WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/29/2023

Document Number Override	Primary Crash Document # Crash Time 06:40 PM		23-11		Investigating Officer/Deputy DEPUTY B. GOODREAU			
Crash Date 10/29/2023			Date Arrived 10/29/2023		Time Arrived 07:02 PM			
Date Notified 10/29/2023	Time Notified 06:41 PM		Total U 02	Jnits	Total Injured 02	Total Kille	led	
On Emergency Hit	and Run	Lane Clos	ure	Work Zone	Trailer or	Towed	Reporting Threshold	
Government Property	Active Sc	chool Zone	Schoo NO	l Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASI	H)		Amended		Secondary Crash	
escription Diagram					D		- D.	
nagram	СТНР			W ⊲ DE	Pi	notos By	NTY SHERIFF	
E9183 CTY RD P				5		lditional Info HOTOS, R	rmation ECONSTRUCTION	
UNITS AND OBJECTS NOT TO SCALE. APPROX. SEQUENCE OF EVEN	ITS							
BG9113.		†						
ע I, a sworn law enforceme	nt officer, agr	ee that I have n	ot adde	d any CJIS data in th	nis report.			

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Crash Date 10/29/2023

	Loc	ation									
ł		E9183 CTHP NB				Latitude			Longitud	de	
	1138	B FT W				43.59092	2152		_	589661	
		LARK RD	X Coordin	ate		Y Coord	inate				
	(FIR	E E9183)	_			483041					
	IN T	HE TOWN OF DELLO	Structure ²	Type							
	IN THE TOWN OF DELLONA IN SAUK COUNTY						1,700				
(Cra	sh Scene									
1	First	Harmful Event				First Harm	nful Event Lo	ocation			
	MO	TOR VEH IN TRANSP	ORT			ON ROA	DWAY				
	Manı	ner of Collision				Light Cond					
	03 -	FRONT TO REAR				DARK/U					
		d Surface Condition(s)				Roadway					
	DRY	()					(-)				
	Envir	ronment Factor(s)									
	NON					NONE					
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	nal Type					o Trafficway				
							CWAY - OI				
		h Classification - Location	1				ssification -				
		BLIC PROPERTY				NO SPECIAL JURISDICTION					
	Iriba	al Land				Access Control Special Study NO CONTROL					
	With	in Interchange Area	Junction Location		Intersection	n Type				ı	
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
Ī	Jnit	t Summary \blacksquare									
	Unit	it Status Vehicle Operating As Cl					Classification Unit Type				
	IN T	TRANSIT D CLASS					AUTOMOBILE				
01	Vehi	cle Type				Operating As	s Endorser	ments			
0		ORT) UTILITY VEHICI									
	Total	Occs	Train/Bus # Recorded	Total # Citations Issue		ed Total Trail				Mat Types	
	1			3			0	0			
	Insur	ance?	Direction Of Travel	Pre	CrashTire)	Speed Lin	nit	Total Lan	es	
-	YES	;	WESTBOUND		Mark		55	2			
	Most	Harmful Event: Collision	With	Special Fur			•	Emergency			
ر		TOR VEH IN TRANSP	ORT	NO SPEC	CIAL FUNC	TION		NOT APPL			
		ic Way			Traffic Control			Traffic Contr	ol Inopera	tive/Missing	
		D-WAY, NOT DIVIDED)	NO CONT				NO			
		асе Туре		Road Curva				Road Grade			
		CKTOP (BITUMINOU	S)	STRAIGH	IT			LEVEL			
	Trucl	k Bus or HazMat									
		Vehicle									
		License Plate Number		Plate Type	e		St	Country of Iss	uance		
		ACU2663		AUT - AU	JTOMOBIL	.E	WI	UNITED STATES			
		Vehicle Identification Number			Make		Year	Model			
_	7				VACEN:		2047	COLE 41.15	r D		
5	01	3VWH17AU4HM5430		VOLKSV			2017	GOLF ALL	ΓR		
5	01			VOLKSV Body Style		GON	2017	Bus Use	ΓR		
5	E 01	3VWH17AU4HM5430 Color		VOLKSV Body Style	ATIONWA	GON	2017		TR		
	Ξ.	3VWH17AU4HM5430 Color BLK - BLACK	089	Body Style SW - STA Vehicle Da	ATIONWA(Bus Use	TR	7 8 9 10 11	
JNIT 01	Ξ.	3VWH17AU4HM5430 Color BLK - BLACK Initial Contact Point	089	VOLKSV Body Style SW - STA Vehicle Da 01 - RIG	e ATIONWA amage HT FRON	CORNER		Bus Use	TR	6 12	
UNIT 01		3VWH17AU4HM5430 Color BLK - BLACK Initial Contact Point 11 - LEFT FRONT CO	ORNER	VOLKSV Body Style SW - STA Vehicle Da 01 - RIG	ATIONWA(CORNER		Bus Use	TR		

