23-08881

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash [Document #	Agency 23-08		Investigating Officer/Deputy DEPUTY T. SUTHERLAND					
Crash Date 08/16/2023	Crash Time 12:58 PM					ime Arrived 1:25 PM				
Date Notified 08/16/2023	Time Notified 01:06 PM		Total U 02	Inits	Total Injured	d Total Kille 00	ed			
Orash Date 08/16/2023 Date Notified 08/16/2023 On Emergency Hit Government Property	and Run	Lane Clos	ure	Work Zone	✓ Trailer	r or Towed	Reporting Threshold			
Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags					
Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Ameno	ded	Secondary Crash			
Description Diagram	•				•	Reconstruction				
					¢	Photos By Additional Info				
Not To Scale		2		s	TH 33					
✓ I, a sworn law enforceme	nt officer, agre	ee that I have n	ot adde	d any CJIS data in th	is report.	<u>I</u>				
INCIDENT WAS REPORTED AFTER BACKED UP BUMPING THE FRON WITH UNIT 2 OPERATOR WHO WA TRAILER PLATE 767831 FOR TRAI	T OF UNIT 2. UNIT S NOT AWARE O	2 HAD SMALL BE	ND IN FR	ONT LICENSE PLATE AN						

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L	.oc	ation									
		STH33 WB					Latitude			Longitud	le
		FTE								5	
		CHUTTE ROAD					X Coordin	ate		Y Coordinate	
		HE TOWN OF LA VAL AUK COUNTY	LE								
							Structure	Туре			
							NO STR	UCTURE			
C	ras	sh Scene 📃									
		Harmful Event					First Harm	nful Event Lo	cation		
		OR VEH IN TRANSP	ORT				ON ROA		oution		
-	Manr	er of Collision	-				Light Condition				
	03 -	FRONT TO REAR					DAYLIGHT				
	Road	Surface Condition(s)					Roadway	Factor(s)			
	DRY										
┢	Envir	onment Factor(s)									
	NON	E					WORK Z	ONE (CO	ISTRUCTIO	ON/MAINT	ENANCE/UTILITY)
	Weat	her Condition(s)									
	CLE	AR									
ŀ	Anim	al Type					Relation T	o Trafficway	,		
	<u> </u>							CWAY - ON	-		
		Classification - Location						ssification - 、			
							NO SPECIAL JURISDICTION Access Control Special Study				
							NO CONTROL				
	Within Interchange Area Junction Location Intersect					Intersectio					
						INTERSE	CTION				
						Work Zone Crash Type					
					LANE SHIFT/CROSSOVER Law Enforcement Present						
	vvork YES	ers Present			Law Enforce	ement Prese	411				
		Zone Speed Limit		Advisory/Regulat		mit	Normal Posted Speed Limit 55				
	55	·		REGULATOR							
ī	Jnit	Summary									
		Status			Vehicle Ope	erating As C	lassification	1	Unit Type		
	ΙΝ ΤΙ	RANSIT			A CLASS				TRUCK		
		е Туре			•				Operating A	s Endorser	nents
		CK TRACTOR (SEMI						T - 4 - 1		T-4-111	NA-4 T
	Total 1	Occs	Train/Bus # F	ecoraea	Total # Citat 0	tions Issued		Total Traile	ers	Total Haz 0	Mat Types
L		ance?	Direction Of 1	ravel		Owerste Th		Speed Lim	it	U Total Lane	es
	YES		WESTBOU			CrashTire Mark		55		2	
		Harmful Event: Collision			Special Fun NO SPEC			•	Emergency NOT APP		cle Use
