WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Primary Crash E	ocument#		/ Crash Number	Investigating C	fficer/Deputy		
		21-068	301	DEPUTY W.	NEUBAUEI	R	
	Crash Time		1		Time Arrived		
		1					
Time Notified 03:38 PM		Total U 02	nits	Total Injured 00	Total Kille	illed	
it and Run	Lane Closu	ure	☐ Work Zone	Traîler o	r Towed	Reporting Threshold	
Active Sc	hool Zone	School NO	Bus Related	Tags		•	
Crash Type PRIVATE PRO	OPERTY/PARKI	NG LOT		Amende	i	Secondary Crash	
•				•			
	JMPKIN I	PARK	(ING			n By	
				***	dditional Info	ormation	
	Active Sc Crash Type PRIVATE PRO	Time Notified 03:38 PM iit and Run Lane Close Active School Zone Crash Type PRIVATE PROPERTY/PARKI	Time Notified 03:38 PM 02 it and Run Lane Closure Active School Zone School NO Crash Type PRIVATE PROPERTY/PARKING LOT	Time Notified 03:38 PM 02 it and Run	Time Notified 03:38 PM 02 Total Units 00 00 00 00 00 00 00 00 00 00 00 00 00	Time Notified 03:38 PM 02 00 Total Injured 00 00 00 00 00 00 00 00 00 00 00 00 00	

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	_ocation ===									
_	PRIVATE PROPERTY				Latitude			Longitud	de	
	CTHP SB				43.589499529			_	-89.836589953	
	IN THE TOWN OF DELT	ON			X Coordinate			Y Coord	linate	
	IN SAUK COUNTY				271012.0625 4830191					
					Structure	Туре				
					NO STR	UCTURE				
C	Crash Scene 💻									
Γ	First Harmful Event				FirstHarm	nful Event Lo	ocation			
	MOTOR VEH IN TRANS	PORT			IN PARK	ING LANE	OR ZONE			
t	Manner of Collision				Light Con-	dition				
	03 - FRONT TO REAR	DAYLIG	HT							
	Road Surface Condition(s)	Road Surface Condition(s)								
	DRY									
ŀ	Environment Factor(s)				1					
	NONE				NOT AP	PLICABLE	Ē			
t	Weather Condition(s)				1					
	CLOUDY									
ŀ	Animal Type				1	To Trafficwa	•			
	0 101 27 2						Y - PARKIN	G LOT		
	Crash Classification - Location -	on			Crash Classification - Jurisdiction PRIVATE PROPERTY					
	Tribal Land			Access Control NO CONTROL				Special Study		
	Within Interchange Area NO	Junction Location NON-JUNCTION		1	ntersection Type IOT AN INTERSECTION			•		
į	Jnit Summary =									
_	Unit Status		Vehicle Ope	erating As C	lassification	3	UnitType			_
	IN TRANSIT		D CLASS	-			АИТОМО	BILE		
_ ├	Vehicle Type						Operating A	s Endorse	ments	
5	PASSENGER CAR									
Ī	Total Occs	Train/Bus#Recorded	Total#Cita	tions Issued	ŧ	Total Trail	ers	TotalHaz	:Mat Types	
	3		0		0			0		
	Insurance?	Direction Of Travel	Pre	Pre CrashTire			Speed Limit		es	
: L	YES	NOT ON ROADWAY		Mark		N/A	1			
.	Most Harmful Event: Collisio		1 '	Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
	MOTOR VEH IN TRANS	PURT								
	Traffic Way	ATE DOODEDTY		raffic Control O CONTROL			Traffic Control Inoperative/Missing			
⊢	PARKING LOT OR PRIV. Surface Type	AIC FRUCERII				NO Road Grade				
	SLAG, GRAVEL, OR ST	ONE	Road Curva STRAIGH		LEVEL					
⊢	Truck Bus or HazMat		2,10,011	•			1			
	NO									
	Vehicle									
	License Plate Number		Plate Type			St	Country of Is			
	atentionological — a a a a a a a a			JTOMOBIL	LE	MN	UNITED S	TATES		
	DWN104				_	Year	Model			
	Vehicle Identification N		Make							
	Vehicle Identification N 1FTPX14525FA807		FORD			2005	F150			
	Vehicle Identification N 1FTPX14525FA807 Color		FORD Body Style				F150 Bus Use			
	Vehicle Identification N 1FTPX14525FA807 Color RED - RED		FORD Body Style PK - PICI	KUP						
	Vehicle Identification N 1FTPX14525FA807 Color RED - RED	749	FORD Body Style	KUP						
	Vehicle Identification N 1FTPX14525FA807 Color RED - RED	749	FORD Body Style PK - PICI	KUP amage						

