WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override 6TL0CX0Q8X	Primary Crash Document#	Agency Crash Number 21-10511			Investigating Officer/Deputy DEPUTY I. HANSON				
7	Crash Date 11/01/2021	Crash Time 12:17 PM	Date Arri 11/01/2			Time Arrived	ł			
5	Date Notified 11/01/2021	Time Notified 12:17 PM	Total Units 02			Total Injured Total Killed 01 00		i		
OI LUDDI OL	On Emergency Hit	and Run Lane Closu	ire	Work Zone		Trailer or Towed		Towed		Reporting Threshold
_ _ 0	Government Property	Active School Zone	School B NO	Bus	Related	Tags				
	✓ Reportable	Crash Type DT4000 (STANDARD CRASH)			Amend	ed			Secondary Crash
	Description									
	Diagram	N Reedsburg rd	ŀ	Viol	t Scale		Pho	construction otos By	Ву	
	Unit 1 was east on N reedsbui	nt officer, agree that I have no	RAFFIC AL	LO	WING VEHICLES TO TU	RN INTO THE	VFW		√ FUNER⁄	
		OOKING INTO THE PARKING LOT BE								
	оманнан г напна чимман									
	ADD CITATIONS									

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Loc	cation ===									
ON	N REEDSBURG RD				Latitude			Longitud	te	
111	4 FT E				43.5324	1817		-89.773	651239	
	CTHBD WB		X Coordinate			Y Coord	inate			
	THE TOWN OF DELTO	N			275881,4375			482367		
IN:	SAUK COUNTY							102001		
					Structure	гуре				
Cra	ısh Scene 💻				•					
Firs	tHarmful Event				FirstHarn	nful Event L	ocation			
MC	TOR VEH IN TRANSP	ORT			ON ROA	DWAY				
Mai	nner of Collision				Light Con	dition				
01	- ANGLE				DAYLIG					
	ad Surface Condition(s)				Roadway					
	• ,				Roadway	racion(s)				
DR										
	rironment Factor(s)									
NO					NONE					
We	ather Condition(s)									
CL	EAR									
Ani	malType				Relation 1					
Cra	sh Classification - Location	3			Crash Cla	ssification	- Jurisdiction	Jurisdiction		
	BLIC PROPERTY				NO SPECIAL JURISDICTION					
Trib	alLand				Access C				Special Study	
	20110				NO CON				Opecial olday	
Witl	nin Interchange Area	Junction Location		Intersection	on Type					
NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
Uni	it Summary 🗨									
	t Status		Vehicle Op	erating As C	lassification	3	UnitType			
IN.	TRANSIT		D CLASS					AUTOMOBILE		
ı	nicle Type						Operating As Endorsements			
	PORT) UTILITY VEHIC									
Tota	al Occs	Train/Bus#Recorded	Total#Cita	itions Issued	ŧ	TotalTra	ilers	TotalHaz	Total HazMat Types	
3			2		0		0			
Inst	urance?	Direction Of Travel	Pre	CrashTire	,	Speed Li	mit	TotalLanes		
NO		EASTBOUND		Mark	•	45		2		
Mos	st Harmful Event: Collision	With	SpecialFu				Emergency		icle Use	
	TOR VEH IN TRANSP			IAL FUNC	TION		NOT APP			
	ffic Way		Traffic Con				Traffic Con	trol Inopera	tive/Missing	
ı	O-WAY, NOT DIVIDED)	NO CONT	rol			NO			
Sur	face Туре		Road Curv	ature			Road Grad	9		
BL.	ACKTOP (BITUMINOU	IS)	STRAIGH	IT			LEVEL			
	ck Bus or HazMat		<u> </u>							
NO										
	Vehicle									
	License Plate Number	Antonio (romo inchio) ira	Plate Type	9		St	Country of Is	suance	iastiastiastiastiastiastiastiastiastiast	
	Vehicle Identification Nu	ımber	Make			Year	Model			
5	1GNFK16Z66J17729		CHEVRO	DLET		2006	SUBURBA	N		
	Color	· -	Body Style			1	Bus Use			
	BLK - BLACK		1 .	; DRT UTILI	TV VEUIC	1 =	Dus Use			
	Initial Contact Point		01-370	JKI U HEI	I I VERIC	LE				
	11 - LEFT FRONT C	ORNER								

