

6TL0B655W6
23-04823

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0B655W6

| | | | | | | | |
|--|--------------------------------------|--|--|--|--|---|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 23-04823 | | Investigating Officer/Deputy DEPUTY W. NEUBAUER | |
| Crash Date 05/15/2023 | | Crash Time 08:30 AM | | Date Arrived 05/15/2023 | | Time Arrived 09:00 AM | |
| Date Notified 05/15/2023 | | Time Notified 08:36 AM | | Total Units 01 | | 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 | |
| <p>DENZER RD</p> <p>UTILITY POLE</p> <p>NOT TO SCALE</p> | | Photos By | |
| | | Additional Information NONE | |
| | | | |

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

UNIT 1 DRIVER STATED SHE WAS USING HER CELL PHONE, DRIFTED ONTO THE EAST GRAVEL SHOULDER, ENTERED THE EAST DITCH, AND CAME TO REST ON THE EAST SHOULDER. DAMAGE TO VEH DUE TO SIDESWIPING UTILITY POLE AND DRIVING OVER ROCKS.

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Location

| | | |
|--|------------------------------------|-----------------------------------|
| ON DENZER RD 400 FT N OF SLOTTY RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY | Latitude 43.335077864 | Longitude -89.887265586 |
| | X Coordinate 265940.6875 | Y Coordinate 4802074.5 |
| | Structure Type | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event DITCH | First Harmful Event Location ROADSIDE | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | 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 | 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 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 45 | Total Lanes 2 |
| | Most Harmful Event: Collision With DITCH | 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

| | | | | | | |
|-------------|----------------|---|--|---------------------|---|--|
| UNIT | VEHICLE | License Plate Number AFM5887 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 5TDDK3DC3ES093733 | Make TOYOTA | Year 2014 | Model SIENNA | |
| | | Color GRY - GRAY | Body Style VN - VAN | | Bus Use | |
| | | Initial Contact Point 00 - NON-COLLISION | Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 14 - UNDERCARRIAGE | | | |
| | | Extent Of Damage DISABLING DAMAGE | | | | |



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|---|---|--|--|--|-------------------------------|
| UNIT | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By EVERETTS TOWING | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions RAN OFF ROADWAY | | | | |
| 01 | 01 | Owner Name REBEKAH KAUKL (608) 477-2211 | | Owner Address S7932 RUNG DR NORTH FREEDOM, WI 53951 , US | |
| | | Sequence Of Events | | | |
| UNIT | 01 | Event RUN OFF ROADWAY RIGHT | | | |
| | | Event DITCH | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT | 01 | Policy Holder | | | |
| | | Insurance Company AMERICAN-FAMILY-INS-CO | Individual REBEKAH KAUKL | | |
| UNIT | 01 | Individual | | | |
| | | Driver REBEKAH KAUKL (608) 477-2211 | Citations Issued 0 | Sex FEMALE | |
| | | Address S7932 RUNG DR NORTH FREEDOM, WI 53951 , 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 HAND-HELD MOBILE PHONE | | | |
| Distracted By Action MANUALLY OPERATING(TEXTING,DIALING,PLAYING GAME ETC) | | | | | |

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|-------------|--|---------------------|------------------------------------|---------------------------------|----------------|--|
| 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 | | | | | |
| | 01 | 001 | | | | |