21-04470

# Wisconsin Motor Vehicle Crash Report

	Document Number C	Override	Primary C	1			ncy Crash Number 04470				investigating Officer/Deputy DEPUTY T, CLAUER			
X	Crash Date <b>05/31/2021</b>		Crash Tim			Date A 05/31/	rrive	d		Time Arrived	=3"\\\"=="\"			
S	Date Notified <b>05/31/2021</b>		Time Notif			Total U	Inits	2-00-400 A	**************************************	Total Injured	- 1			
0B8M7X)						<u>'</u>				00	00		Reporting	
	On Emergenc		Hit and Run	La	ne Clos		Pus	Work Zo	ne 	Trailer or	Towed		Threshold	
<u> </u>	Governm Proper			e School Z	one	NO	-bus	related	Tags		*	7		
	Reportable		Crash Typ DT4000	e  STANDARD	CRASH	<del>1</del> )				Amended	Amended		Secondary Crash	
	Location 📥													
	ON UNION ST/ STH33 EB 487 FT S OF DOUGLAS RD IN THE TOWN OF LA VALLE IN SAUK COUNTY  Crash Scene					tude <b>592849</b> 3	38	Longitude -90.1264		Lat/LongSource TLT/ILT	Acc	ess Contr	ol	
						X Coordinate 247627.1875		Y Coordina 4831403		On Roadway Link ID#	on 487		Link Offset	
						verride		Tribal Land	d E			cture Typ		
								<u></u>						
	First Harmful Event		^		First Harmful Event Location									
	MOTOR VEH IN TRANSPORT  Manner of Collision					ON ROADWAY Light Condition								
	01 - ANGLE				"	DAYLIGHT								
	Road Surface Condit	tion(s)				rironment	15.37	tor(s)	<u> </u>					
	DRY					NE 🚉	T.		**************************************					
	Roadway Factor(s)					ather Con	ditio	n(s)			14.			
	NONE					CLEAR								
	Animal Type				Relation To Trafficway  TRAFFICWAY - ON ROAD							****		
	Crash Classification -	- Location			Crash Classification - Jurisdiction									
	PUBLIC PROPER	RTY	. (		NO	NO SPECIAL JURISDICTION								
	Tribal Land				Ci l	ess Contr			Spe	pecial Study				
	Within Interchange A NO	rea	Junction Locati NON-JUNCT	<u> </u>		. 1		rsection Type		ion				
1	Unit Summary		<b>4</b>											
	Unit Status IN TRANSIT	A P		Vehicle Ope D CLASS	rating As	Classifica	tion		Unit Typ		·			
01	Vehicle Type (SPORT) UTILITY	VEHICL	E						Operatir	ng As Endorsements				
	Total Occs 7	Γrain/Bus #	Recorded	Total # Citati	ions Issue	ed		Total Traile	rs	Total HazMat Ty  0	pes			
UNIT		Insurance? Direction Of Travel Pre Cra			CrashTii Mark	re		Speed Limit	t	Total Lanes				
⊃	Most Harmful Event: MOTOR VEH IN T			Special Fund NO SPEC		ICTION			Emerge NOT A	ncy Motor Vehicle Us PPLICABLE	e	. 4-12-		
		Traffic Way Traffic Control TWO-WAY, NOT DIVIDED Traffic Control NO CONTRO							Traffic Control Inoperative/Missing NO					
	Surface Type Road Curvature BLACKTOP (BITUMINOUS) STRAIGHT				Road Grade			ade						
Truck Bus or HazMat														

