### 6TL0BJ1GNQ

23-08446

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|            | Document Number Override                                                                         | Primary Crash D           | ocument #        | Agency<br>23-084        | Crash Number<br><b>46</b> |                          | g Officer/Depu<br>J. MACASKI |                     |  |  |
|------------|--------------------------------------------------------------------------------------------------|---------------------------|------------------|-------------------------|---------------------------|--------------------------|------------------------------|---------------------|--|--|
| <b>N</b>   | Crash Date<br>08/05/2023                                                                         | Crash Time<br>01:30 PM    |                  | Date Arrived 08/05/2023 |                           | Time Arrived<br>01:52 PM |                              |                     |  |  |
| G          | Date Notified                                                                                    | Time Notified             |                  | Total Units             |                           | Total Injured            |                              | illed               |  |  |
| 5          | 08/05/2023                                                                                       | 01:35 PM                  |                  | 02                      |                           | 00                       | 00                           | -                   |  |  |
| OB,        | On Emergency                                                                                     | and Run                   | Lane Clos        | _                       | Work Zone                 | Trailer                  | or Towed                     | Reporting Threshold |  |  |
| 6TL0BJ1GNQ | Government<br>Property                                                                           | Active Sc                 | hool Zone        | School<br>NO            | Bus Related               | Tags                     |                              |                     |  |  |
| -          | Reportable                                                                                       | Crash Type<br>PRIVATE PRO | OPERTY/PARK      | ING LOT                 |                           | Ameno                    | led                          | Secondary<br>Crash  |  |  |
| Ī          | Description                                                                                      |                           |                  |                         |                           |                          |                              |                     |  |  |
|            | Diagram                                                                                          |                           |                  |                         |                           |                          | Reconstruct<br>Photos By     | ion By              |  |  |
|            | <b>X</b>                                                                                         |                           |                  |                         |                           |                          |                              |                     |  |  |
|            | Unit 1                                                                                           |                           |                  |                         |                           |                          |                              | nal Information     |  |  |
| Unit 1     |                                                                                                  |                           |                  |                         |                           |                          |                              |                     |  |  |
|            | Unit 1 Unit 2                                                                                    |                           |                  |                         |                           |                          |                              |                     |  |  |
|            |                                                                                                  |                           |                  |                         |                           |                          |                              |                     |  |  |
|            | Motel 6 Parking Lot                                                                              |                           |                  |                         | Not Drawn                 | n to scale               |                              |                     |  |  |
|            | ✓ I, a sworn law enforceme                                                                       |                           |                  |                         |                           |                          |                              |                     |  |  |
|            | ON 8/5/23 AT APPROXIMATELY 133<br>LOT. UNIT 1 BACKED INTO UNIT 2<br>DRIVER OF UNIT 1 STATED THEY | AS UNIT 1 WAS E           | BACKING UP TO TU | JRN AROL                | JND. THE REAR PASSEN      | GER SIDE OF U            |                              |                     |  |  |

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| Lo                                                                   | cation 🛛 🗖                                    |                                                |                         |                                         |                                         |                                                |                                                    |                 |                  |  |
|----------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------|-------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------------|----------------------------------------------------|-----------------|------------------|--|
| PA                                                                   | RKING LOT                                     |                                                |                         |                                         | Latitude                                |                                                |                                                    | Longitu         | ude              |  |
| -                                                                    | ON RD LOT<br>THE TOWN OF DELTO                |                                                |                         | 43.56187                                | 71495                                   |                                                | -89.77                                             | 9402422         |                  |  |
|                                                                      | SAUK COUNTY                                   | <sup>IN</sup>                                  |                         |                                         | X Coordin 275526.0                      |                                                |                                                    | Y Coor<br>48269 | rdinate<br>966.5 |  |
|                                                                      |                                               |                                                |                         |                                         | Structure                               | Туре                                           |                                                    |                 |                  |  |
| Cra                                                                  | ash Scene                                     |                                                |                         |                                         |                                         |                                                |                                                    |                 |                  |  |
| Firs                                                                 | t Harmful Event                               |                                                |                         |                                         | First Harm                              | nful Event L                                   | ocation                                            |                 |                  |  |
| PA                                                                   | RKED MOTOR VEHICI                             | LE                                             |                         |                                         |                                         |                                                | E OR ZONE                                          |                 |                  |  |
| Mai                                                                  | nner of Collision                             |                                                |                         |                                         | Light Con                               |                                                |                                                    |                 |                  |  |
| -                                                                    | - REAR TO REAR                                |                                                |                         | DAYLIG                                  |                                         |                                                |                                                    |                 |                  |  |
