WISCONSIN MOTOR VEHICLE CRASH REPORT

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

D								
Document Number Overri	de Primary Crash	Document#	Agency 21-1184	Crash Number 47	Investigating Of DEPUTY D. K			
Crash Date	Crash Time		Date Arr		Time Arrived			
12/10/2021	09:58 AM		12/10/2		10:53 AM			
Date Notified 12/10/2021	Time Notified 09:58 AM		Total Un 02	its	Total Injured 00	Total Kille	illed	
On Emergency	Hit and Run	Lane Closu		Work Zone	▼ Traîler or	Towed	Reporting Threshold	
Government Property	Active So	chool Zone	School E NO	Bus Related	Tags			
Reportable	Crash Type DT4000 (STA	ANDARD CRASH)		Amended		Secondary Crash	
Description =								
Diagram					A	notos By	n By	
Š	S				A	dditional Info ONE	ormation	
	Uni	-			V - 3			
Unit 2 —								

Location

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Crash Time 09:58 AM

Study				
Operating As Endorsements				
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ng				
8 9 10 11				

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		Towed Due To Damage NOT TOWED		Vehicle Removed By							
		What Driver Was Doing		Vehicle Factors							
		LEFT TURN		NOT APPLICABLE							
		Driver Prior Action Other		NOT APPLICABLE							
INI	VEHICLE	Driver Actions FAILED TO YIELD RIGHT	-OF-WAY								
2	01	Owner Name THEODORE A EHRHARD' (608) 415-1661	т	Owner Address S1231 BRANDT RD LA VALLE, WI 53941 , US							
	8	Event MOTOR VEH IN TRANSPO	ORT								
	8	Event									
	03										
	4	Event									
		l Policy Holder									
HN		Insurance Company		Individual							
\neg		WEST-BEND-MUTUAL-IN	s-co	THEODORE EHRHA	ARDT						
		Individual									
		Driver		Citations Issued	Sex						
	4	THEODORE A EHRHARD' (608) 415-1661	Т	1	MALE						
	3	(000) 415-1001		Date of Birth	Race WHITE						
EN C		Aulalussa		Duly and Japanes Mysseless	Driver License Number						
5	INDIVIDUAL	Address S1231 BRANDT RD LA VALLE, WI 53941 , US	3	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sar	On Duty Fety Equipment	Crash	Safety Equipment							
		Row	SeatPosition	SHOULDER & LAP	BELT						
		01 - FRONT ROW HelmetUse	07 - LEFT	Helmet Compliance							
		F Brahadian									
		Eye Protection		Tint Compliance							
2	5	Injury Se Injury NO AP	eventy PARENT INJURY	Airbag NON DEPLOYED							
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APF	PLICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport	NOT EVECTED/NOT AFT								
		NOT TRANSPORTED		EMS Agency Identifier		EMS Run#					
		Hospital		Date of Death		Time of Death					
		Distract	ed By Source			1					
		Distracted By NOT A	PPLICABLE (NOT DISTRA	ACTED)							
		Distracted By Action									

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		Non Motorist	Strik	ing Unit#	Location							
		Prior Action			-							
TINO	INDIVIDUAL	Action										
		Action Other										To/From School
	L	Suspected Alcohol Use Drug & Alcohol NO					Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test T	уре				Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Typ	е		Drug 1	Test Results			
5	100	Drug Type					•					
		Individual Condition										
		APPEARED NORMAL										
	•	Violations	181818181	8181818181818181818	*******	1616161		ere ere er	*****	S S S S S S S S S S S S S S		KKKKKKKKKKKKKKKKKK
	0.1	UTC Number BE132269	001		Statute Number 346.06		Description FAILURE TO YIELD	RIGH	T OF WAY			
	Uni	t Summary										
	IN T	Status RANSIT					Vehicle Operating As Classification D CLASS			UnitType TRUCK		
05		cle Type LITY TRUCK/PICKL	ID TE	BIICK						Operating A	s Endorsen	nents
_		Occs	7 1 1	Train/Bus#	Recorded	Тс	Total#Citations Issued TotalTrail			ers	Total Hazi	Mat Types
	2					0			1	0		
늘	YES			Direction Of SOUTHBO		900000	Pre CrashTire Mark		Speed Lim	mit TotalLane:		es
5	MO.	tHarmfulEvent: Collision TOR VEH IN TRANS	on Wi SPOF	ith २ T			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		ic Way D-WAY, NOT DIVID E	ED. V	VITH A CON	NTINUOUS LE	1	affic Control O CONTROL		Traffic Control Inoperative/Missing			
	Surfa	асе Туре				Road Curvature				Road Grade		
		ICRETE k Bus or HazMat				S.	STRAIGHT			LEVEL		
	NO											
	1	Vehicle							Lea	C		
		License Plate Number NX7854	r				late Type .TK - LIGHT TRUCK		St WI	Country of Is: UNITED ST		
02	02	Vehicle Identification				- 1	/lake		Year	Model		
0	0	3C6UR5DL5GG15 Color	1809	•			RAM lody Style		2016	2500 Bus Use		
		WHI - WHITE					PK - PICKUP					
		Initial Contact Point 00 - NON-COLLISI	ON									7 8 9 10 11 6 12 5 4 3 2 1