## Wisconsin Motor Vehicle Crash Report

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

Crash Date 05/31/2021

Crash Time 11:13 AM

					<del></del>							
		Role DRIVER			Citations issue	Cl		Use Driver Address	Individua INDIVII			
Section 1	01	Last Name			First Name		1		Middle in	Middle Initial Suffix		
	0	BOHL			JOHN				w	W		
		Street Address			Street Address	Street Address 2						
9		E8758 HUNTLEY	RD			I =: . O I						
	¥	City NEW LONDON			State   Zip Code					of Resider  O STATE		
LND	2	DOB	Sex	Race	Hair	Eves	04001	Height	Weight		Number	
5	INDIVIDUAL		M	w	BROWN	BRO	NWC	507	160		716-4008 EXT.	
	2	Driver's License Num	ber	•	State	_		Jursidiction		of Issuanc		
					WI		STATE			STATE	S	
i i		License Type NON-CDL DRIVER	'S LICENS	E	License Status VALID LICE				DL Expi 2022	re Year		
7			On Duty Ac		Safety Equipme				1000			
		Equipment			January Espain			- J.				
		Row		Seat Position	SHOULDER	& LAF	BELT	18 A.M.				
	2	01 - FRONT ROW		07 - LEFT							·	
100		Helmet Use			Helmet Compli	ance	A.	1.4%				
		Eye Protection		Tint Compliance								
		Injury	Injury Seve	•	Airbag	WED.	W.Y.				**********	
	NDIVIDUAL	Ejected	NO APPA	RENT INJURY	NON DEPLO	YEU	1 17 1	Trann	ed/Extricated	Extricated		
E		NOT EJECTED			NOT EJECT	ED/NC	T APPLI		TRAPPED			
LNO	Ξ	MedicalTransport			EMS Agency Id	dentifier		EMS	Run #			
7	亨	NOT TRANSPORT	ΓED		1 10 day	<u> </u>						
	Ŧ	Hospital			Date of Death			Time	of Death			
			Striking Un	. 4	Location			To/Es	omSchool			
2433		Non Motorist	Strikting Uni	. #	Location			IO/FI	omocnooi			
100		Prior Action	1		Action							
	5											
200		Distracted By Action NOT DISTRACTE	D									
		Distracted By Source			Action Other							
2000		NOT APPLICABL		TRACTED)	/ Notion Carci							
Í		Drug & Alcoh	Individual C									
		94.5	7 <del>-</del> 5	ED NORMAL	I Commente di Des							
	AL	Suspected Alcohol Us NO	se .	<i>}</i>	Suspected Dru NO	ig Use						
⊨	NDIVIDUA	Alcohol Test Given		Alcohol Test Type					Alcohol	Test Resu	ults	
N N	Ξ	TEST NOT GIVEN	1 🦠 🖺						-			
30.000	9	Drug Test Given TEST NOT GIVEN	rice and the second	Drug Test Type					Drug Te	est Results	3	
		Drug Type										
		Diag apo	À									
			Į Į									
		Name of the State							,			
5		License Plate Number	er .		Plate Type	ECTO	D.	St	Country of Is			
		Vehicle Identification	Number	•	COL - COLLECTOR WI Year			Year	Make	IAIES		
		1GKFK16R3XJ70			1				Make GENERAL MOTORS CORP			
		Model	Body Style C				Color	Color				
		SUBURBAN	4D - 4DR BLK - BLACK									
		Initial Contact Point  10 - LEFT SIDE F	PONT									