| Roa<br>DR                                                            | ad Surface Condition(s)<br>Y                  |                                                |                         |                                         | Roadway                                 | Factor(s)                                      |                                                    |                 |                  |  |
| Env                                                                  | vironment Factor(s)                           |                                                |                         |                                         |                                         |                                                |                                                    |                 |                  |  |
|                                                                      | NE                                            |                                                |                         |                                         | NONE                                    |                                                |                                                    |                 |                  |  |
|                                                                      |                                               |                                                |                         |                                         | NONE                                    |                                                |                                                    |                 |                  |  |
|                                                                      | ather Condition(s)                            |                                                |                         |                                         |                                         |                                                |                                                    |                 |                  |  |
| CL                                                                   | EAR                                           |                                                |                         |                                         |                                         |                                                |                                                    |                 |                  |  |
| Ani                                                                  | mal Type                                      |                                                |                         |                                         |                                         | o Trafficwa                                    | -                                                  |                 |                  |  |
|                                                                      |                                               |                                                |                         |                                         |                                         |                                                | Y - PARKIN                                         | G LOT           |                  |  |
| -                                                                    | sh Classification - Location                  | 1                                              |                         |                                         |                                         |                                                | Jurisdiction                                       |                 |                  |  |
|                                                                      |                                               |                                                |                         |                                         |                                         | τι r                                           |                                                    | Special Study   |                  |  |
| Tribal Land                                                          |                                               |                                                |                         | Access Control Special Study NO CONTROL |                                         |                                                | Special Study                                      |                 |                  |  |
|                                                                      | hin Interchange Area                          | Junction Location                              |                         |                                         | ntersection Type                        |                                                |                                                    |                 |                  |  |
| NO                                                                   |                                               | NON-JUNCTION                                   |                         | NOTAN                                   | INTERSE                                 | CTION                                          |                                                    |                 |                  |  |
|                                                                      | it Summary 🛛 💻                                |                                                |                         |                                         |                                         |                                                | -                                                  |                 |                  |  |
|                                                                      | t Status                                      |                                                |                         |                                         | Classification Unit Type                |                                                |                                                    |                 |                  |  |
|                                                                      | IN TRANSIT D CLASS Vehicle Type               |                                                |                         |                                         | AUTOMOBILE<br>Operating As Endorsements |                                                |                                                    |                 |                  |  |
|                                                                      |                                               |                                                |                         |                                         |                                         | Operating A                                    |                                                    | ements          |                  |  |
|                                                                      |                                               | Train/Bus # Recorded                           | Total # Cita            | tions Issued                            |                                         | Total Trai                                     | ers                                                | Total Ha        | azMat Types      |  |
| 1                                                                    |                                               |                                                | 0                       |                                         | 0                                       |                                                | 0<br>.imit Total Lanes                             |                 | 21               |  |
| Insu                                                                 | urance?                                       | Direction Of Travel                            | Pre                     | re CrashTire Speed Lir                  |                                         | nes                                            |                                                    |                 |                  |  |
| NO                                                                   | )                                             | NOT ON ROADWAY                                 |                         | Mark                                    |                                         |                                                |                                                    |                 |                  |  |
|                                                                      | st Harmful Event: Collision                   |                                                | Special Fur             |                                         |                                         |                                                | Emergency Motor Vehicle Use                        |                 |                  |  |
|                                                                      |                                               | LE                                             | NO SPECIAL FUNC         |                                         | , HON                                   |                                                | NOT APPLICABLE Traffic Control Inoperative/Missing |                 |                  |  |
|                                                                      | ffic Way<br>RKING LOT OR PRIVA                |                                                | Traffic Cont<br>NO CONT |                                         |                                         |                                                | Traffic Cont                                       | rol inoper      | auve/Missing     |  |