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		Towed Due To Damage			Removed By						
		TOWED DUE TO DISABLI	NG DAMAGE	PLAT1	TS WRECKER						
		What Driver Was Doing		Vehicle	Factors						
		GOING STRAIGHT									
		Driver Prior Action Other		NOT A	APPLICABLE						
		Driver Actions									
	щ	FOLLOWING TOO CLOSE	FOLLOWING TOO CLOSE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN								
╘	VEHICL	INATTENTIVE, CARELESS	OR ERRATIC MANNER								
LNO	표										
	VE										
		Owner Name LUCILLE SCHONFELD			vner Address 5 525 N DEWEY A '	VE					
5	01	(608) 408-0913			EDSBURG, WI 5						
_											
		Sequence Of Events									
		Event									
	01	MOTOR VEH IN TRANSPO	DRT								
	02	Event									
	•	Event									
	03										
	04	Event									
_	ì	Policy Holder									
LNO		Insurance Company		Indiv	idual						
\supset		AMERICAN-FAMILY-INS-C	0	LUC	ILLE SCHONFE	LD					
		Individual									
		Driver		Citati	ions Issued	Sex					
	_	LUCILLE SCHONFELD (608) 408-0913			3 FEMALE						
	JA				of Birth	Race					
╘	INDIVIDUAL			WHITE							
	<u> </u>	Address		Drive	Driver License Number						
	Z	REEDSBURG, WI 53959 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty	Crash	Safety Equipment							
	Sat	fety Equipment	Oldon	Gale	ty Equipment						
		Row	Seat Position	SHC	OULDER & LAP E	BELT					
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint (Tint Compliance						
		Lye Protection		Time	Compliance						
7	001	Injury Se	-	Airba	=						
0	ŏ		PARENT INJURY	DEP	LOYED-CURTAI	N					
		Ejection Path		DI 10 4 D	. –		Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJECTED/NOT API		Agency Identifier		NOT TRAPPED EMS Run #				
		NOT TRANSPORTED		EIVIS	Agency identifier		EWS Ruff #				
		Hospital		Date	of Death		Time of Death				
		•									
		Distracted By UNKNO	ed By Source DWN								
		Distracted By Action UNKNOWN									
		CHARLOWN									

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

Crash Date 10/29/2023

Crash Time 06:40 PM

		Non Motorist	Striking Unit #		Location							
		Prior Action										
		Action										
	INDIVIDUAL											
╘												
UNIT	≥											
	2											
	_											
											T	
		Action Other									To/From School	
			Suspected Alco	ohol Us	se	Suspected Drug Use						
	L	Drug & Alcohol	YES			NO						
		Alcohol Test Given			Alcohol Test Type	e			Alcohol Test	Results		
		TEST GIVEN			BLOOD		_		PENDING			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug 7	Test Results				
	_	Drug Type										
01	90	Drug Type										
		Individual Condition	Individual Condition									
		UNDER THE INFL	UENCE OF M	EDIC	ATIONS/DRUG	S/ ALCOHOL						
		/! - I - 4!										
	·	Violations UTC Number	Issue To?	Stati	ute Number	Description						
	2	BG024640	001	346	.63(1)(a)	OPERATING WHIL	E UNDE	R THE IN	FLUENCE			
	~	UTC Number	Issue To?	Stati	ute Number	Description	1701/10	4.1.TO 11.1				
	05	BG024641 UTC Number	001 Issue To?		.935(2) ute Number	POSSESS OPEN INTOXICANTS IN MV-DRIVER Description						
	03	BG024641	001	346	.14(1m)	AUTOMOBILE FOLLOWING TOO CLOSELY						
		t Summary •										
		Status				Vehicle Operating As Classification D CLASS			Unit Type AUTOMOBILE			
		RANSIT cle Type			<u> </u>	D CLASS			Operating As Endorsements			
02		ORT) UTILITY VEH	ICLE						3			
	Tota	l Occs	Train/Bus	# Red	corded	otal # Citations Issued		Total Traile	ers	Total HazN	Mat Types	
	2		5: "	017	0					0		
	Insui YES	rance?	Direction WESTB		r	Pre CrashTire		Speed Lim 55	it	Total Lane	S	
UNIT		t Harmful Event: Collisi		CONL	_	Mark Special Function		33	Emergency Motor Vehicle Use		cle Use	
n		TOR VEH IN TRANS				NO SPECIAL FUNCTION	ON		NOT APPL			
	Traff	îc Way			7	raffic Control			Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVID	ED			NO CONTROL			NO			
	Surface Type BLACKTOP (BITUMINOUS)					Road Curvature STRAIGHT			Road Grade			
		k Bus or HazMat	JU3)			TRAIGHT			LEVEL			
	NO	30 0										
	,	Vehicle										
		License Plate Numbe	r			Plate Type		St	Country of Iss	suance		
		ATK4021				AUT - AUTOMOBILE			UNITED ST	ATES		
02	02	Vehicle Identification				Make			Model			
0	0	5FNYF4H65BB043	3903			HONDA		2011	PILOT			

