

6TL097RB76

22-02117

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL097RB76

Document Number Override		Primary Crash Document#		Agency Crash Number 22-02117		Investigating Officer/Deputy DEPUTY C. BRATZ	
Crash Date 03/07/2022		Crash Time 04:26 AM		Date Arrived 03/07/2022		Time Arrived 04:52 AM	
Date Notified 03/07/2022		Time Notified 04:26 AM		Total Units 04		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input checked="" 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 type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

## Description

Diagram 	Reconstruction By
	Photos By
	Additional Information NONE

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

ON THE ABOVE DATE AND TIME, AS I PULLED OFF THE SIDE OF THE ROAD ON CTH H, I WAS NOTIFIED BY A PASSERBY, ABOUT A FOUR VEHICLE ACCIDENT, THAT OCCURRED FURTHER DOWN THE ROAD ON CTH H. I LOCATED THE ACCIDENT ON CTH H, NEAR D AND W ROAD. I OBSERVED THAT THE ACCIDENT WAS COMPRISED OF FOUR VEHICLES, ALL VEHICLES WERE IN NORTH BOUND LANE. THREE WERE FACING SOUTH, WHILE ONE WAS FACING NORTH. OPERATORS OF UNIT ONE, THREE, AND FOUR ID THRU WI DL. UNIT TWO ID THRU MN DL. AFTER SPEAKING WITH ALL OPERATORS INVOLVED IN THE ACCIDENT, THE INFORMATION PROVIDED WAS CONSISTENT TO ALL THOSE THAT WERE INVOLVED. UNIT ONE WAS TRAVELING SOUTH ON CTH H. UNIT ONE CAME UPON ANOTHER VEHICLE THAT WAS STUCK IN THE MIDDLE OF THE ROADWAY, DUE TO WEATHER CONDITIONS. UNIT ONE STEERED AWAY TO AVOID HITTING THE VEHICLE, CAUSING IT TO GO INTO DITCH. NO INJURIES OR DAMAGE REPORTED. VEHICLE THAT WAS INITIALLY STUCK IN ROADWAY LEFT, UPON ARRIVAL. A SHORT TIME LATER UNIT TWO, A SEMI TRAILER ALSO TRAVELING NORTH ON CTH H, SWERVED AWAY FROM UNIT ONE VEHICLE, AND CAME TO REST IN THE SOUTH BOUND LANE. DUE TO INCLEMENT WEATHER CONDITIONS ALONG WITH VEHICLES STUCK IN ROADWAY, THIS CAUSED TRAFFIC TO BACK UP ON CTH H IN BOTH LANES. AS A RESULT, UNIT THREE THEN ATTEMPTED TO TURN AROUND ON D AND W ROAD. THE COMBINATION OF ICE AND SNOW ON THE ROAD WAY, AND THE STEEP ANGLE OF ROADWAY, CAUSED UNIT THREE LOOSE CONTROL OF VEHICLE, AND CAME TO A REST IN FRONT OF SEMI. NO DAMAGE OBSERVED OR INJURIES REPORTED. UNIT FOUR ALSO ATTEMPTED TO TURN AROUND. UNIT FOUR LOST CONTROL AND SLID

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INTO THE FRONT RIGHT SIDE OF UNIT TWO. UNIT FOUR HAD MINOR DAMAGE LEFT SIDE, NO INJURIES REPORTED. UNIT FOUR OPERATOR ALSO REPORTED A VEHICLE MADE CONTACT WITH HER VEHICLE AND LEFT PRIOR TO MY ARRIVAL. NO DESCRIPTION OR LICENSE PLATE OF VEHICLE GIVEN. NO DAMAGE OBSERVED. UNIT ONE REMOVED FROM DITCH BY STEVES AUTO. ALL VEHICLES WERE ABLE TO BE DRIVEN AWAY BY THEIR OPERATORS.