21-04470

## Wisconsin Motor Vehicle Crash Report

											THE CO.			(000) 000 4000		
						İ	Vehicle	Damag	e					The second secon		
Š	2	Extent Of Da	-				15 - LE	EFT SI	DE FRON	Ę.						
	. —	MINOR DA														
		Towed Due 7	-				Vehicle Factors									
		NOT TOW														
		Vehicle Rem	oved By				NOT APPLICABLE									
		OWNER	W D-1													
	42.8.46 7.5.4	What Driver	-				Driver P	rior Act	ion Other			Bus	s Use	tio .		
		GOING ST														
_	VEHICLE	NO CONTE	S RIBUTING ACTI	ON									a. Thâ			
N	≌															
$\supset$	苗															
	>									419.	şeddiyi tilik					
		Vehicle	Owner Same	As Opera	tor			1.	J Use Or	erate	or Addre	220				
								Use Operator Address								
	Organization Type Company Name INDIVIDUAL															
		Last Name	·		First N											
		BOHL			First N					Mide	idle	Suffix	Date of Birth			
		Street Addres	20							W			· · · · · · · · · · · · · · · · · · ·			
			treet Address  8758 HUNTLEY RD					PO Box								
		City	TILLIND		St	Zip Cod	_				·					
		1 '	NEW LONDON WI 5496						e Country of Residence UNITED STATES							
	Telephone Number							±-5	nyjarasy. Tambanya	OI4	HED 31	AIES				
		(982) 716-4														
	2.3	Event							Y2.084"	23 <u>.</u>						
	5	MOTOR VE	H IN TRANSPO	PRT												
	7	Event							9. 14.3							
	02						15	ls								
	03	Event				dia.		1000								
	276 <u></u>															
	04	Event														
	5	Insurance Co		Policy Holder			,									
LIND			IUTUAL-INS-CO		·-	.eh, 197	First Name			ner Policy Holder Same As Driver						
5	НО <u>Г</u>	Organization		Last Nam	e					Policy Holder Company						
	dhoissat.	INDIVIDUAL		BOHL	1.53s.		JO	HN			<u> </u>					
	Unit	Summar	y figure	7710												
		Status	di.	.s.ik		Operating	As Class	ification	1		nit Type					
	_	RANSIT	104	AND A	D CLAS	55				AL	JTOMOE	BILE				
02		cle Type								Op	perating As	s Endors	ements			
0		SENGER C		NUMBER OF THE PROPERTY OF THE												
	1 ota	Occs	Train/Bus # Reco			itations Is	sued		Totai Trai	lers			azMat Types			
					01				0		<del></del>	0				
느	YES	ance?	Direction Of Trav		P	re Crash			Speed Lir	nit	- 1	Total La	nes			
UNIT		.25,8	t: Collision With		Consider F	Mark			45	1-		03				
_			TRANSPORT		Special F NO SPI	ECIAL F	UNCTIO	ON		NC.	nergency N OT APPL	Motor Ve ∟ <b>ICABL</b>	hicle Use E			
		17.207 X.		-	Traffic Co	ontrol										
		D-WAY, NOT	DIVIDED			NTROL				NO		oi inoper	rative/Missing			
		асе Туре		+	Road Cu					_	oad Grade	~	· · · · ·			
			TUMINOUS)		STRAIG					- 1	EVEL					
2		k Bus or HazM														
02	NO															
		Role					Citations	s Issued	1		Use Driv	/er	Individual Type			
		DRIVER				1	01				Addres		INDIVIDUAL			

