

6TL0DJJ8WS
23-08381

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy DEPUTY J. TROTH	
Crash Date 08/03/2023		Crash Time 08:53 PM		Date Arrived 08/03/2023		Time Arrived 09:03 PM	
Date Notified 08/03/2023		Time Notified 08:56 PM		Total Units 02		Total Injured 02	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 <p>Hwy 14 West Bound</p> <p>Spring Green Motel Driveway</p>	Reconstruction By
	Photos By TROTH
	Additional Information PHOTOS

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

DRIVER OF VEHICLE 1 WAS IDENTIFIED AS KAELIN KJALDGAARD. DRIVER OF VEHICLE 2 WAS IDENTIFIED AS CHRISTINA STEELE-VALENTINE. BOTH VEHICLES WAS WEST BOUND ON HWY 14. CHRISTINA WAS TURNING LEFT INTO THE PARKING LOT OF THE SPRING GREEN MOTEL. KAELIN STATED HE LOOKED DOWN AND DID NOT SEE THEM STOPPED. KAELIN LOOKED UP AND STRUCK THE BACK OF THE VEHICLE. KAELIN STATED HE WAS NOT PAYING ATTENTION. KAELIN ALSO ADVISED HE DID NOT HAVE INSURANCE AND WAS NOT WEARING HIS SEAT BELT.

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Location

ON USH14 EB 516 FT S OF RAINBOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.178502885	Longitude -90.054438487
	X Coordinate 251752.015625	Y Coordinate 4785167.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
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 TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire 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 STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number TY3144	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GTEK19T84E274994	Make GENERAL MOTORS COR	Year 2004	Model NEW SIERRA
		Color BGE - BEIGE	Body Style PK - PICKUP	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By WAGNERS	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION			
01	01	Owner Name KAELIN KJALDGAARD (608) 469-2076		Owner Address 813 GROVE ST SUN PRAIRIE, WI 53590 , US
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
Individual				
UNIT INDIVIDUAL	Driver KAELIN KJALDGAARD (608) 469-2076		Citations Issued 3	Sex MALE
	Address 813 GROVE ST SUN PRAIRIE, WI 53590 , US		Date of Birth	Race WHITE
	On Duty Crash		Safety Equipment	
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Injury		Injury Severity NO APPARENT INJURY
		Airbag DEPLOYED-FRONT		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source UNKNOWN		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				
Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	001	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	01	Violations			
			UTC Number BI588016	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING
UTC Number BI588017			Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE	
03	01	UTC Number BI588018	Issue To? 001	Statute Number 347.48(2m)(b)	Description VEHICLE OPERATOR FAIL/WEAR SEAT BELT	

Unit Summary

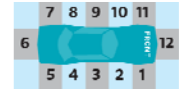
UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type (SPORT) UTILITY VEHICLE					Operating As Endorsements		
		Total Occs 6	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0			
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash <input type="checkbox"/> Tire 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 STRAIGHT		Road Grade LEVEL		
		Truck Bus or HazMat NO							
		02	02	Vehicle					
				License Plate Number CA468		Plate Type AUT - AUTOMOBILE	St IA	Country of Issuance UNITED STATES	
Vehicle Identification Number 5GAKVDKDXDJ234665				Make BUICK	Year 2013	Model ENC			
Color BLK - BLACK				Body Style 4H - HATCHBACK 4 DOOR		Bus Use			

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UNIT VEHICLE	Initial Contact Point 06 - REAR		Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
	Extent Of Damage FUNCTIONAL DAMAGE				
	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing LEFT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name CHRISTINA STEELE-VALENTINE (712) 334-0887		Owner Address 102 S MINERVA ST MARATHON, IA 50565 , US		
UNIT VEHICLE	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company ESURANCE-INSURANCE-COMPANY		Individual CHRISTINA STEELE-VALENTINE		
UNIT INDIVIDUAL	Individual				
	Driver CHRISTINA STEELE-VALENTINE (712) 334-0887		Citations Issued 0	Sex FEMALE	
	Address 102 S MINERVA ST MARATHON, IA 50565 , US		Date of Birth	Race	
	Driver License Number STATE: IOWA COUNTRY: UNITED STATES				
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash		
	Safety Equipment		SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury	Injury Severity POSSIBLE 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		

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CRASH REPORT

UNIT	INDIVIDUAL	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED		
		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		
02	002	Individual Condition APPEARED NORMAL		
		Individual		
		Passenger FREDRICK MACHHOLZ (712) 334-1894	Citations Issued 0 Sex MALE	
			Date of Birth Race WHITE	
		Address 109 BEECH ST SOUIX RAPIDS, IA 50585 , US	Driver License Number	
		Safety Equipment	On Duty Crash Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		02	003	Injury
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			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	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			
Individual					
UNIT		INDIVIDUAL	Passenger DOROTHY KAY MACHHOLZ	Citations Issued 0	Sex FEMALE
				Date of Birth	Race WHITE
02	003	Address 109 BEECH ST SIOUX RAPIDS, IA 50585 , US		Driver License Number STATE: IOWA COUNTRY: UNITED STATES	
		Safety Equipment		Safety Equipment SHOULDER & LAP BELT	
02	004	Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
		Helmet Use		Helmet Compliance	
		Eye Protection	Tint Compliance		
02	004	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					

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UNIT	Non Motorist		Striking Unit #	Location			
	Prior Action						
	Action						
	Action Other				To/From School		
02	004	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					
UNIT	INDIVIDUAL	Passenger TARA MACHHOLZ		Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
		Address 109 BEECH ST SIOUX RAPIDS, WI 50585 , US		Driver License Number			
02	005	Safety Equipment		On Duty Crash			
				Safety Equipment SHOULDER & LAP BELT			
		Row 06 -UNKNOWN ROW	Seat Position 09 - RIGHT				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
02	005	Injury		Injury Severity POSSIBLE 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			

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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other		To/From School
02	005	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	INDIVIDUAL	Individual		
		Passenger ISABELLA HOLT	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
		Address 102 S MINERVA ST MARATHON, IA 50565 , US	Driver License Number	
02	006	Safety Equipment	On Duty Crash	Safety Equipment
		Row 06 -UNKNOWN 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			
Distracted By Action				
Non Motorist	Striking Unit #	Location		
Prior Action				

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CRASH REPORT

UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
02	006	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 BROOKLYNN VANDERHOLT		Citations Issued 0	Sex FEMALE
				Date of Birth	Race WHITE
		Address 4465 210TH AVE MARATHON, IA 50565 , US		Driver License Number	
02	007	Safety Equipment			
		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
		Row 06 -UNKNOWN ROW	Seat Position 08 - MIDDLE		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury			Airbag NON DEPLOYED
		Injury Severity NO APPARENT INJURY			
		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					

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UNIT	INDIVIDUAL	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	007				