## Location

ON CTHH SB 180 FT N OF D AND W RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.587758373	Longitude -89.953005217
	X Coordinate 261606.984375	Y Coordinate 4830325.5
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW</b>	ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>
Closure Type <b>CLOSURE-ONE DIRECTION</b>	Reasons for Closure <b>LAW ENFORCEMENT, WEATHER CONDITIONS</b>	
Date Initial Lane/Rd Closed <b>03/07/2022</b>	Time Initial Lane/Rd Closed <b>05:15 AM</b>	Date Scene Cleared <b>03/07/2022</b>
Date All Lanes Open <b>03/07/2022</b>	Time All Lanes Open <b>05:45 AM</b>	
	Time Scene Cleared <b>05:45 AM</b>	

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>UPHILL</b>
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

License Plate Number <b>AGE5075</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
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01 UNIT VEHICLE	Vehicle Identification Number <b>3FAHP06Z78R181183</b>		Make <b>FORD</b>	Year <b>2008</b>	Model <b>FUSION</b>	
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>SD - SEDAN</b>		Bus Use	
	Initial Contact Point <b>00 - NON-COLLISION</b>		Vehicle Damage <b>00 - NO DAMAGE</b>			
	Extent Of Damage <b>NO DAMAGE</b>					
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>			
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
Driver Prior Action Other						
01 UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
	Owner Name <b>KOURTNEY LYNN GOULART</b>		Owner Address <b>204 E MAIN ST REEDSBURG, WI 53959 , US</b>			
<b>Sequence Of Events</b>						
01 UNIT VEHICLE	Event <b>DITCH</b>					
	Event					
	Event					
	Event					
01 UNIT INDIVIDUAL	<b>Policy Holder</b>					
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>KOURTNEY GOULART</b>			
01 UNIT INDIVIDUAL	Driver <b>KOURTNEY LYNN GOULART</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
	Date of Birth [REDACTED]		Race <b>WHITE</b>			
	Address <b>204 E MAIN ST REEDSBURG, WI 53959 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash			
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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<b>UNIT INDIVIDUAL</b>	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
	Hospital		Date of Death	Time of Death	
	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
	Distracted By Action <b>NOT DISTRACTED</b>				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
Drug Type					
Individual Condition <b>APPEARED NORMAL</b>					

## Unit Summary

<b>UNIT 02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>DITCH</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>					

<b>02 02</b>	<b>Vehicle</b>				
	License Plate Number <b>PAT2851</b>		Plate Type <b>STL - SEMI TRAILER</b>	St <b>MN</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>1M1AW07YXHM084301</b>		Make <b>MACK</b>	Year <b>2017</b>	Model <b>600</b>	

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UNIT VEHICLE	Color <b>WHI - WHITE</b>		Body Style <b>TR - TRAILER</b>		Bus Use	
	Initial Contact Point <b>00 - NON-COLLISION</b>		Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>02 - RIGHT SIDE FRONT</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
	Owner Name <b>OLD DUTCH FOODS INC</b>			Owner Address <b>2375 TERMINAL RD ROSEVILLE, MN 55113 2577, US</b>		
UNIT VEHICLE	<b>Sequence Of Events</b>					
	Event <b>DITCH</b>					
	Event					
	Event					
	Event					
UNIT VEHICLE	<b>Policy Holder</b>					
	Insurance Company <b>TRAVELERS-CASUALTY-INSURANCE-CO-OF-AM</b>			Organization/Company <b>OLD DUTCH FOODS INC</b>		
UNIT TRAILER	<b>Trailer/Towed</b>					
	Trailer Plate # <b>1863STU</b>	Plate Type <b>STL - SEMI</b>	Make <b>KENT</b>	State <b>MN</b>	Country of Issuance <b>UNITED STATES</b>	
	Unit Type <b>SEMI TRAILER</b>		Organization/Company <b>OLD DUTCH FOODS INC</b>		Address <b>2375 TERMINAL RD ROSEVILLE, MN 55113 2577, US</b>	
Vehicle Identification Number <b>1KKVD5320JL241258</b>						
UNIT INDIVIDUAL	<b>Individual</b>					
	Driver <b>CRAIG STEVEN LEMKE</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
			Date of Birth [REDACTED]		Race	
	Address <b>13490 191ST AVE NW ELK RIVER, MN 55330 1187, US</b>		Driver License Number <b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>						
On Duty Crash		Safety Equipment				
Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>			
Helmet Use		Helmet Compliance				

