					
	Event					
<b>UNIT</b>	<b>HOL 02</b>	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver	
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>WINKOWSKI</b>	First Name <b>BEATA</b>	Policy Holder Company	

### Witness

<b>WITN 01</b>	<b>ESS</b>	Individual <b>THERESA JO WALLACE</b> <b>(608) 393-7954</b>	Address <b>536 ERNSTMEYER</b> <b>BARABOO, WI 53913 , US</b>	Date of Birth

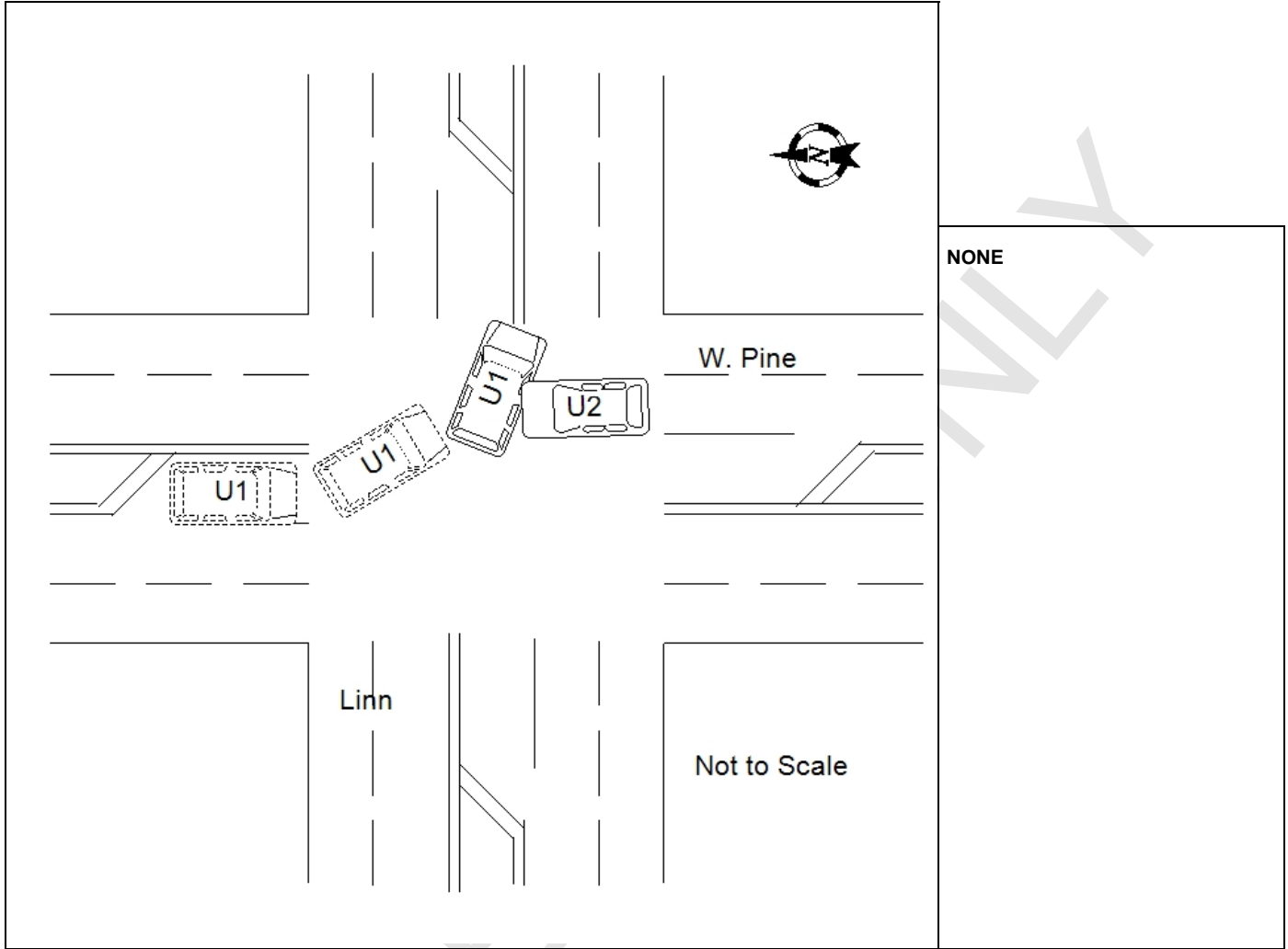
### Description

Diagram

Reconstruction By
Photos By

Additional Information

# Wisconsin Motor Vehicle Crash Report



UNIT 1 WAS SOUTHBOUND ON W. PINE TURNING LEFT(EAST) ONTO LINN. UNIT 1 HAD A FLASHING YELLOWING TURN ARROW. UNIT 2 WAS NORTHBOUND ON W. PINE. UNIT 1 TURNED INTO UNIT 2'S LANE OF TRAVEL AND UNIT 2 STRUCK UNIT 1. WITNESS STATES THAT UNIT 2 HAD A GREEN LIGHT NORTHBOUND.

**Signature** \_\_\_\_\_

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

**Law Enforcement Agency** \_\_\_\_\_

Agency Space				
Officer Rank <b>DEP</b>	Officer Last Name <b>STODDARD</b>	Officer First Name <b>B</b>	Officer Middle Name <b>L</b>	Suffix
DOT Officer ID <b>9136</b>		DNR Officer ID	Officer Badge Number <b>9136</b>	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPTMEN</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>		

**6TL0D6N008**  
20-10624

**Wisconsin Motor Vehicle  
Crash Report**

**SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895**

Law Enforcement Agency Phone Number <b>(608) 356-4895 EXT.</b>	ORI Number <b>WI0570000</b>	BFUNC Agency <b>5600</b>	TraCS Agency Number <b>205</b>
---	--------------------------------	-----------------------------	-----------------------------------

OFFICE USE ONLY