

6TL0BGSFJQ

Document Number Override		Primary Crash Document #		Agency Crash Number 23-04177		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 04/28/2023		Crash Time 01:54 PM		Date Arrived 04/28/2023		Time Arrived 02:11 PM	
Date Notified 04/28/2023		Time Notified 01:54 PM		Total Units 02		Total Injured 00	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 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.

UNIT 2, A POSTAL DELIVERY VEHICLE, WAS SLOWING WITH ITS FLASHING LIGHTS ON TO PREPARE FOR A LEFT HAND TURN. UNIT 1 WAS FOLLOWING AND BEGAN TO PASS UNIT 2, WHEN UNIT 2 TURNED LEFT INTO UNIT 1. UNIT 1 THEN LEFT THE ROADWAY TO ITS LEFT.

WISCONSIN MOTOR VEHICLE
CRASH REPORT

Location

ON CTHV SB 0.36 MI N OF LUEDTKE RD IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.566235704	Longitude -90.038841372
	X Coordinate 254589.71875	Y Coordinate 4828185
	Structure Type NO STRUCTURE	

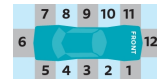
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number ABH4403		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5BZAF0AA8HN851973		Make NISSAN	Year 2017	Model NV
	Color SIL - SILVER (ALUMINUM)		Body Style VN - VAN		Bus Use
	Initial Contact Point 03 - RIGHT SIDE MIDDLE		Vehicle Damage 03 - RIGHT SIDE MIDDLE, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By			
		What Driver Was Doing OVERTAKE LEFT		Vehicle Factors			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions NO CONTRIBUTING ACTION					
01	01	Owner Name KATHLEEN FAST (608) 415-7134		Owner Address E4937 COUNTY ROAD V LA VALLE, WI 53941 , US			
		Sequence Of Events					
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT				
		02	Event DITCH				
		03	Event				
		04	Event				
UNIT	INDIVIDUAL	Policy Holder					
		Insurance Company LICHTE INSURANCE AGENCY		Individual KATHLEEN FAST			
UNIT	INDIVIDUAL	Individual					
		Driver KATHLEEN FAST (608) 415-7134		Citations Issued 0	Sex FEMALE		
		Address E4937 COUNTY ROAD V LA VALLE, WI 53941 , US		Date of Birth	Race WHITE		
		Driver License Number					
01	001	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			
		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 NOT APPLICABLE (NOT DISTRACTED)					
Distracted By Action NOT DISTRACTED							

UNIT	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
UNIT	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					
	Individual					
	Passenger JOVANSKY ABLAR (608) 415-7134		Citations Issued 0	Sex MALE		
	Address E4937 COUNTY RD V LAVALLE, WI 53941 , US		Date of Birth	Race BLACK/AFRICAN AMERICAN		
Driver License Number						
Safety Equipment		On Duty Crash	Safety Equipment			
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT				
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
UNIT	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					
	Non Motorist		Striking Unit #	Location		

UNIT	INDIVIDUAL	Prior Action			
		Action			
01	002	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			
		Individual			
		Passenger WISGGERLYNE ABLAR (608) 415-7134	Citations Issued 0	Sex FEMALE	
		Address E4937 COUNTY ROAD V LA VALLE, WI 53941 , US	Date of Birth Race BLACK/AFRICAN AMERICAN		
		Driver License Number			
01	003	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE		
		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			
Non Motorist	Striking Unit #	Location			
Prior Action					

UNIT 01 003	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 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 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	Total Trailers 0
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Total HazMat Types 0
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL	Speed Limit 55
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE LEFT	Total Lanes 2
	Truck Bus or HazMat NO	Emergency Motor Vehicle Use NOT APPLICABLE	Road Grade LEVEL

UNIT 02 VEHICLE	Vehicle			
	License Plate Number W1XV0BEM4L3731059	Plate Type	St	Country of Issuance
	Vehicle Identification Number W1XV0BEM4L3731059	Make MERCEDES BENZ	Year 2020	Model METRIS
	Color WHI - WHITE	Body Style VN - VAN	Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		
	What Driver Was Doing LEFT TURN	Vehicle Removed By STEVES AUTO SERVICE		

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name US POSTAL SERVICE (800) 275-8777		Owner Address 215 NORTH WALNUT ST BARABOO REEDSBURG, WI 53959 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company GOVERNMENT		Government POSTAL SERVICE	
UNIT INDIVIDUAL	Individual			
	Driver CASEY FIKE (608) 548-5251		Citations Issued 0	Sex MALE
	Address 600 W MILWAUKEE ST MAUSTON, WI 53948 , US		Date of Birth	Race WHITE
	Driver License Number			
UNIT 004	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury NO APPARENT INJURY		Tint Compliance	
	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #		
Location				

UNIT	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			
	02 004			