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02 002	UNIT INDIVIDUAL	Eye Protection	Tint Compliance			
		<b>Injury</b>	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		
		<b>Distracted By</b>	Distracted By Source			
		Distracted By Action				
		<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				
		Action				
02 002	UNIT TRUCK BUS	Action Other	To/From School			
		<b>Drug &amp; Alcohol</b>	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				
		<b>Carrier</b>				
		<input checked="" type="checkbox"/>	Use Vehicle Owner Same as Carrier		Source DRIVER	
		Name OLD DUTCH FOODS INC USDOT# 107936	Address 2375 TERMINAL RD ROSEVILLE, MN 55113 2577, US			
		GVWR 10,001-26,000 LBS	Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA	Cargo Body Type UNKNOWN		
US DOT # 107936	Carrier Type INTRASTATE CARRIER	Permitted Load NOT APPLICABLE				
<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present		
Measured Height	Measured Length	Measured Width	Measured Weight			

### Unit Summary


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03 UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>DITCH</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

03 UNIT VEHICLE	<b>Vehicle</b>				
	License Plate Number <b>TD7359</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1B7HC16Y6VS225435</b>		Make <b>DODGE</b>	Year <b>1997</b>	Model <b>RAM 1500</b>
	Color <b>GRN - GREEN</b>		Body Style <b>PK - PICKUP</b>	Bus Use	
	Initial Contact Point <b>00 - NON-COLLISION</b>		Vehicle Damage <b>00 - NO DAMAGE</b>		
	Extent Of Damage <b>NO DAMAGE</b>				
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By		
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
	Driver Prior Action Other				
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
Owner Name <b>MICHAEL S BATZ</b>		Owner Address <b>S1208 COON BLUFF RD WISCONSIN DELLS, WI 53965 , US</b>			

03 UNIT VEHICLE	<b>Sequence Of Events</b>			
	Event <b>DITCH</b>			
	Event			
	Event			
Event				

IT INDIVIDUAL	<b>Individual</b>	
	Driver <b>MICHAEL S BATZ</b>	Citations Issued <b>0</b>
	Date of Birth <b>[REDACTED]</b>	Sex <b>MALE</b>
		Race <b>WHITE</b>

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UN INDIV	Address S1208 COON BLUFF RD WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	<b>Safety Equipment</b>		On Duty Crash		
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		
	Safety Equipment		SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	03 003	<b>Injury</b>		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					
<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					
03 003	<b>Non Motorist</b>		Striking Unit#		
	Location				
	Prior Action				
	Action				
	Action Other				
	To/From School				
	<b>Drug &amp; Alcohol</b>		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 Summary**

04	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR				Operating As Endorsements		
	Total Occs 1		Train/Bus # Recorded		Total # Citations Issued 0		
				Total Trailers 0		Total HazMat Types 0	



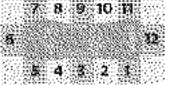
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UNIT	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>	Road Grade <b>UPHILL</b>		
	Truck Bus or HazMat <b>NO</b>					

UNIT 04 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>471VZJ</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2G11Z5SA5G9168416</b>	Make <b>CHEVROLET</b>	Year <b>2016</b>	Model <b>IMPALA</b>
	Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>	Bus Use	
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By		
	What Driver Was Doing <b>BACKING</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION, FAILURE TO CONTROL</b>			
UNIT 04 VEHICLE	Owner Name <b>BENITA M BERNING</b>	Owner Address <b>W5410 COUNTY ROAD G E LOT 23 MAUSTON, WI 53948 , US</b>		

UNIT 04 VEHICLE	<b>Sequence Of Events</b>	
	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	

UNIT 04 VEHICLE	<b>Policy Holder</b>		
	Insurance Company <b>RICHARDS INSURANCE AGENCY</b>	Individual <b>BENITA BERNING</b>	
	<b>Individual</b>		
INDIVIDUAL	Driver <b>BENITA M BERNING</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>

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UN INDIV	Address W5410 COUNTY ROAD G E LOT 23 MAUSTON, WI 53948 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
	<b>Safety Equipment</b>		On Duty Crash		
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		
	Helmet Use		Safety Equipment SHOULDER & LAP BELT		
	Eye Protection		Helmet Compliance		
			Tint Compliance		
	04 004	<b>Injury</b>		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			
<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
		Distracted By Action NOT DISTRACTED			
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit#		
			Location		
	Prior Action				
	Action				
	Action Other				
	To/From School				
	<b>Drug &amp; Alcohol</b>		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			
04 004	Drug Type				
	Individual Condition APPEARED NORMAL				