6TL0B655S6

21-06801

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		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing		Vehicle Factors				
		BACKING Driver Prior Action Other		NOT APPLICABLE				
		Diver Flat Asian Sure						
		Driver Actions						
_		LOOKED BUT DID NOT SE	.E					
IN N	읔							
_	VEHICLE							
		OwnerName ANDREW PAUL NOLTE		Owner Address 259 140TH ST				
2	5	(507) 220-0702		SHERBURN, MN 56171 , US				
		Sequence Of Events		<u> </u>				
	5	Event MOTOR VEH IN TRANSPO						
		Event						
	8	PARKED MOTOR VEHICLE	E					
	63	Event						
		Event						
	3	T vent						
_		Policy Holder						
UNIT		Insurance Company	T.I.A. INC. OC	Individual				
_	S0000000000000000000000000000000000000	WESTERN-NATIONAL-MU	TUAL-INS-CO	KATHLEEN NOLTE				
			_					
		Individual						
		Individual Driver KATHLEEN M NOLTE		 	Sex FEMALE			
		Individual Driver		Citations issued	Sex FEMALE Race			
Ħ		Individual Driver KATHLEEN M NOLTE (507) 220-0702		Citations issued O Date of Birth	Sex FEMALE			
UNIT		Individual Driver KATHLEEN M NOLTE		Citations issued	Sex FEMALE Race			
LINIT	INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address		Citations issued O Date of Birth	Sex FEMALE Race WHITE			
LIND		Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U	######################################	Citations Issued 0 Date of Birth Driver License Number	Sex FEMALE Race WHITE			
TINO	INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U	######################################	Citations Issued 0 Date of Birth Driver License Number	Sex FEMALE Race WHITE			
LIND	INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U	JS Crash	Citations Issued 0 Date of Birth Driver License Number STATE: MINNESOTA COUNTRY: UN Safety Equipment	Sex FEMALE Race WHITE			
LIND	INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U	######################################	Citations Issued 0 Date of Birth Drivert icense Number STATE: MINNESOTA COUNTRY: UN	Sex FEMALE Race WHITE			
HNO	INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U	JS Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number STATE: MINNESOTA COUNTRY: UN Safety Equipment	Sex FEMALE Race WHITE			
TINO	INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U Fety Equipment Row 01 - FRONT ROW Helmet Use	JS Crash Seat Position	Citations issued Date of Birth Driver License Number STATE: MINNESOTA COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Heimet Compliance	Sex FEMALE Race WHITE			
FINO	INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U fety Equipment Row 01 - FRONT ROW	JS Crash Seat Position	Citations Issued Date of Birth Driver License Number STATE: MINNESOTA COUNTRY: UN Safety Equipment SHOULDER & LAP BELT	Sex FEMALE Race WHITE			
	S INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	Citations Issued Date of Birth Driver License Number STATE: MINNESOTA COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag	Sex FEMALE Race WHITE			
	INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U Fety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury Sev	Seat Position 07 - LEFT	Citations Issued Date of Birth Driver License Number STATE: MINNESOTA COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex FEMALE Race WHITE WITED STATES			
	S INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP	Seat Position 07 - LEFT	Citations Issued 0 Date of Birth Drivert icense Number STATE: MINNESOTA COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE			
	S INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Citations Issued 0 Date of Birth Drivert icense Number STATE: MINNESOTA COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE WITED STATES Trapped/Extricated			
	S INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Citations issued 0 Date of Birth Driver License Number STATE: MINNESOTA COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	Sex FEMALE Race WHITE WITED STATES Trapped/Extricated NOT TRAPPED EMS Run#			
	S INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Citations issued 0 Date of Birth Driver License Number STATE: MINNESOTA COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE WITED STATES Trapped/Extricated NOT TRAPPED			
	S INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT API	Citations issued Date of Birth Driver License Number STATE: MINNESOTA COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Sex FEMALE Race WHITE WITED STATES Trapped/Extricated NOT TRAPPED EMS Run#			
	S INDIVIDUAL	Individual Driver KATHLEEN M NOLTE (507) 220-0702 Address 259 140TH ST SHERBURN, MN 56171 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT API	Citations issued Date of Birth Driver License Number STATE: MINNESOTA COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Sex FEMALE Race WHITE WITED STATES Trapped/Extricated NOT TRAPPED EMS Run#			

