

6TL0D0GSFW
20-11881

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D0GSFW

Document Number Override		Primary Crash Document#		Agency Crash Number 20-11881		Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 10/06/2020		Crash Time 03:05 PM		Date Arrived 10/06/2020		Time Arrived 03:37 PM	
Date Notified 10/06/2020		Time Notified 03:07 PM		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

Diagram		Reconstruction By	
<p style="text-align: center;">NOT DRAWN TO SCALE</p>		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 AND 2 WERE W/B ON STH 33/LINN ST. UNIT 1 WAS ON THE INSIDE LANE WHEN DRIVER STATED A CAR AHEAD OF HIM SLAMMED ON HIS BRAKES TO TURN INTO WELLS FARGO BANK PARKING LOT SO HE HAD TO SWERVE INTO THE RIGHT OUTSIDE LANE IN ORDER NOT TO HIT THE CAR IN FRONT OF HIM. IN DOING SO HE HIT UNIT 2 WHO WAS IN THE OUTSIDE LANE. UNIT 2 DRIVER STATED THAT IS ABOUT WHAT HAPPENED HOWEVER IT SEEMED AS THOUGH UNIT 1 WAS FOLLOWING THE NC VEHICLE A LITTLE CLOSE AS WELL AS HE STATED HE WAS ONLY ABOUT 1-2 CAR LENGTHS BEHIND IT.

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing CHANGING LANES		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, FOLLOWING TOO CLOSE, FAILED TO KEEP IN DESIGNATED LANE, SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.			
01	01	Owner Name STEVEN C ROSTAD (608) 429-3707		Owner Address N7527 STATE ROAD 44 PARDEEVILLE, WI 53954 , US
		Sequence Of Events		
01	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	01	Policy Holder		
		Insurance Company HARTFORD-UNDERWRITERS-INS-CO	Individual STEVEN ROSTAD	
UNIT	01	Individual		
		Driver STEVEN C ROSTAD (608) 429-3707	Citations Issued 1	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address N7527 STATE ROAD 44 PARDEEVILLE, WI 53954 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
01	001	Injury		Airbag
		Injury Severity NO APPARENT INJURY	NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source		
Distracted By Action UNKNOWN				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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 BARBARA J ROSTAD (608) 429-3707			Citations Issued 0	Sex FEMALE	
		Address N7527 STATE ROAD 44 PARDEEVILLE, WI 53954 , US			Date of Birth [REDACTED]	Race WHITE	
		Driver License Number STATE: WASHINGTON COUNTRY: UNITED STATES					
		01	002	Safety Equipment		On Duty Crash	Safety Equipment
Row 01 - FRONT ROW	Seat Position 09 - RIGHT			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 APPLICABLE	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run#			
Hospital			Date of Death	Time of Death			
Distracted By		Distracted By Source					
Distracted By Action							
Non Motorist		Striking Unit#	Location				

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UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other			To/From School
	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			
	Violations			
	01	UTC Number BG023542	Issue To? 001	Statute Number 346.13(1)

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 # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4	
	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 CONCRETE			Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO					

Vehicle

UNIT VEHICLE 02	License Plate Number EFQ7277		Plate Type AUT - AUTOMOBILE	St MI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 3KPF24AD5ME267645		Make KIA MOTORS CORPORAT	Year 2021	Model FORTE	
	Color BLU - BLUE		Body Style 4D - 4DR		Bus Use	
	Initial Contact Point 09 - LEFT SIDE MIDDLE		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name EAN HOLDINGS LLC (000) 000-0000		Owner Address 14002 E 21ST ST #1500 TULSA, OK 74134 1424, US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PEKIN-INS-CO		Individual JOY NACHTIGAL	
UNIT INDIVIDUAL	Individual			
	Driver JOY C NACHTIGAL (608) 477-9408		Citations Issued 0	Sex FEMALE
	Address E10774 TERRYTOWN RD BARABOO, WI 53913 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	Trapped/Extricated NOT TRAPPED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		EMS Run #
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		Time of Death
Hospital		Date of Death		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT INDIVIDUAL 02 003	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	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					