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21-10511

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	Ш			Vehicle Damage							
INI	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		10 - LEFT SIDE FROM 12 - FRONT	NT, 11 - LEFT FRO	ONT CORNER,	5 4 3 2 1				
		Towed Due To Damage TOWED DUE TO DISABLIN	IG DAMAGE	Vehicle Removed By BILLS TOWING							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
INN	VEHICLE	FAILED TO KEEP IN DESK	GNATED LANE, OTHER	CONTRIBUTING ACTION	ON						
5	5	Owner Name PRESTON JAMES CALVIN		Owner Address 635 ELM ST OMRO, Wt 54963	, US						
		Sequence Of Events									
	5	Event MOTOR VEH IN TRANSPO	RT								
	8	Event									
	8	Event									
	2	Event									
		Individual Driver Citations Issued Sex									
		Driver CONNIE M WINNESHIEK (608) 253-5279		Citations Issued 2							
⊨	INDIVIDUA	(008) 233-3219		Date of Birth Race AMERICAN INDIAN OR ALASKAN NATIVE							
EN C	Ž	Address S1037 LITTLESOLDIER LN	•	Driver License Number							
	Z	WISCONSIN DELLS, WI 53		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sai	On Duty C	Crash	Safety Equipment							
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2	8	injury Sev Injury NO APP	ARENT INJURY	Airbag NON DEPLOYED							
			Ejection Path NOT EJECTED/NOT API	PLICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#					
		Hospital		Date of Death		Time of Death					
		Distracted By EXTERN	dBy Source IAL (TO VEHICLE/NON-	MOTORIST AREA)							

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		Distracted By Action OTHER ACTION (LOOKING	AWAY F	ROM TASK ETC							
		Striking L	Init#	Location							
		Prior Action		<u> </u>							
 		Action									
	<u>_</u>										
⊨	INDIVIDUAL										
S											
	2										
		Action Other						To/From School			
		Suspecte	d Alcohol L	jse	Suspected Drug Use						
		Drug & Alcohol NO Alcohol Test Given		Alcohol Test Type	МО		Alcohol Test Results				
		TEST NOT GIVEN		According	•		Alcohol restresuns				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
2	1 20	Drug Type		1							
		Individual Condition									
		APPEARED NORMAL									
		APPEARED NORMAL									
		Individual									
	_	Passenger PEGGY ANN DAVISON			Citations Issued 0	Sex FEMALE					
_	NDIMDUAL				Date of Birth	Race					
S		Address S1075 LITTLESOLDIER LN			Driver License Number						
	Z	WISCONSIN DELLS, WI 53965 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty (Crash		Safety Equipment						
	Sai	fety Equipment									
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP BELT						
		HelmetUse	•		Heimet Compliance						
		Eye Protection			Tint Compliance						
_	ď	Injury Sev	verity		Airbag						
2	005		ARENT II		NON DEPLOYED		I Towns different of				
		1 '	Ejection Pa NOT EJE	im CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#				
		Hospital			Date of Death		Time of Death				
		Distracte	d By Source)							
		Distracted By									
ı		Distracted By Action									

Crash Date 11/01/2021 Crash Time 12:17 PM

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

		Non Motorist	Unit#	Location							
		Prior Action		1							
		Action									
	UAL										
EN S	INDIVIDUAL										
	2										
		A .:						I Toron Color			
		Action Other						To/From School			
	1	Drug & Alcohol NO	ted Alcohol U		Suspected Drug Use NO						
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type	2		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
٤	002	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		ndividual									
	4	Passenger EVELYN M WHITEAGLE (608) 253-5279			Citations Issued Sex FEMALE						
⊨	ma.				Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN					
N L	INDIMIDUA	Address S1037 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965, US			Driver License Number						
		·									
	Sal	ety Equipment On Duty	Crash		Safety Equipment						
		Row 02 - SECOND ROW	SeatPo 09 - Ri		SHOULDER & LAP BELT						
		HelmetUse			Helmet Compliance						
		Eye Protection			Tint Compliance						
٤	ğ	Injury Se Injury NO AP	everity PARENT II	NJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPL	LICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#				
		Hospital			Date of Death		Time of Death				
		Distracted By Distract	ed By Source	•			I				
		Distracted By Action									
		Nan Motarist	Unit#	Location							