|                                                                      | face Type                                     |                                                | Road Curva              |                                         |                                         |                                                | Road Grade                                         |                 |                  |  |
| BLACKTOP (BITUMINOUS)                                                |                                               |                                                |                         | ature                                   |                                         |                                                | LEVEL                                              |                 |                  |  |
|                                                                      | ck Bus or HazMat                              |                                                |                         |                                         |                                         |                                                |                                                    |                 |                  |  |
| NO                                                                   | )                                             |                                                |                         |                                         |                                         |                                                |                                                    |                 |                  |  |
|                                                                      | Vehicle                                       |                                                |                         |                                         |                                         |                                                |                                                    |                 |                  |  |
|                                                                      | License Plate Number                          | 21                                             |                         | St                                      |                                         |                                                |                                                    |                 |                  |  |
|                                                                      | AUR2557                                       | AUT - AUTOMOBILE<br>Make<br>FORD<br>Body Style |                         | .E                                      | WI                                      | UNITED STATES<br>Model<br>TAURUS SE<br>Bus Use |                                                    |                 |                  |  |
| 6                                                                    | Vehicle Identification Nu<br>1FAFP53295A14395 |                                                |                         |                                         | Year<br><b>2005</b>                     |                                                |                                                    |                 |                  |  |
| 0                                                                    | Color                                         |                                                |                         |                                         | 2005                                    |                                                |                                                    |                 |                  |  |
|                                                                      | BRO - BROWN                                   | 4D - 4DR                                       |                         |                                         |                                         |                                                |                                                    |                 |                  |  |
| щ                                                                    | Initial Contact Point                         | Vehicle Damage                                 |                         |                                         |                                         |                                                |                                                    |                 |                  |  |
| CL                                                                   | 05 - RIGHT REAR CO                            | 6                                              |                         |                                         | 7 8 9 10 11                             |                                                |                                                    |                 |                  |  |
| 05 - RIGHT REAR CORNER         Extent Of Damage         MINOR DAMAGE |                                               |                                                | 05 - RIGHT REAR CORNER  |                                         |                                         |                                                |                                                    | 6 5 4 3 2 1     |                  |  |

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|          |                                      | Towed Due To Damage                        |             |                 | hicle Removed By       |                 |                          |  |  |
|----------|--------------------------------------|--------------------------------------------|-------------|-----------------|------------------------|-----------------|--------------------------|--|--|
|          |                                      | NOT TOWED                                  |             |                 | PERATOR                |                 |                          |  |  |
|          |                                      | What Driver Was Doing                      |             |                 | Vehicle Factors        |                 |                          |  |  |
|          | BACKING Driver Prior Action Other NO |                                            |             | IOT APPLICABLE  |                        |                 |                          |  |  |
|          |                                      | Driver Frior Action Other                  |             |                 |                        |                 |                          |  |  |
|          |                                      | Driver Actions                             |             |                 |                        |                 |                          |  |  |
|          | щ                                    | UNSAFE BACKING                             |             |                 |                        |                 |                          |  |  |
| UNIT     | ICI                                  |                                            |             |                 |                        |                 |                          |  |  |
| 5        | VEHICLE                              |                                            |             |                 |                        |                 |                          |  |  |
|          | >                                    |                                            |             |                 |                        |                 |                          |  |  |
|          |                                      | Owner Name                                 |             |                 | Owner Address          |                 |                          |  |  |
| _        | -                                    | MURAT KALE                                 |             |                 | 200 W HIAWATHA         |                 |                          |  |  |
| 2        | 01                                   | (608) 800-7309                             |             |                 | LAKE DELTON, W         | 1 53965 , US    |                          |  |  |
|          |                                      |                                            |             |                 |                        |                 |                          |  |  |
|          |                                      | Sequence Of Events Event                   |             |                 |                        |                 |                          |  |  |
|          | 01                                   | PARKED MOTOR VEHICLE                       |             |                 |                        |                 |                          |  |  |
|          | 02                                   | Event                                      |             |                 |                        |                 |                          |  |  |
|          | 03                                   | Event                                      |             |                 |                        |                 |                          |  |  |
|          |                                      | Event                                      |             |                 |                        |                 |                          |  |  |
|          | 04                                   |                                            |             |                 |                        |                 |                          |  |  |
|          | ĺ                                    | ndividual                                  |             |                 |                        |                 |                          |  |  |
|          |                                      | Driver                                     |             |                 | Citations Issued Sex   |                 |                          |  |  |
