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20-11439

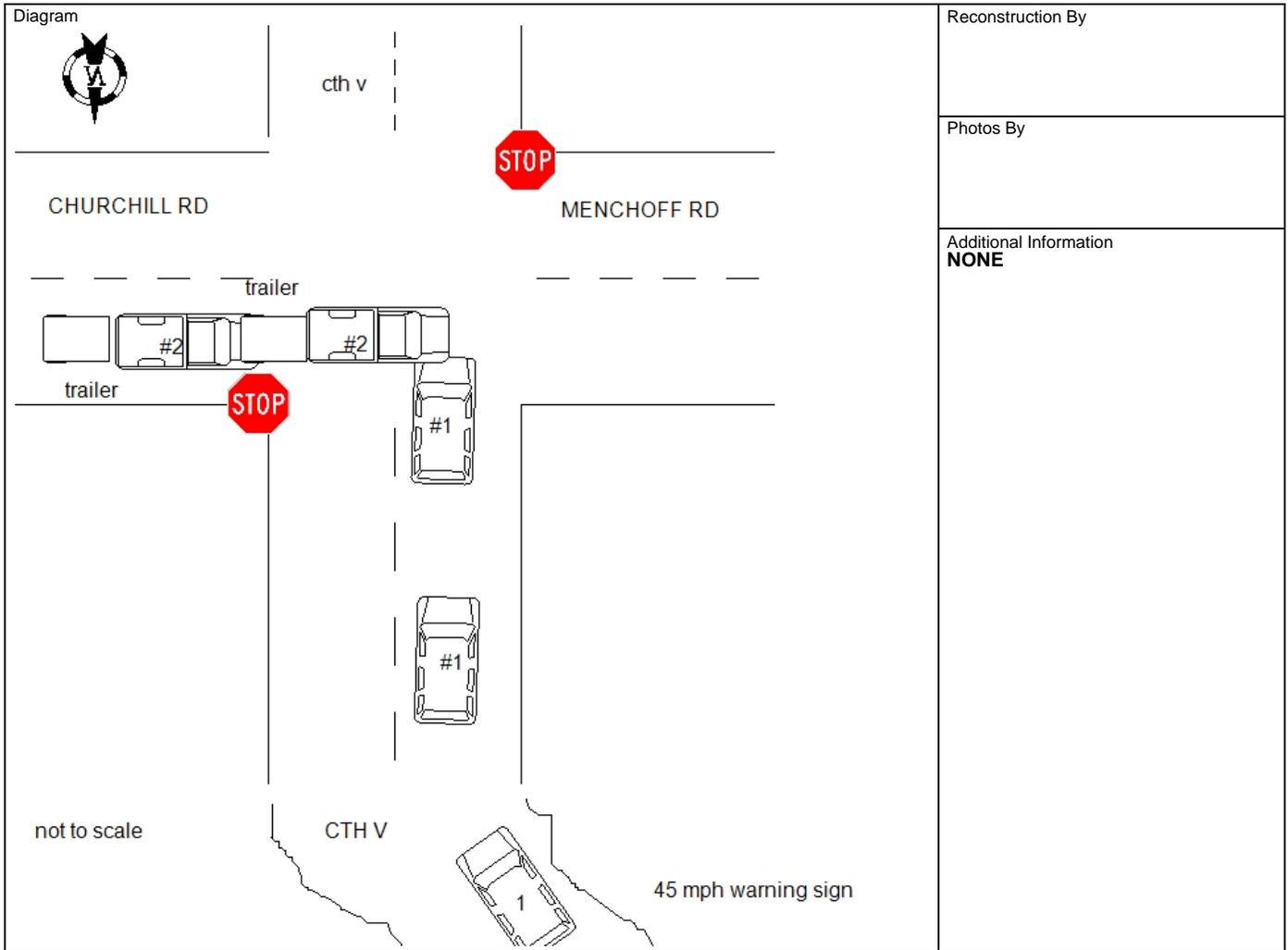
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>20-11439</b>	Investigating Officer/Deputy <b>DEPUTY B. MEARS</b>	
Crash Date <b>09/23/2020</b>		Crash Time <b>11:15 AM</b>	Date Arrived <b>09/23/2020</b>	Time Arrived <b>11:40 AM</b>	
Date Notified <b>09/23/2020</b>		Time Notified <b>11:16 AM</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 checked="" 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 checked="" type="checkbox"/> Secondary Crash

