

6TL0C884KC  
23-07355

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0C884KC

|  |                                      |  |  |  |  |   |  |
|--|--------------------------------------|--|--|--|--|---|--|
| Document Number Override                       |                                      | Primary Crash Document #                     |  | Agency Crash Number<br><b>23-07355</b> |  | Investigating Officer/Deputy<br><b>DEPUTY T. SUTHERLAND</b> |  |
| Crash Date<br><b>07/11/2023</b>                |                                      | Crash Time<br><b>01:06 PM</b>                |  | Date Arrived<br><b>07/11/2023</b>      |  | Time Arrived<br><b>01:27 PM</b>                             |  |
| Date Notified<br><b>07/11/2023</b>             |                                      | Time Notified<br><b>01:13 PM</b>             |  | Total Units<br><b>02</b>               |  | Total Injured<br><b>02</b>                                  | Total Killed<br><b>00</b>                    |
| <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<br><b>NO</b>        |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended       |  | <input type="checkbox"/> Secondary Crash                    |  |

Description

|  |   |
|--|---|
| <p>Diagram</p> <p style="text-align: center;"><b>Quench Drive</b></p> <p style="text-align: right;"><b>CTH PF</b></p> <p><b>Not To Scale</b></p> | Reconstruction By                       |
|  | Photos By<br><b>9136</b>                |
|  | Additional Information<br><b>PHOTOS</b> |

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

ON 07-11-23 UNIT 2 WAS EASTBOUND ON CTH PF SLOWING IN TRAFFIC FOR VEHICLES TURNING LEFT INTO THE MUELLER FACTORY ON QUENCH DRIVE. UNIT 1 WAS TRAVELING EASTBOUND DIRECTLY BEHIND UNIT 2. UNIT 1 REAR-ENDED UNIT 2 ON CTH PF IN THE EASTBOUND LANE OF TRAFFIC.

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Location

|   |                                       |                                   |
|---|---------------------------------------|-----------------------------------|
| ON PRAIRIE ST/ CTHPF EB<br>1256 FT W<br>OF 21ST ST<br>IN THE TOWN OF PRAIRIE DU SAC<br>IN SAUK COUNTY | Latitude<br><b>43.293042</b>          | Longitude<br><b>-89.751945496</b> |
|   | X Coordinate<br><b>276757.125</b>     | Y Coordinate<br><b>4797035.5</b>  |
|   | Structure Type<br><b>NO STRUCTURE</b> |                                   |

Crash Scene

|   |   |   |
|---|---|---|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      | First Harmful Event Location<br><b>ON ROADWAY</b>                     |   |
| Manner of Collision<br><b>03 - FRONT TO REAR</b>          | Light Condition<br><b>DAYLIGHT</b>                                    |   |
| Road Surface Condition(s)<br><b>DRY</b>                   | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>NONE</b>                      |   |   |
| Weather Condition(s)<br><b>CLEAR</b>                      |   |   |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |   |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>                                   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

Unit Summary

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

Vehicle

|                |   |                                       |                     |   |
|----------------|---|---------------------------------------|---------------------|---|
| <b>VEHICLE</b> | License Plate Number<br><b>AKN8042</b>                    | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                | Vehicle Identification Number<br><b>2G1WB58K689198245</b> | Make<br><b>CHEVROLET</b>              | Year<br><b>2008</b> | Model<br><b>IMPALA</b>                      |
|                | Color<br><b>WHI - WHITE</b>                               | Body Style<br><b>4D - 4DR</b>         |                     | Bus Use                                     |
|                | Initial Contact Point<br><b>12 - FRONT</b>                | Vehicle Damage                        |                     |   |
|                | Extent Of Damage<br><b>DISABLING DAMAGE</b>               | <b>12 - FRONT</b>                     |                     |   |