|          | Ļ                                    | MURAT KALE<br>(608) 800-7309               |             |                 | 0 MALE                 |                 |                          |  |  |
|          | INDIVIDUAL                           |                                            |             |                 | Date of Birth          | n Race<br>WHITE |                          |  |  |
| UNIT     |                                      | Address                                    |             |                 | Driver License Number  |                 |                          |  |  |
| 5        | 200 W HIAWATHA DR #1323              |                                            |             | COUNTRY: TURKEY |                        |                 |                          |  |  |
|          | 4                                    | LAKE DELTON, WI 53965, U                   | JS          |                 |                        |                 |                          |  |  |
|          |                                      |                                            |             |                 |                        |                 |                          |  |  |
|          | Saf                                  | On Duty Cr.                                | asn         |                 | Safety Equipment       |                 |                          |  |  |
|          |                                      | Row                                        | Seat Positi | ion             | SHOULDER & LAP         | BELT            |                          |  |  |
|          |                                      | 01 - FRONT ROW                             | 07 - LEF    |                 |                        |                 |                          |  |  |
|          |                                      | Helmet Use                                 |             |                 | Helmet Compliance      |                 |                          |  |  |
|          |                                      | Eye Protection                             |             |                 | Tint Compliance        |                 |                          |  |  |
| <b>—</b> | Σ                                    | Injury Seve                                | rity        | ,               | Airbag                 |                 |                          |  |  |
| 2        | 001                                  | Injury <sub>NO APPA</sub>                  |             | URY             | NON DEPLOYED           |                 |                          |  |  |
|          |                                      |                                            | ection Path |                 |                        |                 | Trapped/Extricated       |  |  |
|          |                                      | NOT EJECTED NO<br>Medical Transport        | OT EJECT    | ED/NOT APPLIC   | EMS Agency Identifier  |                 | NOT TRAPPED<br>EMS Run # |  |  |
|          |                                      | NOT TRANSPORTED                            |             |                 | EINS Agency Identilier |                 | EIVIS Rull #             |  |  |
|          |                                      | Hospital                                   |             | 1               | Date of Death          |                 | Time of Death            |  |  |
|          |                                      |                                            |             |                 |                        |                 |                          |  |  |
|          |                                      | Distracted By NOT APP                      | By Source   | (NOT DISTRACT   | red)                   |                 |                          |  |  |
|          |                                      | Distracted By Action <b>NOT DISTRACTED</b> |             |                 |                        |                 |                          |  |  |
|          |                                      | Striking Uni                               | it#L        | ocation         |                        |                 |                          |  |  |
|          |                                      | NON WOLONSI                                |             |                 |                        |                 |                          |  |  |

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Т

| Prior Action |                                                                                          |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|--------------|------------------------------------------------------------------------------------------|-----------------------------------------|------|--------------------------------------------|-----------------------------------------------------------------------------|--------------------------|-------------------------------------------|---------------------|--|--|--|
|              |                                                                                          |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          | Action                                  |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              | IAL                                                                                      |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
| E            | DU                                                                                       |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
| UNIT         |                                                                                          |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              | P                                                                                        |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              | 4                                                                                        |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          | Action Other To/From School             |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              | ,                                                                                        | Suspected Alcohol Use Drug & Alcohol NO |      |                                            | Suspected Drug Use                                                          |                          |                                           |                     |  |  |  |
|              | -                                                                                        |                                         |      |                                            | NO                                                                          |                          |                                           |                     |  |  |  |
|              |                                                                                          | Alcohol Test Given                      |      | Alcohol Test Typ                           | e                                                                           |                          | Alcohol T                                 | est Results         |  |  |  |
|              |                                                                                          | TEST NOT GIVEN                          |      | Drug Test Type                             |                                                                             | Drug Test D              | aaulta                                    |                     |  |  |  |
|              |                                                                                          | Drug Test Given<br>TEST NOT GIVEN       |      | Diug rest type                             |                                                                             | Drug Test R              | esuits                                    |                     |  |  |  |
|              | ~                                                                                        | Drug Type                               |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
| 5            | 001                                                                                      | 5 51                                    |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          | Individual Condition                    |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          | APPEARED NORMAL                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              | Unit Summary                                                                             |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              | Unit Status                                                                              |                                         |      |                                            | Vehicle Operating As Classi                                                 | Unit Type                |                                           |                     |  |  |  |
|              |                                                                                          |                                         |      |                                            | D CLASS                                                                     | AUTOM                    | OBILE<br>As Endorse                       | manta               |  |  |  |
| 6            | Vehicle Type PASSENGER CAR Total Occs Train/Bus # Recorded                               |                                         |      |                                            | Operating                                                                   | AS ENGUISE               | ments                                     |                     |  |  |  |