		OR VEH IN TRANSP	UKI						Traffic Cont		ive/Missing
		- way -WAY, NOT DIVIDED	I		Traffic Cont		PERSO	N	NO		ave/wiissing
	-				Road Curva				Road Grade	9	
				STRAIGH	т			LEVEL			
		Bus or HazMat							•		
		CK OR TRUCK COM	BINATION > 1	D,000LBS GVW	R/GCWR						
	\ I	/ehicle License Plate Number			Plate Type			St	Country of Is	suance	
		31812X				PORTION	IED		UNITED ST		
		Vehicle Identification Nur	mber		Make				Model	-	
5	5	1XPBDP9X3ND7489	73		PETERB	LT МОТО	RS CO	2022			

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		Color				Body Style			Bus Use		
						TC - TRAC	TOR				
	щ	-				Vehicle Dama	age			7 0	9 10 11
UNIT	VEHICLE	06 - REAR									3 10 11
S	Ξ	Extent Of Damage			06 - REAR 6						
-	ÿ	NO DAMAGE								5 4	321
	-	Towed Due To Damage			١	Vehicle Remo	oved By			•	
		NOT TOWED			OPERATO	R					
		What Driver Was Doing			Vehicle Facto	ors					
		BACKING									
		Driver Prior Action Other			NOT APPL	ICABLE					
		Driver Actions									
	щ	UNSAFE BACKING									
UNIT	VEHICLE										
5	Ξ										
	≝										
	-										
		Owner Name	-			Owner A					
—	~	WEL COMPANIES INC				BROADWA					
5	0	(920) 339-0110		DEPER	E, WI 5411	5 610, 05					
	:	Sequence Of Eve	nts								
		Event									
	6	MOTOR VEH IN TRA	NSPORT								
	2	Event									
	02										
	3	Event									
	03										
	4	Event									
	04										
	1	Policy Holder									
UNIT		Insurance Company				Organization/Company					
		COTTINGHAM BUTL	ER			WEL COMPANIES INC					
	•	Trailer/Towed									
		Trailer Plate #	Plate Type	. I	Make		State		Country of Issuance		
5		767831	TRL - TR		GDAN		WI		UNITED STATES		
	~	Unit Type			nization/Company		•••		Address		
E	ER/	FULL TRAILER			COMPANIES IN	C			1625 S BROADWAY		
S		Vehicle Identification Nur	mber	(920)	339-0110				DEPERE, WI 54115 61	10, US	
רן	TRAILI	1GR1A0625LW15845									
		Individual				Ottetione		0			
		Driver RICHARD PUFPAF				Citations Is	sued	Sex MALE			
	P A	(312) 536-7565				-	41-	Race			
	NDIVIDUAL					Date of Bir	un	WHITE			
UNIT	5	Address									
5	6	1608 DOBSON STRE	FT			Driver License Number					
	Z	EVANSTON, IL 60202				STATE: I	LLINOIS C	OUNTRY:	UNITED STATES		
			n Duty Crack	h		Cofety Fay	linnant				
	On Duty Crash Safety Equipment					Safety Equ	apment				
				oot D-	aitian	SHOULD	ER & LAP	BEI T			
		Row 01 - FRONT ROW		eat Po 7 - LE							
		Helmet Use		66		Helmet Co	mnliance				
						rionnet 00	mpilarioe				
i						1					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Eye Protection				Tint Compliance					
6	001	Injury Se			Airbag						
	Ō		PARENT IN		NON	DEPLOYED		Trannad/Extrinat	tod		
		Ejected NOT EJECTED	Ejection Pat NOT EJEC	տ CTED/NOT APPL		E		Trapped/Extricat			
		Medical Transport		_		Agency Identifier		EMS Run #			
		NOT TRANSPORTED									
		Hospital			Date o	of Death		Time of Death			