## Wisconsin Motor Vehicle Crash Report

1200	07	Last Name			First Name				Middle ini	iial	Suffix		
		WHITE			SAVANNAH				J				
		Street Address 2019 VIKING DRI	VE		Street Address	\$ 2			PO Box				
	A L	City REEDSBURG			State Zip Code WI 53959				Country of Residence UNITED STATES				
느	2	DOB	Sex	Race	Hair Eyes			Height	Weight		Number	-	
N N	NDIVIDUAL	ВОВ	F	W	BROWN	BRO	OWN	503	160		415-9899 EXT.		
	2	Driver's License Num	nber		State WI	License J STATE	Jursidiction	Country of Issuance UNITED STATES					
		License Type NON-CDL DRIVE	R'S LICEN	ISE	License Status VALID LICE			DL Expire 2024	e Year				
		Equipment	On Duty A		Safety Equipment								
		Row	Seat Position	SHOULDER & LAP BELT									
	02	01 - FRONT ROW	!	07 - LEFT	Helmot Compliance								
		Helmet Use			Helmet Compliance								
		Eye Protection			Tint Compliance								
	NDIVIDUAL	Injury	Injury Sev	erity ARENT INJURY	Airbag NON DEPLOYED								
⊨		Ejected NOT EJECTED			Ejection Path NOT EJECT	7 400	T APPLIC	Trapped/E					
LND	Ĭ	MedicalTransport NOT TRANSPOR	TED		EMS Agency I	dentifier		EMS Run	#				
	Ž	Hospital	ובט	<u></u>	Date of Death			Time of D	eath				
		Charle of Mark 1986 in Straighte	Touris II			J. J							
		Non Motorist	Striking U	Init#	Location	T.		To/FromS	chooi				
		Prior Action		<u> </u>	Action								
	02	Distracted By Action NOT DISTRACTE	D										
		Distracted By Source	E (NOT D	ISTRACTED)	Action Other			·					
		Drug & Alcoh	Individual	Condition	L								
		Suspected Alcohol U	~ · · -~	RED NORMAL	Suspected Drug Use							_	
_	Z	NO Alcohol Test Given		Alcohol Test Type	NO		-		Alcohol 7	Foet Poe	ulto		
Ħ	INDIVIDUA	TEST NOT GIVEN	v 🦠 🤻	Tooling Tooling					Alcohol Test Results				
	2	Drug Test Given TEST NOT GIVEN	v.	Drug Test Type	Drug Test Results								
		Drug Type		-					•				
			7										
	11.00 PM	Role PASSENGER			Citations Issue	ed		Use Driver	Individua				
02	~	Last Name		·	First Name		<u> </u>	Address			Suffix		
	03	SCHOFELL			LEROY				Middle Initial Suffix L JR				
		Street Address 1239 MAPLE ST	treet Address				Street Address 2				PO Box		
		City	· · · · ·		State Zin Code				Country	of Resid	ence		
		REEDSBURG			State Zip Code WI 53959			Country of Residence UNITED STATES					

# Wisconsin Motor Vehicle Crash Report

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

	Ħ												
NS I	NDIVIDUAL	DOB	Sex M	Race W	Hair	Eyes		Height 509	Weight 170	Phone Number (608) 415-0988 EXT.			
	2	Driver's License Num	ber		State WI		License J STATE	ursidiction		f Issuance STATES			
		License Type NON-CDL DRIVER	R'S LICEN	SE	License Status VALID LICEI			× -	DL Expire 2025	Year			
		Equipment	On Duty A	ccident	Safety Equipme	Safety Equipment							
		Row 01 - FRONT ROW	1	Seat Position 10 - UNKNOWN S	SHOULDER & LAP BELT								
	8	Helmet Use		,	Helmet Compliance								
		Eye Protection			Tint Compliance								
		Injury	NO APP	rity ARENT INJURY	Airbag NON DEPLO	YED		J.					
LIND	INDIVIDUAL	Ejected NOT EJECTED			Ejection Path NOT EJECT	ED/NO	T APPLIC	Trapped/E NOT TRA					
Ś	2	MedicalTransport NOT TRANSPOR	EMS Agency lo	dentifier		EMS Run	#						
		Hospital			Date of Death			Time of De	eath				
		Non Motorist	Striking Ur	it#	Location			To/FromSo	chool				
	8	Prior Action			Action								
	•	Distracted By Action			Ž		'						
		Distracted By Source			Action Other								
		Drug & Alcoh		Condition ED NORMAL									
	Æ	Suspected Alcohol U NO	lse	<u> </u>	Suspected Dru NO	ıg Use							
NN	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	) N <sub>29</sub>	Alcohol Test Type					Alcohol	Alcohol Test Results			
	2	Drug Test Given TEST NOT GIVEN	N.	Drug Test Type					Drug Tes	Drug Test Results			
		Drug Type								-			
05		Role PASSENGER			Citations Issue	ed		Use Driver Address	Individua INDIVIE	DUAL			
0	9	Last Name HICKS			First Name JORDAN				Middle Initial Suffix MICHAEL				
		Street Address E4796 NARROW	S CREEK	RD	Street Address 2					PO Box			
		City LOGANVILLE	•			Zip Code 53943			Country of Residence UNITED STATES				