|              |                                                                                          |                                         |      | corded                                     | Total # Citations Issued                                                    | Trailers                 | ailers Total HazMat Types                 |                     |  |  |  |
|              |                                                                                          |                                         |      | 0                                          | 0                                                                           |                          | 0                                         |                     |  |  |  |
|              | Insurance? Direction Of Travel                                                           |                                         | avel | Pre CrashTire                              | Spee                                                                        | ed Limit                 | Total Lar                                 | nes                 |  |  |  |
| E            | YES NOT ON ROADWAY                                                                       |                                         |      | ADWAY                                      | Mark                                                                        |                          |                                           |                     |  |  |  |
| UNIT         | Most Harmful Event: Collision With                                                       |                                         |      | Special Function <b>NO SPECIAL FUNCTIO</b> |                                                                             | cy Motor Vel<br>PLICABLE |                                           |                     |  |  |  |
| -            | MOTOR VEH IN TRANSPORT<br>Traffic Way<br>PARKING LOT OR PRIVATE PROPERTY<br>Surface Type |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          |                                         |      |                                            | Traffic Control                                                             |                          | Traffic Control Inoperative/Missing<br>NO |                     |  |  |  |
|              |                                                                                          |                                         |      |                                            | NO CONTROL<br>Road Curvature                                                |                          | Road Grade                                |                     |  |  |  |
|              | BLACKTOP (BITUMINOUS)                                                                    |                                         |      |                                            |                                                                             |                          | LEVEL                                     |                     |  |  |  |
|              |                                                                                          | k Bus or HazMat                         | ,    |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              | NO                                                                                       |                                         |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              | ,                                                                                        | Vehicle                                 |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          | License Plate Number                    |      |                                            | Plate Type St                                                               |                          | Country of                                | Country of Issuance |  |  |  |
|              |                                                                                          | AFN5286                                 |      |                                            |                                                                             |                          | ED STATES                                 |                     |  |  |  |
| 07           | 2                                                                                        | Vehicle Identification Num              |      |                                            | fake Year Model                                                             |                          |                                           |                     |  |  |  |
| 0            | 02                                                                                       | 2GNALBEK1E6381221                       |      |                                            | CHEVROLET 2014 EQUINOX                                                      |                          |                                           |                     |  |  |  |
|              |                                                                                          | Color                                   |      |                                            |                                                                             |                          | Bus Use                                   |                     |  |  |  |
|              |                                                                                          | Initial Constant Deint                  |      |                                            | UT - SPORT UTILITY VEHICLE                                                  |                          |                                           |                     |  |  |  |
| ⊢            | S.E                                                                                      | Initial Contact Point<br>06 - REAR      |      | Vehicle Damage 7 8 9 10 11                 |                                                                             |                          |                                           |                     |  |  |  |
| UNIT         | ЧC                                                                                       | Extent Of Damage                        |      |                                            | 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER,<br>06 - REAR       6       12 |                          |                                           |                     |  |  |  |
| 2            | VEHICLE                                                                                  | MINOR DAMAGE                            |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          | Towed Due To Damage                     |      |                                            | Vehicle Removed By                                                          |                          |                                           |                     |  |  |  |
|              | NOT TOWED                                                                                |                                         |      |                                            | OPERATOR                                                                    |                          |                                           |                     |  |  |  |
|              |                                                                                          | What Driver Was Doing                   |      |                                            |                                                                             |                          |                                           |                     |  |  |  |
|              |                                                                                          | LEGALLY PARKED                          |      |                                            |                                                                             |                          |                                           |                     |  |  |  |

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

|          |         |                                          | Vehicle Factors                                                        |
|----------|---------|------------------------------------------|------------------------------------------------------------------------|
|          |         | Driver Prior Action Other                | NOT APPLICABLE                                                         |
| UNIT     | VEHICLE | Driver Actions<br>NO CONTRIBUTING ACTION |                                                                        |
| 02       | 02      | Owner Name<br>JOAN KLEINSCHMIDT          | Owner Address<br>W1110 OAK GLEN LANE<br>WISCONSIN DELLS, WI 53965 , US |
|          | ę       | Sequence Of Events                       |                                                                        |
|          | 0       | Event<br>MOTOR VEH IN TRANSPORT          |                                                                        |
|          | 02      | Event                                    |                                                                        |
|          | 03      | Event                                    |                                                                        |
|          | 04      | Event                                    |                                                                        |
| <b>–</b> | I       | Policy Holder                            |                                                                        |
| UNIT     |         | Insurance Company NEW-SOUTH-INS-CO       | Individual<br>JOAN KLEINSCHMIDT                                        |