		Distracted By NOT A	ed By Source	E (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED									
		Non Motorist	Unit #	Location							
		Prior Action									
ĺ		Action									
	١L										
⊢	INDIVIDUAL										
UNIT	VID										
–	IDI										
	4										
		Action Other							To/From School		
		Suspect	ed Alcohol U	se	Suspe	cted Drug Use					
		Drug & Alcohol NO			NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1			Alcohol Test Res	sults		
		Drug Test Given		Drug Test Type			Drug Test F	Results			
		TEŠT NOT GIVEN		5 7			Drug rootr				
2	001	Drug Type									
		Individual Condition									
		Individual Condition									
		NOT OBSERVED									
	(Carrier									
		Use Vehicle	Owner Sam	ne as Carrier	Source						
2	01	Name				Address					
					, ,						
	BUS	GVWR	Vehicle Co	onfiguration				Cargo Body Type			
UNIT	В	US DOT #	Carrier Ty	pe				Permitted Load			
	СK			-							
	TRUCK	WI Perm	it Number			ehicle On	Escort	Vehicle Required	Escort Vehicle Present		
	F	Measured Height	Measur	red Length	rmitteo	Route Measured Width	<u>ا</u> ۱	By Permit Measured Weigh			
		, v		-							
	Unit	t Summary	•					I			

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

	11	Otation		1.V-h								
		Status			icle Operating As Classifica	lion	Unit Type					
		RANSIT		DC	LASS	AUTOMOBILE Operating As Endorsements						
02		cle Туре					Operating A	s Endors	sements			
0	-	ORT) UTILITY VEHICLE										
		l Occs	Train/Bus # Recorded		I # Citations Issued	Total Tra	ailers	Total H	azMat Types			
	2			0		0		0				
	Insurance? Direction Of Travel				Pre CrashTire	Speed L	imit	Total L	anes			
F	YES	6	WESTBOUND		Mark	55		2				
UNIT	Mos	t Harmful Event: Collision Wi	ith		cial Function		Emergency					
	MO	TOR VEH IN TRANSPOR	RT	NO	SPECIAL FUNCTION		NOT APPI		.E			
	Traff	fic Way		Traf	fic Control		Traffic Conti	rol Inope	rative/Missing			
	тwo	D-WAY, NOT DIVIDED		TRA	AFFIC CONTROL PERS	ON	NO					
	Surfa	асе Туре		Roa	d Curvature		Road Grade	•				
	BLA	ACKTOP (BITUMINOUS))	STR	RAIGHT		LEVEL					
	Truc	k Bus or HazMat										
	NO											
		Vehicle										
		License Plate Number		Pla	te Type	St	Country of Is	suance				
		ABL9693				wi	UNITED ST					
		Vehicle Identification Numb)er	Ma		Year	Model					
02	02	1FMCU9G97EUC67433			RD	2014	ECP					
•	0	Color		dy Style	2014	Bus Use						
		SIL - SILVER (ALUMIN		- 4DR		Bus Ose						
		Initial Contact Point			nicle Damage							
⊢	Ë	12 - FRONT	Vei	licie Damage				7 8 9 10 11				
UNIT	⊇		12	FRONT				6 12				
⊃	VEHICLE	Extent Of Damage MINOR DAMAGE			12 - FRONT 5 4 3 2 1							
	>	Towed Due To Damage			nicle Removed By							
		NOT TOWED										
		What Driver Was Doing			Vehicle Factors							
	GOING STRAIGHT Driver Prior Action Other			Vei								
					NOT APPLICABLE							
		Divert nor Action Other										
		Driver Actions										
	ш	NO CONTRIBUTING A	CTION									
⊢	IJ.											
