WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overric	de Primary Crash [Document#	Agency Cn 22-00818	ash Number	Investigating DEPUTY F	g Officer/Deputy I. VOLZ	\$
Orash Date 01/25/2022	Crash Time 06:45 PM		Date Arrive 01/26/202		Time Arrived	ŧ	
Date Notified	Time Notified		Total Units		Total Injured	l Total Kill	lo d
11/26/2022	01:14 PM		02		00	00	ea
On Emergency	Hit and Run	Lane Closu	ıre [Work Zone	Traîler	or Towed	Reporting Threshold
Government Property	Active Sc	hool Zone	School Bus	Related	Tags		•
Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Ameno	led	Secondary Crash
escription =	l						
Diagram						Reconstruction	on By
						Photos By	
1	1			*			
				Not To Scale	2		
'						Additional Inf	ormation
						, NONE	
		US Highway 12					
		12					
'							
'		2 2 2	Se Se Se				
1							
	l ģ5 d						
		I B					
		1 4					
			S				
			~				
							
			24				
			d '				
		L					
ا ا ا ا	orcement officer, agr	ee that I have no	t added a	nv CJIS data in t	his report.		

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	Location ====								
	ON USH12 WB 740 FT N				Latitude 43.56332	30402		Long	itude 78245162
	OF MOON RD IN THE TOWN OF DELTON IN SAUK COUNTY	· ·			X Coordinate 275624.96875				ordinate
	M OAGN GOGN 1				Structure NO STR	Type UCTURE			
	Crash Scene								
	First Harmful Event				FirstHarm	nful Event Lo	ocation		
	MOTOR VEH IN TRANSPO	RT			ON ROA	DWAY			
	Manner of Collision				Light Con-				
	03 - FRONT TO REAR Road Surface Condition(s)				DARK/U				
	DRY				Noadway	racion(s)			
	Environment Factor(s)				1				
	NONE				NONE				
	Weather Condition(s)								
	CLOUDY								
	Animal Type				1	o Trafficwa			
	Crash Classification - Location				Crash Classification - Jurisdiction				
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION				
	Tribal Land			Access Control Special Study NO CONTROL			Special Study		
		Junction Location		Intersection		OTION			
		ENTRANCE RAMP-RELA	A LED	NOTAN	INTERSE	CHON			
	Unit Summary Unit Status		I Vahiala On	oratina As C	lassification		1 Imit Torre		
	Unit Status Vehicle Operating As C HIT AND RUN D CLASS				/lassilication		Unit Type AUTOMO	BILE	
_	Vehicle Type				Operating As Endorsements				
7	PASSENGER CAR	T							
	Total Occs 1	Train/Bus#Recorded	Total#Cita 0	tions Issued	ŧ.	Total Trail		0	lazMatTypes
╘	Insurance? UNKNOWN	Direction Of Travel NORTHBOUND	Pre	CrashTire Mark	•	Speed Lin		Total L 4	
LNO	Most Harmful Event: Collision V MOTOR VEH IN TRANSPO		Special Fur NO SPEC	nction IAL FUNC	CTION		Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing NO		
	Traffic Way DIVIDED HWY W/O TRAFF	IC BARRIER	Traffic Con						
	Surface Type		Road Curv	ature			Road Grade)	
	BLACKTOP (BITUMINOUS	S)	STRAIGH	IT			LEVEL		
	Truck Bus or HazMat NO								
	Vehicle								
	License Plate Number		Plate Type	•		St	Country of Is	suance	
	Vehicle Identification Nun	nhar	Make			Year	Model		
5	E	ive:	, , and			, 56,	Wodel		
	Color		Body Style	9			Bus Use		
	Initial Contact Point		Vehicle Da	Vehicle Damage					
UNIT	ত 99 - UNKNOWN								7 8 9 10 11 6 12
5	99 - UNKNOWN Extent Of Damage VEHICLE NOT AT SC	 ENE	16 - VEH	HCLE NOT	TAT SCEN	NE .			5 4 3 2 1

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		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
		What Driver Was Doing					
		UNKNOWN		Vehicle Factors			
		Driver Prior Action Other		UNKNOWN			
LINI	VEHICLE	Driver Actions UNKNOWN		I			
		Owner Name		Owner Address			
_	1	- China hama					
5	01			, ,			
		Sequence Of Events					
	01	Event					
	0	MOTOR VEH IN TRANSPOR	₹1				
	02	Event					
	03	Event					
	04	Event					
		ndividual ,	(8'8'8'8'8'8'8'8'8'8'8'8'8'8'8'8'8'8'8'		55555555555555555555555555555555555555	&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&	STSTSTSTSTSTSTSTSTSTSTSTSTSTSTSTSTSTST
		Driver		Citations Issued	Sex		
	71			0			
⊨	INDIVIDUAL			Date of Birth	Race		
L N	DIV	Address		Driver License Number			
	N	, ,					
	Sat	fety Equipment On Duty C	rasn	Safety Equipment			
		Row	Seat Position	RESTRAINT USE U	NKNOWN		
		01 - FRONT ROW Helmet Use	07 - LEFT	Helmet Compliance			
				, round compared to			
		Eye Protection		Tint Compliance			
5	001	Injury Sev	erity	Airbag			
0	5	Injury NO APP		NOT APPLICABLE		17 (7)	
		·	ejection Path NOT EJECTED/NOT AP	PLICABLE		Trapped/Extricated NOT APPLICABLE	
		Medical Transport		EMS Agency Identifier		EMS Run#	
		NOT TRANSPORTED				T. (5. 4)	
		Hospital		Date of Death		Time of Death	
		Distracted By	By Source	•			
		Distracted By Action					
		Non Motorist Striking U	nit# Location				
		TYOTI WOLDTSL					