Crash Date 05/31/2021
Crash Time 11:13 AM

## Wisconsin Motor Vehicle Crash Report

	¥										
L NO	NDIVIDUAL	DOB · · · ·	Sex M	Race <b>W</b>	Hair RED	Eyes BRO		Height <b>504</b>	Weight 145	Phone Number (608) 727-2259 EXT.	
	불	Driver's License Numb	ber		State WI		License Jur STATE	sidiction		flssuance STATES	
		License Type NON-CDL DRIVER	R'S LICENSI		License Status NOT LICENS	SED		-73	DL Expire	Year	
		Equipment	On Duty Acc	dent	Safety Equipme	ent		a Mille			
,		Row 02 - SECOND ROV	1	Seat Position 07 - LEFT	SHOULDER	& LAP	BELT			·	
	94	Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
		Injury	Injury Severi	y RENT INJURY	Airbag NON DEPLO	YED					
<u>⊨</u>	NDIVIDUAL	Ejected NOT EJECTED			Ejection Path	ED/NOT	APPLICA	Trapped/Ex			
INO		MedicalTransport NOT TRANSPORT	EMS Agency Id	dentifier	si <sup>ji</sup>	EMS Run #					
		Hospital			Date of Death			Time of De	ath		
		Non Motorist	Striking Unit	#	Location			To/FromSc	hool		
		Prior Action			Action			'			
	2	Distracted By Action									
		Distracted By Source	: **		Action Other						
		Drug & Alcoh		ndition  D NORMAL							
	₹	Suspected Alcohol Us NO	se		Suspected Dru NO	g Use				-	
UNI	NDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol Test Results		
_	2	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test Results		
		Drug Type		1							
8		Role PASSENGER			Citations Issued Use Driver Address				Individua INDIVID		
05	05	Last Name MONROE			First Name					itial Suffix	
		Street Address 2019 VIKING DRIV							РО Вох		
		City REEDSBURG			State   Z p Code				Country of Residence UNITED STATES		

# Wisconsin Motor Vehicle Crash Report

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

Crash Date 05/31/2021

Crash Time 11:13 AM

_ ₹									energy of the second of the se			
NDIVIDUAL	DOB	Sex M	Race W	Hair BROWN	Eyes BROW	'n	Height	Weight	Phone Number (608) 415-9899 EXT.			
2	Driver's License Nur	nber		State	Li	cense J	ursidiction	Country	of Issuance			
	License Type			License Statu	s	e Year						
	Equipment	On Duty A	Accident	Safety Equipn	Safety Equipment							
	Row		Seat Position	CHILD RES	CHILD RESTRAINT SYSTEM - REAR FACING							
9	02 - SECOND BO	ow	09 - RIGHT									
	Helmet Use			Helmet Comp	Helmet Compliance							
	Eye Protection			Tint Complian	Tint Compliance							
	Injury	Injury Sev	verity	Airbag NON DEPL	OYED			,				
INDIVIDITAL	Ejected							/Extricated				
202	NOT EJECTED  MedicalTransport	7		NOT EJEC		APPLI	EMS Ru	RAPPED				
É	NOT TRANSPOR	RTED		LINO Agency	A TOTAL		Linera					
	Hospital			Date of Death	h )		Time of	Death				
	Non Motoris	Striking L	Jnit#	Location			To/From	School				
	Prior Action			Action								
*	Distracted By Action	i										
	Distracted By Source	e		Action Other								
	Drug & Alcol		Condition									
	Suspected Alcohol	Use		Suspected D NO	rug Use							
Ē	Alcohol Test Given	THE STATE OF THE S	Alcohol Test Type			-		Alcohol	Test Results			
NDWIDHAL	Drug Test Given TEST NOT GIVE		Drug Test Type				Drug Te	Drug Test Results				
	Drug Type	N TS										
		9										
	License Plate Num	ber	-	Plate Type			St	Country of Is	ssuance			
	ALU7466			1	1 "				TATES			
	Vehicle Identification 1FAFP53U66A1						Year 2006	Make FORD				
	Model			Body Style				Color				
	TAURUS			4D - 4DR TAN - TAN								
	Initial Contact Poin 01 - RIGHT FRO		ER									