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|      |            |   |  |   |                      |  |
|------|------------|---|--|---|----------------------|--|
| UNIT | VEHICLE    | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>         |  | Vehicle Removed By<br><b>EVERETTS TOWING</b>                              |                      |  |
|      |            | What Driver Was Doing<br><b>GOING STRAIGHT</b>                      |  | Vehicle Factors   |                      |  |
|      |            | Driver Prior Action Other   |  | <b>NOT APPLICABLE</b>   |                      |  |
|      |            | Driver Actions<br><b>FAILURE TO CONTROL</b>                         |  |   |                      |  |
| 01   | 01         | Owner Name<br><b>DALTON ELSING<br/>(608) 643-9615</b>               |  | Owner Address<br><b>E10486 STATE ROAD 60<br/>SAUK CITY, WI 53583 , US</b> |                      |  |
|      |            | <b>Sequence Of Events</b>   |  |   |                      |  |
| UNIT | VEHICLE    | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b> |   |                      |  |
|      |            | 02  | Event                                  |   |                      |  |
|      |            | 03  | Event                                  |   |                      |  |
|      |            | 04  | Event                                  |   |                      |  |
| UNIT | VEHICLE    | <b>Policy Holder</b>  |  |   |                      |  |
|      |            | Insurance Company<br><b>RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)</b> |  | Individual<br><b>DALTON ELSING</b>  |                      |  |
| UNIT | INDIVIDUAL | <b>Individual</b>   |  |   |                      |  |
|      |            | Driver<br><b>OLIVIA ELSING<br/>(608) 643-9615</b>                   |  | Citations Issued<br><b>1</b>  | Sex<br><b>FEMALE</b> |  |
|      |            | Address<br><b>E10486 STATE ROAD 60<br/>SAUK CITY, WI 53583 , US</b> |  | Date of Birth   | Race<br><b>WHITE</b> |  |
|      |            | Driver License Number   |  |   |                      |  |
| UNIT | INDIVIDUAL | <b>Safety Equipment</b>   |  | On Duty Crash   |                      |  |
|      |            | Row<br><b>01 - FRONT ROW</b>  |  | Seat Position<br><b>07 - LEFT</b>   |                      |  |
|      |            | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                  |  | Helmet Use  |                      |  |
|      |            | Helmet Compliance   |  | Eye Protection  |                      |  |
|      |            | Tint Compliance   |  | Injury<br><b>SUSPECTED MINOR INJURY</b>                                   |                      |  |
|      |            | Airbag<br><b>DEPLOYED-FRONT</b>                                     |  | Ejected<br><b>NOT EJECTED</b>   |                      |  |
| 01   | 001        | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                  |  | Trapped/Extricated<br><b>NOT TRAPPED</b>                                  |                      |  |
|      |            | Medical Transport<br><b>EMS GROUND</b>                              |  | EMS Agency Identifier<br><b>510</b>                                       | EMS Run #            |  |
|      |            | Hospital<br><b>SAUK PRAIRIE HOSP</b>                                |  | Date of Death   | Time of Death        |  |
|      |            | <b>Distracted By</b>  |  |   |                      |  |
|      |            | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>      |  | Distracted By Action<br><b>NOT DISTRACTED</b>                             |                      |  |
|      |            |   |  |   |                      |  |

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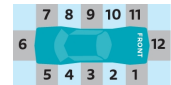
|                    |  |                               |                                    |                                    |   |
|--------------------|--|-------------------------------|------------------------------------|------------------------------------|---|
| UNIT<br>INDIVIDUAL | <b>Non Motorist</b>                            |                               | Striking Unit #                    | Location                           |   |
|                    | Prior Action                                   |                               |                                    |                                    |   |
|                    | Action   |                               |                                    |                                    |   |
|                    | Action Other                                   |                               |                                    | To/From School                     |   |
|                    | <b>Drug &amp; Alcohol</b>                      |                               | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b>    |   |
|                    | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |                               | Alcohol Test Type                  | Alcohol Test Results               |   |
|                    | Drug Test Given<br><b>TEST NOT GIVEN</b>       |                               | Drug Test Type                     | Drug Test Results                  |   |
|                    | Drug Type                                      |                               |                                    |                                    |   |
|                    | Individual Condition<br><b>APPEARED NORMAL</b> |                               |                                    |                                    |   |
|                    | <b>Violations</b>                              |                               |                                    |                                    |   |
| 01                 | 001  | UTC Number<br><b>BD759619</b> | Issue To?<br><b>001</b>            | Statute Number<br><b>346.57(2)</b> | Description<br><b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b> |

**Unit Summary**

|            |   |   |   |                            |  |  |
|------------|---|---|---|----------------------------|--|--|
| UNIT<br>02 | Unit Status<br><b>IN TRANSIT</b>                                    |   | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|            | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                      |   |   |                            | Operating As Endorsements                            |  |
|            | Total Occs<br><b>1</b>  | Train/Bus # Recorded                    | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|            | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>EASTBOUND</b> | <input type="checkbox"/> <b>Pre Crash Tire Mark</b>   | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>                              |  |
|            | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|            | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                          |   | Traffic Control<br><b>NO CONTROL</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>STRAIGHT</b>                     |                            | Road Grade<br><b>LEVEL</b>                           |  |
|            | Truck Bus or HazMat<br><b>NO</b>                                    |   |   |                            |  |  |