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ı	ш					Vehicle Dan	nage]		
IN I		Extent Of Damage NO DAMAGE				00 - NO D	AMAGE					
		Towed Due To Damage NOT TOWED				Vehicle Removed By						
		What Driver Was Doing				Vehicle Fact	tors				_	
		GOING STRAIGHT Driver Prior Action Other	_			NOT APPL	ICABLE					
	щ	Driver Actions NO CONTRIBUTING	ACTION									
	HICLE											
_	3											
		OwnerName WAYNE KENNETH N	AATZ				Address WASHINGT(ON ST				
8	8						MILLS, WI 5	3551 , US				
		l Sequence Of Eve	nts	~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	270000000000000000000000000000000000000		~~~~				
	5	Event MOTOR VEH IN TRA									33333	
	8	Event									_	
	8	Event									_	
	8	Event									_	
_		Policy Holder										
L N		Insurance Company AMERICAN-FAMILY	NS-CO	\$11231E\$112		Individual WAYNE NAATZ						
		Trailer/Towed										
02		Trailer Plate#	Plate Type		Make		State		Country of Issuance		8833	
ີ		RV60550	RVT - RE	_	SALE		WI		UNITED STATES		_	
∐N O	RAILER/	UnitType RECREATIONAL		WAY	ridual YNE KENNETH I D) 285-8405	'H NAATZ			Address 218 S WASHINGTON ST LAKE MILLS, WI 53551, US			
=		Vehicle Identification Nu 4X4TSMC2X6R39377	7.4									
		Individual										
	1	Driver WAYNE KENNETH N	AATZ			Citations I	ssued	Sex MALE				
<u>_</u>	INDIVIDUAL	(920) 285-8405				Date of B	irth	Race WHITE			_	
N N	፭	Address				Driver License Number					_	
	Z	218 S WASHINGTON LAKE MILLS, WI 535				STATE: WISCONSIN COUNTRY: UNITED STATES						
		 	n Duty Crasi	h		Safety Eq	uipment				_	
	Sai	fety Equipment	-			,	,					
		Row 01 - FRONT ROW		Seat Po 7 - L	osition EFT	SHOULE	DER & LAP (BELT				
		Helmet Use				HelmetC	ompliance				_	
		Eye Protection				Tint Compliance						

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03	8	injury Se Injury NO API	verity PARENT II	NJURY	Airbag NON DEPLOYED								
		Ejected	Ejection Pa		1	Trapped/Extricated	ated						
		NOT EJECTED	NOT EJE	CTED/NOT APPL	ICABLE		NOT TRAPPED						
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#						
		Hospital			Date of Death		Time of Death						
			ed By Source										
		Distracted By NOT A	PPLICABL	E (NOT DISTRAC	CTED)								
		Distracted By Action NOT DISTRACTED Striking Unit # Location											
		Non Motorist	Unit#	Location									
		Prior Action											
		Action											
	INDIVIDUAL												
LNO	8												
5	ă												
	Z												
		Action Other						To/From School					
		Suspect	ed Alcohol L	Jse	Suspected Drug Use								
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results						
		TEST NOT GIVEN											
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results							
07	005	Drug Type				1							
		hadiodaya Candillan											
		Individual Condition											
		APPEARED NORMAL											
		Individual											
		Passenger CORY KENNETH NAATZ			Citations Issued 0	Sex MALE							
	3	(920) 285-4880			Date of Birth	Race							
LNO	₫					WHITE							
Ś	INDIVIDUA	Address 218 S WASHINGTON ST			Driver License Number								
		LAKE MILLS, WI 53551 ,	US		STATE: WISCONSIN COUNTRY: UNITED STATES								
		On Duty	Crash		Safety Equipment								
	Sa	fety Equipment											
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP	BELT							
		HelmetUse			Helmet Compliance								
		Eye Protection			TintCompliance								
		⊚ Injury Se	verity		Airbag								
05	600	Injury NO API	PARENT II	NJURY	NON DEPLOYED								

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		Ejected	Ejection Path				Trapped/Extricated		
		· ·							
		NOT EJECTED	NOT EJEC	TED/NOT APPL	ICABLE		NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run#		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
							7.1.70 07 0 0 11.1		
		District	4- 4 D. C						
		Distracted By	ted By Source						
		Pidirada-a-2/							
		Distracted By Action							
		Striking	Unit#	Location					
		Non Motorist	´						
		Prior Action							
		Phoraction							
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		Action							
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UNIT	7								
_	INDIVIDUAL								
	Z								
		Action Other						To/From School	
								, 511 15111 5511551	
					10 , 10 11				
		Drug & Alcohol NO	cted Alcohol Us	e	Suspected Drug Use NO				
		Ding GARONOI NO			NO				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
				Drug Test Type		Drug Test Results			
		Drug Test Given TEST NOT GIVEN		Diag restrype		Ding restresults			
02	003	Drug Type							
0	ō								
		Individual Condition						<u> </u>	
		APPEARED NORMAL							