UNIT	¥											
∍	VEHICLE											
	>											
		Owner Name			Owner Address							
		KIMBERLY RHINEHAR	RT	Owner Address W9484 GEHRI RD								
02	02	(608) 547-7364			WONEWOC, WI 53968 , US							
		L Sequence Of Even	te									
		Event	13									
	9	MOTOR VEH IN TRAN	SPORT									
	~	Event										
	02											
	Event											
	03											
	4	Event										
	04											
F		Policy Holder										
UNIT		Insurance Company		1	ndividual							
D		STATE-FARM-GENER	AL-INS-CO		KIMBERLY RHINEHART							
		Individual										
				(Citations Issued							
				,								

This report does not include any CJIS data.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Driver				Sex					
		KIMBERLY RHINEHART			0	FEMALE					
	NDIVIDUAI	(608) 547-7364			Date of Birth	Race					
⊢∣	DD					WHITE					
UNIT	Σ	Address			Driver License Numbe	r					
⊃		W9484 GEHRI RD									
	Z	WONEWOC, WI 53968, US	;		STATE: WISCONSI	N COUNTRY: UN	ITED STATES				
		On Duty C	rash		Safety Equipment						
	Saf	fety Equipment									
		Row	Seat Do	sition	SHOULDER & LAP	BELT					
		01 - FRONT ROW	Seat PositionN07 - LEFT								
		Helmet Use			Helmet Compliance						
					. Isini compilario						
		Eye Protection			Tint Compliance						
	2	Injury Seve	erity		Airbag						
02	002	Injury NO APP		JURY	NON DEPLOYED						
		Ejected	jection Pa	th			Trapped/Extricated				
				CTED/NOT APPL	ICABI F		NOT TRAPPED				
		Medical Transport			EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED									
		Hospital			Date of Death		Time of Death				
		ιοομιαι									
		Distractad	By Source								
		Distracted By NOT APP	Dy Source		CTED)						
		Distracted By Action			,						
		NOT DISTRACTED									
			sit #	Location							
		Striking Ur Non Motorist	IIL #	Location							
		Prior Action									
		Action									
	٩I										
⊑∣	NDIVIDUAL										
	Σ										
_	D										
	4										
		Action Other						To/From School			
		Suspected		SP	Suspected Drug Use						
	L	Drug & Alcohol NO			NO						
		Alcohol Test Given		Alcohol Test Type	_		Alcohol Test Results				
		TEST NOT GIVEN		ACONOLLEST TYPE			ACONOL LEST KESUITS				
				Drug Test Type		Drug Test Results					
		Drug Test Given TEST NOT GIVEN		Drug rest type		Drug Test Results	5				
	~										
02	002	Drug Type									
-	0										
		Individual Condition									
APPEARED NORMAL											
		L									
		Individual									
					Citations Issued	Sex					
					0	FEMALE					
Nisco	nsin M	Motor Vehicle Crash		This report	does not include any C	JIS data.	Crash Date	08/16/2023			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	JAL	Passenger RAELYNN BORNTREGER (608) 547-7364				Date of Birth		ice			
Е	D					05/17/2021	w	HITE			
UNIT	INDIVIDUAL	Address W9484 GEHRI RD WONEWOC, WI 53		Driver License Num	ber						
	Sat	fety Equipment		Safety Equipment							
		Row Seat Po 02 - SECOND ROW 09 - RI				CHILD RESTRAI		STEM - FORW	ARD FACING		
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
2	ຕ	Injury Severity				Airbag					
02	003	Injury	NO APPA	RENT I	NJURY	NON DEPLOYED)				
		Ejected NOT EJECTED	,	ection Pa OT EJE	ath CTED/NOT APPL	ICABLE			Trapped/Extricated NOT TRAPPED		
		Medical Transport			EMS Agency Identif	fier		EMS Run #			
		NOT TRANSPORT Hospital		Date of Death							
		Distracted By	Distracted	By Sourc	e						
	1	Distracted By Action									
			Striking Un		1						
		Non Motorist	Location								
		Prior Action									
		Action									
F	INDIVIDUAL										
UNIT	DIVII										
	Z										
		Action Other								To/From School	
	L	Drug & Alcohol	Suspected NO	Alcohol l	Jse	Suspected Drug Us	e				
		Alcohol Test Given Alcohol Test Typ TEST NOT GIVEN		Alcohol Test Type	1			Alcohol Test Results			
		Drug Test Given Drug Test Type TEST NOT GIVEN			Dr	ug Test Results					
02	003	Drug Type									
		Individual Condition									
		APPEARED NORM	IAL								