**Vehicle**

|            |   |  |                                       |                     |   |
|------------|---|--|---------------------------------------|---------------------|---|
| UNIT<br>02 | License Plate Number<br><b>578VXY</b>                     |  | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|            | Vehicle Identification Number<br><b>1V2HR2CA2MC590455</b> |  | Make<br><b>VOLKSWAGEN</b>             | Year<br><b>2021</b> | Model<br><b>ATLAS</b>                       |
|            | Color<br><b>BLU - BLUE</b>                                |  | Body Style<br><b>4D - 4DR</b>         |                     | Bus Use                                     |
|            | Initial Contact Point<br><b>06 - REAR</b>                 |  |                                       |                     |   |



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|                           |   |   |  |               |
|---------------------------|---|---|--|---------------|
| UNIT<br>VEHICLE           | Vehicle Damage  |   |  |               |
|                           | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                          | <b>06 - REAR</b>  |  |               |
|                           | Towed Due To Damage<br><b>NOT TOWED</b>                               | Vehicle Removed By<br><b>OPERATOR</b>                                       |  |               |
|                           | What Driver Was Doing<br><b>SLOW/STOPPING</b>                         | Vehicle Factors<br><b>NOT APPLICABLE</b>                                    |  |               |
| UNIT<br>VEHICLE           | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                       |   |  |               |
|                           | Owner Name<br><b>ANGELINA MEISE</b><br>(608) 434-8377                 | Owner Address<br><b>E11235 N POPLAR RD</b><br><b>BARABOO, WI 53913 , US</b> |  |               |
| <b>Sequence Of Events</b> |   |   |  |               |
| UNIT<br>VEHICLE           | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                      |  |               |
|                           | 02  | Event   |  |               |
|                           | 03  | Event   |  |               |
|                           | 04  | Event   |  |               |
| <b>Policy Holder</b>      |   |   |  |               |
| UNIT<br>VEHICLE           | Insurance Company<br><b>AUTO-OWNERS-INS-CO</b>                        | Individual<br><b>ANGELINA MEISE</b>   |  |               |
|                           | <b>Individual</b>   |   |  |               |
| UNIT<br>INDIVIDUAL        | Driver<br><b>ANGELINA MEISE</b><br>(608) 434-8377                     | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                     |               |
|                           |   | Date of Birth   | Race<br><b>HISPANIC</b>                  |               |
|                           | Address<br><b>E11235 N POPLAR RD</b><br><b>BARABOO, WI 53913 , US</b> | Driver License Number   |  |               |
| <b>Safety Equipment</b>   |   |   |  |               |
| UNIT<br>INDIVIDUAL        | On Duty Crash   |   | Safety Equipment                         |               |
|                           | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>07 - LEFT</b>   | <b>SHOULDER &amp; LAP BELT</b>           |               |
|                           | Helmet Use  |   | Helmet Compliance                        |               |
|                           | Eye Protection  |   | Tint Compliance                          |               |
|                           | <b>Injury</b>   |   |  |               |
| UNIT<br>INDIVIDUAL        | Injury Severity<br><b>POSSIBLE INJURY</b>                             |   | Airbag<br><b>NON DEPLOYED</b>            |               |
|                           | Ejected<br><b>NOT EJECTED</b>   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                          | Trapped/Extricated<br><b>NOT TRAPPED</b> |               |
|                           | Medical Transport<br><b>NOT TRANSPORTED</b>                           |   | EMS Agency Identifier                    | EMS Run #     |
|                           | Hospital  |   | Date of Death                            | Time of Death |

|  |            |                             |                 |  |  |                                    |  |                      |
|--|------------|-----------------------------|-----------------|--|--|------------------------------------|--|----------------------|
| UNIT   | INDIVIDUAL | <b>Distracted By</b>        |                 | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |  |                                    |  |                      |
|  |            | <b>Distracted By Action</b> |                 | <b>NOT DISTRACTED</b>  |  |                                    |  |                      |
|  |            | <b>Non Motorist</b>         | Striking Unit # | Location   |  |                                    |  |                      |
|  |            |                             | Prior Action    |  |  |                                    |  |                      |
|  |            | Action                      |                 |  |  |                                    |  |                      |
|  |            | Action Other                |                 |  |  | To/From School                     |  |                      |
|  |            | 02                          | 002             | <b>Drug &amp; Alcohol</b>                                      |  | Suspected Alcohol Use<br><b>NO</b> |  |                      |
|  |            |                             |                 |  |  | Suspected Drug Use<br><b>NO</b>    |  |                      |
|  |            |                             |                 | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                    |  | Alcohol Test Type                  |  | Alcohol Test Results |
|  |            |                             |                 | Drug Test Given<br><b>TEST NOT GIVEN</b>                       |  | Drug Test Type                     |  | Drug Test Results    |
| Drug Type                                      |            |                             |                 |  |  |                                    |  |                      |
| Individual Condition<br><b>APPEARED NORMAL</b> |            |                             |                 |  |  |                                    |  |                      |