



6TL0C884KH  
23-08881

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON STH33 WB 250 FT E OF SCHUTTE ROAD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude	Longitude
	X Coordinate	Y Coordinate
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		<b>WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Work Zone Crash Location <b>ACTIVITY AREA</b>		Work Zone Crash Type <b>LANE SHIFT/CROSSOVER</b>	
Workers Present <b>YES</b>		Law Enforcement Present <b>NO</b>	
Work Zone Speed Limit <b>55</b>	Advisory/Regulatory Speed Limit <b>REGULATORY</b>	Normal Posted Speed Limit <b>55</b>	

Unit Summary

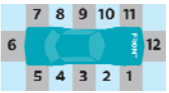
<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>		
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>	Operating As Endorsements				
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>TRAFFIC CONTROL PERSON</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>					
	<b>01</b>	<b>Vehicle</b>				
		License Plate Number <b>31812X</b>		Plate Type <b>APO - APPORTIONED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1XPBDP9X3ND748973</b>		Make <b>PETERBILT MOTORS CO</b>	Year <b>2022</b>	Model	

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UNIT VEHICLE	Color <b>WHI - WHITE</b>		Body Style <b>TC - TRACTOR</b>	Bus Use		
	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>06 - REAR</b>			
	Extent Of Damage <b>NO DAMAGE</b>					
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
	Driver Prior Action Other					
UNIT VEHICLE	Driver Actions <b>UNSAFE BACKING</b>					
	Owner Name <b>WEL COMPANIES INC (920) 339-0110</b>		Owner Address <b>1625 S BROADWAY DEPERE, WI 54115 610, US</b>			
01 01	<b>Sequence Of Events</b>					
	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
	04	Event				
UNIT	<b>Policy Holder</b>					
	Insurance Company <b>COTTINGHAM BUTLER</b>		Organization/Company <b>WEL COMPANIES INC</b>			
01 TRAILER/	<b>Trailer/Towed</b>					
	Trailer Plate # <b>767831</b>	Plate Type <b>TRL - TRAI</b>	Make <b>GDAN</b>	State <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Unit Type <b>FULL TRAILER</b>		Organization/Company <b>WEL COMPANIES INC (920) 339-0110</b>		Address <b>1625 S BROADWAY DEPERE, WI 54115 610, US</b>	
UNIT INDIVIDUAL	Vehicle Identification Number <b>1GR1A0625LW158450</b>					
	<b>Individual</b>					
UNIT INDIVIDUAL	Driver <b>RICHARD PUFPAF (312) 536-7565</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth	Race <b>WHITE</b>		
	Address <b>1608 DOBSON STREET EVANSTON, IL 60202 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>			
	<b>Safety Equipment</b>		On Duty Crash			
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>				
Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>				
Helmet Use		Helmet Compliance				

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01	001	Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #
		Hospital			Date of Death		Time of Death
		<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
		Distracted By Action <b>NOT DISTRACTED</b>					
		<b>Non Motorist</b>		Striking Unit #		Location	
		Prior Action					
		Action					
01	001	Action Other				To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>NOT OBSERVED</b>					
		<b>Carrier</b>					
		<input type="checkbox"/> Use Vehicle Owner Same as Carrier				Source	
		Name				Address	
		GVWR		Vehicle Configuration		Cargo Body Type	
US DOT #		Carrier Type		Permitted Load			
<input type="checkbox"/> OS/OW Load		WI Permit Number		<input type="checkbox"/> Permitted Vehicle On Permitted Route			
				<input type="checkbox"/> Escort Vehicle Required By Permit			
				<input type="checkbox"/> Escort Vehicle Present			
Measured Height		Measured Length		Measured Width			
				Measured Weight			

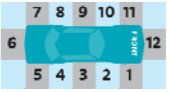
## Unit Summary

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UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>TRAFFIC CONTROL PERSON</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
UNIT 02	<b>Vehicle</b>					
	License Plate Number <b>ABL9693</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FMCU9G97EUC67433</b>		Make <b>FORD</b>	Year <b>2014</b>	Model <b>ECP</b>	
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>4D - 4DR</b>		Bus Use	
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>12 - FRONT</b>			
	Extent Of Damage <b>MINOR DAMAGE</b>					
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
Owner Name <b>KIMBERLY RHINEHART (608) 547-7364</b>		Owner Address <b>W9484 GEHRI RD WONEWOC, WI 53968 , US</b>				
UNIT 01	<b>Sequence Of Events</b>					
	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event					
	Event					
UNIT 04	Event					
	<b>Policy Holder</b>					
Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>			Individual <b>KIMBERLY RHINEHART</b>			
<b>Individual</b>						

Citations Issued

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UNIT 02 002	INDIVIDUAL	Driver <b>KIMBERLY RHINEHART</b> (608) 547-7364		0	Sex <b>FEMALE</b>		
		Address <b>W9484 GEHRI RD</b> <b>WONEWOC, WI 53968 , US</b>		Date of Birth	Race <b>WHITE</b>		
		On Duty Crash		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Safety Equipment</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Use			
		Eye Protection		Helmet Compliance			
		Tint Compliance		Airbag <b>NON DEPLOYED</b>			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
Hospital		Date of Death	Time of Death				
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>					
Distracted By Action <b>NOT DISTRACTED</b>							
<b>Non Motorist</b>		Striking Unit #	Location				
Prior Action							
Action							
Action Other					To/From School		
<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>			
Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results			
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results			
Drug Type							
Individual Condition <b>APPEARED NORMAL</b>							
<b>Individual</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>			

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UNIT 02	INDIVIDUAL 003	Passenger <b>RAELYNN BORNTRERGER</b> (608) 547-7364		Date of Birth <b>05/17/2021</b>	Race <b>WHITE</b>	
		Address <b>W9484 GEHRI RD</b> <b>WONEWOC, WI 53968 , US</b>		Driver License Number		
		<b>Safety Equipment</b>		On Duty Crash		
		Row <b>02 - SECOND ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
		Hospital		Date of Death		Time of Death
UNIT 02	INDIVIDUAL 003	<b>Distracted By</b>		Distracted By Source		
		Distracted By Action				
		<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other			To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
		Drug Type				
Individual Condition <b>APPEARED NORMAL</b>						