## Description



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

UNIT WAS WAS EB ON CTH V APPROACHING THE INTERSECTION WITH CHURCHILL/MENCHOFF RD. UNIT #2 WAS ON CHURCHILL RD STOPPED AT THE STOP SIGN. UNIT #2 PULLED OUT FROM THE STOP SIGN TO GO STRAIGHT ACROSS CTH V ONTO MENCHOFF RD WHEN IT STRUCK UNIT #1 WHICH WAS ON THE THROUGH HIGHWAY, CTH V. THERE WERE NO INJURIES AND THE UNITS PULLED OFF THE ROADWAY PRIOR TO L.E ARRIVAL. UNIT #1 HAD FRONT END AND UNDER CARRAIGE DAMAGE AND WAS TOWED BY REEDSBURG SALVAGE. UNIT #2 UNIT HAD FRONT PASSENGER SIDE DAMAGE AND THE OPERATOR DROVE IT FROM THE SCENE. UNIT #2 OPERATOR SAID HE LOOKED BEFORE PULLING OUT AND DID NOT SEE THE OTHER CAR. UNIT #2 OPERATOR WAS CITED FOR FAILURE TO YIELD FROM A STOP SIGN

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**Location**

ON CTHV EB 46 FT S OF MENCHOFF RD IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude <b>43.576549568</b>	Longitude <b>-90.043165578</b>
	X Coordinate <b>254282.453125</b>	Y Coordinate <b>4829343</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>01 - ANGLE</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>(SPORT) UTILITY VEHICLE</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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	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>WARNING SIGN</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 VEHICLE</b>	<b>Vehicle</b>				
	License Plate Number <b>363CHK</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2GNFLEEK5D6214883</b>		Make <b>CHEVROLET</b>	Year <b>2013</b>	Model <b>EQUINOX</b>
	Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>					

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>REEDSBURG SALVAGE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>			
01	Owner Name <b>JAMIE LEE SCHULENBURG (608) 408-7308</b>		Owner Address <b>147 BARBARA ANN DR REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>SECURA-INS-A-MUTUAL-CO</b>		Individual <b>NICHOLE SCHULENBURG</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>NICHOLE M SCHULENBURG (608) 408-7308</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>147 BARBARA ANN DR REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	Action Other					
		To/From School					
		<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>					
		<b>Individual</b>					
		Passenger <b>JACOB L SCHULENBURG</b> <b>(608) 495-3603</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>
		Address <b>147 BARBARA ANN DR</b> <b>REEDSBURG, WI 53959 , US</b>			Date of Birth		Race <b>WHITE</b>
Driver License Number			Safety Equipment				
<b>Safety Equipment</b>		On Duty Crash		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				
01	002	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>			
				Airbag <b>NON DEPLOYED</b>			
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>		Distracted By Source			
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #		Location			

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
	01	002	<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>		

Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>02</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>STOP SIGN</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>				

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>EL8699</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTEW1E53KFD53699</b>	Make <b>FORD</b>	Year <b>2019</b>	Model <b>F150</b>
		Color <b>BLK - BLACK</b>	Body Style <b>PK - PICKUP</b>	Bus Use	
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE			
02	Owner Name JERRY L ZUHLKE (608) 963-7036		Owner Address S1753 MENCHOFF RD LA VALLE, WI 53941 , US	
	<b>Sequence Of Events</b>			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company 1ST-AUTO-&CASUALTY-INS-CO		Individual JERRY ZUHLKE	
UNIT TRAILER/	<b>Trailer/Towed</b>			
	Trailer Plate #	Plate Type	Make PERF	State
	Unit Type UTILITY TRAILER		Individual JERRY L ZUHLKE (608) 963-7036	Country of Issuance
	Vehicle Identification Number		Address S1753 MENCHOFF RD LA VALLE, WI 53941 , US	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver JERRY L ZUHLKE (608) 963-7036		Citations Issued 1	Sex MALE
	Address S1753 MENCHOFF RD LA VALLE, WI 53941 , US		Date of Birth Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		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	
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<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	
02	003	Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Violations</b>				
01	UTC Number <b>AD981074</b>	Issue To? <b>003</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>		