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		Prior Action								
TINO	NDWIDUAL	Action								
	1	Action Other								To/From School
	ı	Orug & Alcohol	pected Alcohol U	lse	Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test T	ype			Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	9	Drug 1	Test Results	3		
10	000	Drug Type				<u> </u>				
		Individual Condition								
		t Summary ==== Status			L Vahiala On anating As Classi	:s:e:_		Lee se		
		RANSIT			Vehicle Operating As Class D CLASS	meation	1	Unit Type TRUCK		
١		cle Type			D GEAGG			Operating A	s Endorse	ements
02	UTILITY TRUCK/PICKUP TRUCK							-,		
	Tota 1	lOccs	Train/Bus#Re	corded	Total#Citations Issued 0		Total Trail	ers	Total Haz	zMat Types
L.	Insu YES	rance?	Direction Of Tra		Pre CrashTire Mark		Speed Lin	nit	Total Lar	nes
TNU TNU		tHarmfulEvent: Collision Wi			Special Function NO SPECIAL FUNCTIO	N		Emergency NOT APPI		
		fic Way			Traffic Control			Traffic Cont	rol Inopera	ative/Missing
	DIVI	DED HWY W/O TRAFFI	C BARRIER		NO CONTROL			NO		
		ace Type			Road Curvature			Road Grade	r	
		\CKTOP (BITUMINOUS) k Bus or HazMat	!		STRAIGHT			LEVEL		
	NO	N 300 07 1702N/OC								
	1	Vehicle		**********						
		License Plate Number 45775DS			Plate Type LTK - LIGHT TRUCK		St WI	Country of Is UNITED ST		
02	62	Vehicle Identification Number 1GTG6FEN4M1103216		Make Year GENERAL MOTORS COR 2021		Year 2021	1			
		Color GRY - GRAY			Body Style PK - PICKUP			Bus Use		
	Ш	Initial Contact Point			Vehicle Damage					7 8 9 10 11
UNIT	VEHICLE	12 - FRONT Extent Of Damage			01 - RIGHT FRONT CO CORNER, 12 - FRONT		R, 11 - LEF	T FRONT		6 12 5 4 3 2 1
	5	FUNCTIONAL DAMAG Towed Due To Damage	E		Vehicle Removed By					
		NOT TOWED			OWNER					
		What Driver Was Doing GOING STRAIGHT								

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22-00818

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				Vehicle Fact	nrs				
				Value of det					
	*******	Driver Prior Action Other		NOT APPL	.ICABLE				
		Driver Actions NO CONTRIBUTING ACT	ION						
_	VEHICLE								
N	Ĭ								
_	y								
		Owner Name	DI E	Owner A					
05	8	MICHAEL WILLIAM KNOI (608) 393-5288	BLE		'ALLEY DR ONSIN DELL	S, WI 53965 , U	s		
_									
		l Sequence Of Events							
		Event							
	5	MOTOR VEH IN TRANSP	ORT						
	8	Event							
	8	Event							
	8	Event							
⊨		Policy Holder							
N		Insurance Company HASTINGS-MUTUAL-INS	Individual MICHAEL KNOBLE						
			-00	MICHAE	LNNOBLE				
		Individual Driver		Citations		Sex			
	1	MICHAEL WILLIAM KNOBLE (608) 393-5288		0					
	4			Date of Bi	rth	Race			
╘	NDIVIDUA					WHITE			
	á	Address 1408 VALLEY DR		Driver Lice	ense Number				
	Z	WISCONSIN DELLS, WI 5	3965 , US	STATE:	WISCONSIN	I COUNTRY: UNI	TED STATES		
	٠.	On Duty	y Crash	Safety Eq	uipment				
	38	fety Equipment			.==				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULD	ER & LAP !	BELT			
		HelmetUse	V/ - LEF)	Helmet Co	ompliance				
		Eye Protection		TintComp	liance				
			a veribe	Nichae					
05	8	Injury NO AF	PPARENT INJURY	Airbag NON DE	PLOYED				
		Ejected	Ejection Path				Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT AF	PPLICABLE			NOT TRAPPED		
		Medical Transport		EMS Age	ncy identifier		EMS Run#		
		NOT TRANSPORTED		D-11 -15	- 42-		Time of Death		
		Hospital		Date of De	eatn		Hime of Death		
		Distract	ted By Source				1		
		Distracted By NOT A	APPLICABLE (NOT DIST	RACTED)					
		Distracted By Action NOT DISTRACTED							
		Non Motorist	Unit# Location						
		TEUTI WUTUISI	I						

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		Prior Action					
		Action					
	4						
E							
TINO	Z						
	Z						
		Action Other					To/From School
				10			
	i	Drug & Alcohol NO	Jse	Suspected Drug Use NO			
		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	002	Drug Type	•		•		
	_						
		Individual Condition					
		NOT OBSERVED					
1 :							