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		Prior Action												
!		Action												
	7													
⊨	NDIVIDUAL													
UNIT	IVIC													
	M													
		Action Other											To/From School	
	,	News O Alexandra	Sus	pected Alco	hol Us	se		Suspected Drug Use						_
	<u>.</u>	Alcohol Test Given	Ig & Alcohol NO			Alcohol Test T	vne	NO			Alcohol Tes	t Results		
		TEST NOT GIVEN												
		Drug Test Given TEST NOT GIVEN			Drug Test Type	9		Drug	Test Results					
01	004	Drug Type												
		Individual Condition												
		APPEARED NORM	IAL											
	•	Violations												
	0.1	UTC Number BG022645	Issue To? Stat 001 343		Statu 343 .	atute Number 3.43(1)(d)		Description LICENSE RESTRICT	ION \	VIOLATION	-CLASS A,	B OR C V	EHICLE	
	02	UTC Number	I			tute Number 6.05(1)		Description OPERATING LEFT O	OF CE	NTER				_
		BG022646 t Summary ■	00											_
		Status					L 1/2	ehicle Operating As Class	ification	-	I 1 4 T			
		RANSIT						CLASS	IIICauci	11	Unit Type AUTOMOI	BILE		
02		cle Type SENGER VAN									Operating As Endorsements			
		Occs		Train/Bus	#Rec	orded	Т	otal#Citations Issued		Total Trailers		Total Hazi	Mat Types	_
	1			Dina stis a d	N. T	2		2		0	0		_	
≒	NO NO	rance?		Direction (Pre CrashTire Mark		Speed Lim	IK	Total Lane 2	: S	
3		:HarmfulEvent:Collisio						pecial Function O SPECIAL FUNCTIO	N	1	Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way	,, 0,	<u> </u>			Tr	raffic Control			Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDE	ΕD					O CONTROL			NO			
		ace Type .CKTOP (BITUMING	11151					oad Curvature TRAIGHT			Road Grade LEVEL			
		k Bus or HazMat		'				MACE						
	NO						************							
		Vehicle License Plate Number					Te	Plate Type		TSt T	Country of Is	suance		
		ADK2899					Plate Type St AUT - AUTOMOBILE WI			1 1	UNITED ST			
05	02	Vehicle Identification I		per			- 1	Make OODGE		Year 2007	Model GRAND CA	·RA		
		Color					E	Body Style		1	Bus Use			
		SIL - SILVER (ALU	MIN	UM)			<u> </u> \	/N - VAN						
		11 - LEFT FRONT	COE	AIED										

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_	Щ			Vehicle Damage	7 8 9 10 11					
HN N	ZEHEC	Extent Of Damage FUNCTIONAL DAMAGE		11 - LEFT FRONT CORNER 5. 4. 8. 2. 3.						
		Towed Due To Damage TOWED DUE TO DISABLE	NG DAMAGE	Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors						
		Driver Prior Action Other		NOT APPLICABLE						
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ON							
	3	Owner Name		LOurs and delegan						
05	05	Owner Name ROSE A WALKER (608) 254-5216		Owner Address S3115A COUNTY ROAD BD BARABOO, WI 53913 , US						
		Sequence Of Events		I						
	5	Event MOTOR VEH IN TRANSPO	ORT							
	8	Event								
	8	Event								
	8	Event								
		Individual								
		Driver ROSE A WALKER		Citations issued Sex 2 FEMALE						
L-	DUAL	(608) 254-5216		Date of Birth	Race AMERICAN INDIAN OR ALASKAN NATIVE					
TINO	INDIVIDUAL	Address S3115A COUNTY ROAD E BARABOO, WI 53913 , U		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Ç.	l Con Duty (ety Equipment	Crash	Safety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
		HelmetUse		Helmet Compliance						
		Eye Protection		Tint Compliance						
05	983	Injury So Injury Suspe	everity CTED MINOR INJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT AP	PLICABLE	Trapped/Extricated NOT TRAPPED					
		Medical Transport		EMS Agency Identifier	EMS Run#					
		EMS GROUND Hospital		6000123 Date of Death Time of Death						
		ST CLARE HOSP Distracted By NOT A	ed By Source	ACTED)	I					
		Distracted By NOT A	PPLICABLE (NOT DISTR	ACTED)						

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	Distracted By Action NOT DISTRACTE						
	Non Motoris	Striking Unit#	Location				
	Prior Action						
	Action						
UNIT							
į							
	Action Other						To/From School
	Action Other						1 0/F rom School
	Drug & Alcoho	Suspected Alco	ohol Use	Suspected Drug Use NO			
	Alcohol Test Given TEST NOT GIVEN	N	Alcohol Test Type			Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	4	Drug Test Type		Drug Test Results	3	
02	Drug Type						
	Individual Condition						
	APPEARED NOR	MAL					
	Violations	KKKKKKKKKKKK				KARRARKKERKERKERKER	
8	UTC Number BG022644	Issue To? 003	Statute Number 344.62(1)	Description OPERATE MOTOR	VEHICLE W/O IN	ISURANCE	
04	UTC Number BG022643	Issue To?	Statute Number 343.44(1)(b)	Description OPERATING WHILE	REVOKED (FOR	RFEITURE)	