

6TL0DDT5L4
21-10511

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0DDT5L4

| | | | | | |
|--|---|--|--|---|--|
| Document Number Override 6TL0CX0Q8X | | Primary Crash Document# | Agency Crash Number 21-10511 | Investigating Officer/Deputy DEPUTY I. HANSON | |
| Crash Date 11/01/2021 | | Crash Time 12:17 PM | Date Arrived 11/01/2021 | Time Arrived 12:25 PM | |
| Date Notified 11/01/2021 | | Time Notified 12:17 PM | Total Units 02 | Total Injured 01 | 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 checked="" type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|-------------|---|
| Diagram | Reconstruction By |
| | Photos By HANSON |
| | Additional Information PHOTOS |

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

UNIT 1 WAS EAST ON N REEDSBURG RD. UNIT 2 WAS STOPPED IN TRAFFIC ALLOWING VEHICLES TO TURN INTO THE VFW LOT FOR A FUNERAL. UNIT 1 STATED SHE WAS EASTBOUND LOOKING INTO THE PARKING LOT BECAUSE OF ALL THE VEHICLES AT THE VFW AND CROSSED THE CENTERLINE STRIKING UNIT 2 IN THE FRONT DRIVERS SIDE. 9109

ADD CITATIONS

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| | | | | |
|----------------------|---|--|--|---|
| UNIT VEHICLE | Vehicle Damage | | 7 8 9 10 11 6 5 4 3 2 1 | |
| | Extent Of Damage FUNCTIONAL DAMAGE | | | 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | | Vehicle Removed By BILLS TOWING |
| | What Driver Was Doing GOING STRAIGHT | | | Vehicle Factors |
| UNIT VEHICLE | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OTHER CONTRIBUTING ACTION | | | |
| | Owner Name PRESTON JAMES CALVIN | | Owner Address 635 ELM ST OMRO, WI 54963 , US | |
| | Sequence Of Events | | | |
| UNIT VEHICLE | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver CONNIE M WINNESHIEK (608) 253-5279 | | Citations Issued 2 | Sex FEMALE |
| | Address S1037 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US | | Date of Birth [REDACTED] | Race AMERICAN INDIAN OR ALASKAN NATIVE |
| | Driver License Number [REDACTED] | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| UNIT INDIVIDUAL | On Duty Crash | | Safety Equipment | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| UNIT INDIVIDUAL | 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 EXTERNAL (TO VEHICLE/NON-MOTORIST AREA) | | |

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| | | | | | |
|--|--|---|------------------------------------|--|--|
| UNIT | Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC) | | | | |
| | 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 | | |
| 01 | 001 | Drug Test Given TEST NOT GIVEN | | | |
| | | Drug Test Type | | | |
| | | Drug Test Results | | | |
| | | Drug Type | | | |
| | | Individual Condition APPEARED NORMAL | | | |
| | | Individual | | | |
| | | Passenger PEGGY ANN DAVISON | | Citations Issued 0 | |
| | | | | Sex FEMALE | |
| | | | | Date of Birth [REDACTED] | |
| | | | | Race | |
| UNIT | INDIVIDUAL | Address S1075 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US | | | |
| | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| | | Safety Equipment | | | |
| | | On Duty Crash | | | |
| | | Safety Equipment SHOULDER & LAP BELT | | | |
| | | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | | |
| | | Helmet Use | | Helmet Compliance | |
| | | Eye Protection | | Tint Compliance | |
| | | 01 | 002 | 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 | | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | | |
|---|------------|---|--|--|--------------------------|--|--|
| UNIT | INDIVIDUAL | 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 | | | | | |
| UNIT | INDIVIDUAL | Individual | | | | | |
| | | Passenger EVELYN M WHITEAGLE (608) 253-5279 | | Citations Issued 0 | Sex FEMALE | | |
| | | Date of Birth [REDACTED] | | Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN | | | |
| | | Address S1037 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US | | Driver License Number | | | |
| | | Safety Equipment | | On Duty Crash | | | |
| | | Row 02 - SECOND 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 | | | | | | | |
| UNIT | INDIVIDUAL | 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 | 004 | 01 | 02 |
| UTC Number BG022645 | | Issue To? 001 | Statute Number 343.43(1)(d) | Description LICENSE RESTRICTION VIOLATION-CLASS A, B OR C VEHICLE |
| UTC Number BG022646 | | Issue To? 001 | Statute Number 346.05(1) | Description OPERATING LEFT OF CENTER |

Unit Summary

| | | | | | | |
|------------|--|----------------------------------|--|---------------------|---|--|
| UNIT 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER VAN | | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 2 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? NO | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 45 | Total Lanes 2 | |
| | 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 BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | |
|----------|--|--|--------------------------------|--------------|--------------------------------------|
| 02 02 | License Plate Number ADK2899 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 2D4GP44L47R132252 | | Make DODGE | Year 2007 | Model GRAND CARA |
| | Color SIL - SILVER (ALUMINUM) | | Body Style VN - VAN | | Bus Use |
| | Initial Contact Point 11 - LEFT FRONT CORNER | | | | |

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|----------------------------------|--|--|---|--|
| UNIT VEHICLE | Vehicle Damage | | 7 8 9 10 11 5 4 3 2 1 | |
| | Extent Of Damage FUNCTIONAL DAMAGE | | | 11 - LEFT FRONT CORNER |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | | Vehicle Removed By CRAIGS TOWING |
| | What Driver Was Doing STOP IN TRAFFIC | | | Vehicle Factors |
| UNIT VEHICLE | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| | Owner Name ROSE A WALKER (608) 254-5216 | | Owner Address S3115A COUNTY ROAD BD BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| UNIT VEHICLE | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver ROSE A WALKER (608) 254-5216 | | Citations Issued 2 | Sex FEMALE |
| | Date of Birth [REDACTED] | | Race AMERICAN INDIAN OR ALASKAN NATIVE | |
| | Address S3115A COUNTY ROAD BD BARABOO, WI 53913 , US | | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| UNIT INDIVIDUAL | Safety Equipment | | On Duty Crash | Safety Equipment |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| UNIT INDIVIDUAL | Injury | | Injury Severity | Airbag |
| | SUSPECTED MINOR INJURY | | NON DEPLOYED | |
| | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED |
| | Medical Transport EMS GROUND | | EMS Agency Identifier 6000123 | EMS Run # |
| Hospital ST CLARE HOSP | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |

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|-------------------|---|--|----------------|--------------------------------------|---------------------------------|
| UNIT | Distracted By Action NOT DISTRACTED | | | | |
| | INDIVIDUAL | Non Motorist | | Striking Unit # | Location |
| | | Prior Action | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | 02 | 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 | | | |
| | 03 | Individual Condition APPEARED NORMAL | | | |
| Violations | | | | | |
| 04 | UTC Number | Issue To? | Statute Number | Description | |
| | BG022644 | 003 | 344.62(1) | OPERATE MOTOR VEHICLE W/O INSURANCE | |
| | UTC Number | Issue To? | Statute Number | Description | |
| | BG022643 | 003 | 343.44(1)(b) | OPERATING WHILE REVOKED (FORFEITURE) | |