21-04470

# Wisconsin Motor Vehicle Crash Report

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

Crash Date 05/31/2021

Crash Time 11:13 AM

					V	/ehicle Dama	ige	- Carlo - Carl					
20	02	Extent Of Damage			ε	r - RIGHT	FRONT CO	RNEF					
		Towed Due To Damag	ge		V	Vehicle Factors							
		NOT TOWED				NOT APPLICABLE							
		Vehicle Removed By OWNER			"	NOT APPLICABLE							
		What Driver Was Doir	ng		· · · · · · · · · ·	Oriver Prior A	ction Other		Bus U	\$ <b>e</b>			
		LEFT TURN											
LINO	VEHICLE	Driver Actions FAILED TO YIELD	RIGHT-OF-WA	Y, FAILL	JRE TO CO	NTROL							
		Vehicle Owner	r Same As Ope	rator		<b>Use Operator Address</b>							
		Organization Type INDIVIDUAL	INDIVIDUAL										
		Last Name	- 1	Name			Middle J	Suffix	Date of Birth				
		WHITE Street Address			SAVANNAH Street Address2								
		2019 VIKING DRIVE			t Addressz		PO Box						
		City	1200	St	Zip Code			Country of	Residence				
		REEDSBURG		WI	53959			UNITED	STATES	·			
		Telephone Number (608) 415-9899 EX	ίτ.										
	δ	Event MOTOR VEH IN TI	RANSPORT										
	02	Event			4		73 75 47						
	ន	Event	-				\$ 73°						
	8	Event	-	4					,				
02	5	UTC Number BC937964		Statute Nu 346.18(2)		Description FAIL/YIE	LD WHILE	MAKING I	LEFT TURN				
UNIT	8	Insurance Company ARTISAN-AND-TR	UCKERS-CASL	JALTY-C	0	Poli San	icy Holder ne As Owne	r 🔽	Policy Holde	er Same As Driver			
	호	Organization Type INDIVIDUAL	Last N WHIT			First Nan		Polic	cy Holder Com	pany			
	Des	cription		ring#		-							
	Diag	gram								Reconstruction By			
										Photos By DEPUTY CLAUER			
			3										
		2013E-1118								Additional Information			

# Wisconsin Motor Vehicle Crash Report

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

STH 33				PH	oros
		-1-	·		
		NOT TO SCAL	E		
Narrative ON 5-31-21 I WAS DISPATCHED TO A TV STATED UNIT TWO PULLED OUT OF THE STATED SHE HAD PULLED OUT OF THE NO INJURIES REPORTED.  Signature	E PARKING LOT INTO THE HIG	SHWAY STRIKING THE F	RONT DRIVE	RS SIDE OF HIS VE	EHICLE, UNIT TWO OPERATOR
☑ I, a sworn law enforcement of	ficer, agree that I have no	ot added any CJIS d	lata in this	report.	
Law Enforcement Agency =					
Agency Space					
Officer Rank Officer Last Name DEP CLAUER	Officer First		Officer Midd	e Name	Suffix
DOT Officer ID	DNR Officer ID		A Officer Badg	e Number	
9135 Officer EMail			9135		
Officer civiali					
	v Enforcement Agency Jurisdic	ction		inforcement Agency	/ type
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPAR		TAS Agency Name SAUK COUNTY S	1	NTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT		Law Enforcement Ag	ency Street A	ddress2	
Law Enforcement Agency City	LEA State	Law Enforcer	ment Agency	Zin Code	

Crash Date 05/31/2021
Crash Time 11:13 AM

21-04470

# Wisconsin Motor Vehicle Crash Report

i				2 A 10 COM A A CONTROL OF THE A		
	BARABOO	WI 53913				
	Law Enforcement Agency Phone Number	OR! Number	BFUNC Agency	TraCS Agency Number		
	(608) 356-4895 EXT.	W10570000	5600	205		