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		Non Motorist Striking L	Jnit#	Location						
		Prior Action								
		Action								
	INDIVIDUAL									
FIN										
-	2									
		Action Other						To/From School		
		L Suspecte Drug & Alcohol NO	ed Alcohol U	ise	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN			-					
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug TestType		Drug Test Results				
2	5	Drug Type								
		Individual Condition	In dividuo at Consider							
		APPEARED NORMAL								
		Individual								
		Passenger KIMBERLY A YAHNKE			Citations Issued 0		Sex FEMALE			
	INDIVIDUAL	(608) 633-4238			Date of Birth		Race WHITE			
3		Address			Driver License Number					
	Z	7181 AARON AVE SPARTA, WI 54656 , US								
		On Duty (Crash		Safety Equipment					
	Sa	fety Equipment	014511							
		Row Seat Position			SHOULDER & LAP E	BELT				
		HelmetUse			Heimet Compliance					
		Eye Protection			TintCompliance					
2	8	Injury Se	verity		Airbag					
	0	Injury NO APF	Ejection Pa		NON DEPLOYED		Trapped/Extricated			
		8	NOT EJE	CTED/NOT APPL			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#			
		Hospital			Date of Death		Time of Death			
		Distracted By	d By Source	•	<u> </u>		<u> </u>			
		Distracted By Action								
			116.44	I (
		Non Motorist	nuit#	Location						

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		Prior Action								
 		Action								
_⊏	\$									
L	NDIVIDUAL									
	불									
		Action Other						To/From School		
		Suspec	ted Alcohol U	se	Suspected Drug Use					
	1	Drug & Alcohol NO		L	NO		I			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
2	88	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		Individual Passenger EASTON J NOLTE								
					Citations issued Sex 0 MALE					
	INDIVIDUAL				Date of Birth		Race WHITE			
F	Ĭ	Address			Driver License Number					
	2	708 N. 9TH ST ESTERVILLE, IA 51334,	US							
	Sai	On Duty ety Equipment	Crash		Safety Equipment					
		Row Seat Position 02 - SECOND ROW 08 - MIDDLE			RESTRAINT USED -	TYPE UNKNOW	/N			
		HelmetUse		Helmet Compliance						
		Eye Protection			Tint Compliance					
		Injury Severity			Airbag					
2	93	injury no ap	PARENT IN		NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Par NOT EJEC	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
		'								
		Distracted By Distract	ed By Source	•						
		Distracted By Action								
		Non Motorist	Unit#	Location						
		Prior Action								

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		Action									
	7										
⊨	NDIVIDUAL										
UNIT											
	2										
		Action Other								To/From School	
		Sus	pected Alcohol U	se	Suspected Drug Use						
	L	Drug & Alcohol No	•		NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	oe .			Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test R	lesults				
5	003	Drug Type									
		leadh da an 1 O an dWar									
		Individual Condition									
		APPEARED NORMAL									
		Summary ===									
		Status ALLY PARKED			Vehicle Operating As Class D CLASS	itication		Unit Type AUTOMO	BILE		
05		cle Type						Operating A	s Endorsen	nents	
_		SENGER CAR Occs	Train/Bus#Re	corded	Total#Citations Issued	Tota	ıl Traile	rs	Total Hazi	Mat Types	
	0		Discretical Office		0	0	11 !	24	0 T-1-11		
⊨	YES	rance?	Direction Of Tra	1	Pre CrashTire Mark	N/A	ed Lim	E.	Total Lane	95	
		Harmful Event: Collision Wi			Special Function NO SPECIAL FUNCTION			NOT APPL		cle Use	
		ic Way KING LOT OR PRIVATE	= PROPERTY		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
	Surfa	асе Туре			Road Curvature			Road Grade			
	DIR	T k Bus or HazMat			STRAIGHT L			LEVEL			
	NO										
	1	/ehicle				10:					
		License Plate Number 237MBR			Plate Type AUT - AUTOMOBILE	St WI		Country of Is: UNITED ST			
05	02	Vehicle Identification Numb 1N4AL3AP0DN588280			Make NISSAN	Year 2013		Model ALTIMA			
)	Color	·		Body Style	2013		Bus Use			
	Ш	WHI - WHITE Initial Contact Point			4D - 4DR Vehicle Damage						
UNIT	<u> </u>	01 - RIGHT FRONT CO	RNER								
Ś	VEHICLE	Extent Of Damage FUNCTIONAL DAMAG	E		01 - RIGHT FRONT CO	RNER					
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR						
		What Driver Was Doing LEGALLY PARKED									

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Crash Date 07/21/2021

Crash Time 03:15 PM

			Vehicle Factors					
		Driver Prior Action Other	NOT APPLICABLE					
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION						
		OwnerName TAYLOR R WILLIAMS	Owner Address W11843 STATE RD 33					
02	02	(608) 432-1017 Sequence Of Events	PORTAGE, WI 53901 , US					
	9	Event PARKED MOTOR VEHICLE						
	0.5	Event MOTOR VEH IN TRANSPORT						
	03	Event						
	64	Event						
_		Policy Holder						
INN		Insurance Company	Individual					
–		ERIE-INS-CO	TAYLOR WILLIAMS					