Form DT4000

6TL0D2XVRB

23-11750

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

		Color		Body Style		Bus Use						
		GRY - GRAY		UT - SPORT UTILITY Vehicle Damage								
_	쁫	Initial Contact Point 06 - REAR		venicie Damage			7 8 9 10 11					
UNIT	\exists	Extent Of Damage	05 - RIGHT REAR CO	RNER, 06 - REA	R, 07 - LEFT	6 2 12						
ר	VEHICL	DISABLING DAMAGE	REAR CORNER			5 4 3 2 1						
		Towed Due To Damage	Vehicle Removed By									
		NOT TOWED	OPERATOR									
		What Driver Was Doing LEFT TURN	Vehicle Factors									
		Driver Prior Action Other	1	NOT APPLICABLE								
		Driver Actions NO CONTRIBUTING ACTION	.									
_	VEHICLE											
UNIT	¥											
_ ر	N N											
		Owner Name CHRISTIAN BRUEGGEMAN	-HULSE	Owner Address E9183 COUNTY ROAD P WISCONSIN DELLS, WI 53965, US								
02	02	(608) 408-9356										
	;	Sequence Of Events										
	2	Event MOTOR VEH IN TRANSPOR	т									
		Event										
	02	LEFT TURN										
	03	Event										
	4	Event										
_		L Policy Holder										
UNIT		Insurance Company		Individual								
_		PROGRESSIVE-CLASSIC-IN	IS-CO	CHRISTIAN BRUEGGEMAN-HULSE								
		Individual		Tau a								
		Driver CHRISTIAN BRUEGGEMAN	-HULSE	Citations Issued 0	Sex MALE							
	¥	(608) 408-9356		Date of Birth	Race							
_	DUAI				HISPANIC							
.IN	INDIN	Address		Driver License Number	•							
	¥	E9183 COUNTY ROAD P WISCONSIN DELLS, WI 539	65 , US	STATE: WISCONSIN	N COUNTRY: UN	ITED STATES						
	0-	On Duty Cr	rash	Safety Equipment								
	Sai	fety Equipment										
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT							
		Helmet Use	OI - LEFT	Helmet Compliance								
		Eye Protection		Tint Compliance								
2	2	Injury Seve	rity	Airbag								
02	005	Injury POSSIBL		NON DEPLOYED		I Transcalled						
		l '	ection Path OT EJECTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED						
		Medical Transport		EMS Agency Identifier		EMS Run #						
		NOT TRANSPORTED										

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		Hospital				Date of Death		Time of Death			
			Distracted By	/ Source							
	Distracted By NOT APPLICABLE (NOT DISTRACTED)										
		Distracted By Action NOT DISTRACTED)								
		Non Motorist	Striking Unit #	# L	ocation						
		Prior Action									
		Action									
		Action									
	AL										
LNO	INDIVIDUAL										
5	DIV										
	Z										
		Action Other							To/From School		
			Suspected Al	Icohol Use		Suspected Drug Use					
	L	Drug & Alcohol	NO			NO					
		Alcohol Test Given TEST NOT GIVEN		Α	Icohol Test Type			Alcohol Test Results			
		Drug Test Given		D	rug Test Type		Drug Test Results	5			
	~	TEST NOT GIVEN									
02	002	Drug Type									
		Individual Condition									
		APPEARED NORM	ЛДІ								
		AFFEARED NORM	IIAL								
	ı	Individual									
		Passenger ERIC HULSE (608) 408-0529				Citations Issued 0	Sex MALE				
	JAL					Date of Birth	Race				
LIND	DIVIDUAL	Address				Diversities en Novembre					
5		Address E9183 COUNTY ROAD P				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Z	WISCONSIN DELLS, WI 53965, US									
			On Duty Cras	sh		Safety Equipment					
	Sat	fety Equipment	•								
		Row 01 - FRONT ROW		Seat Positi		SHOULDER & LAP BELT					
		Helmet Use			••	Helmet Compliance					
		Eye Protection				Tiet Compliance					
		Lye Frotection				Tint Compliance					
05	003	Injury	Injury Severit POSSIBLE	y INJURY		Airbag NON DEPLOYED					
		Ejected	Ejed	ction Path				Trapped/Extricated			
		NOT EJECTED Medical Transport	NO	I EJECT	ED/NOT APPL	ICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORT	ED								
		Hospital				Date of Death		Time of Death			

Crash Date 10/29/2023 Crash Time 06:40 PM

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Crash Date 10/29/2023

		Distracted By Dis	stracted By Source					
		Distracted By Action						
		Non Motorist Str	riking Unit#	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	Ξ							
		Action Other						To/From School
		10	spected Alcohol Us		Suspected Drug Use			
	L	Drug & Alcohol No	O	se	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		
02	003	Drug Type						
		Individual Condition						
		APPEARED NORMAI	L					