

6TL0D2XVRB
23-11750

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number 23-11750	Investigating Officer/Deputy DEPUTY B. GOODREAU	
Crash Date 10/29/2023		Crash Time 06:40 PM	Date Arrived 10/29/2023	Time Arrived 07:02 PM	
Date Notified 10/29/2023		Time Notified 06:41 PM	Total Units 02	Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>UNITS AND OBJECTS NOT TO SCALE. APPROX. SEQUENCE OF EVENTS. BG9113.</p>	<p>Reconstruction By SAUK COUNTY SHERIFF</p>
	<p>Photos By GOODREAU</p>
	<p>Additional Information PHOTOS, RECONSTRUCTION</p>

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

UNIT 2 WAS ATTEMPTING TO TURN LEFT INTO HIS DRIVEWAY. UNIT 2 WAS TRAVELING WB ON CTH P, NEAR COON BLUFF RD. UNIT 1 APPEARED TO STRIKE UNIT 2 AND ROLL INTO THE DITCH. UNIT 1 DID NOT KNOW WHERE SHE WAS OR HOW THE ACCIDENT OCCURRED. UNIT 2 AND PASSENGER STATED THEY HAD BACK AND SHOULDER PAIN DUE TO CRASH. BG9113.

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Location

ON E9183 CTHP NB 1138 FT W OF LARK RD (FIRE E9183) IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.59092152	Longitude -89.861589661
	X Coordinate 268999.28125	Y Coordinate 4830418
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle						
	VEHICLE	License Plate Number ACU2663		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 3VWH17AU4HM543089		Make VOLKSWAGEN	Year 2017	Model GOLF ALLTR	
		Color BLK - BLACK		Body Style SW - STATIONWAGON		Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
Extent Of Damage DISABLING DAMAGE							



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FOLLOWING TOO CLOSE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
01	Owner Name LUCILLE SCHONFELD (608) 408-0913		Owner Address E6525 N DEWEY AVE REEDSBURG, WI 53959 , US		
	Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual LUCILLE SCHONFELD		
UNIT INDIVIDUAL	Individual				
	Driver LUCILLE SCHONFELD (608) 408-0913		Citations Issued 3	Sex FEMALE	
	Address E6525 N DEWEY AVE REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN					

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Form containing sections: Non Motorist, Drug & Alcohol, Violations, and individual unit details (01, 02, 03).

Unit Summary

Unit Summary table with fields: Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Total Occs, Direction Of Travel, Most Harmful Event, Traffic Way, Surface Type, Truck Bus or HazMat.

Vehicle details table with fields: License Plate Number, Plate Type, St, Country of Issuance, Vehicle Identification Number, Make, Year, Model.

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UNIT VEHICLE	Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 06 - REAR	Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR
	What Driver Was Doing LEFT TURN			Vehicle Factors NOT APPLICABLE
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name CHRISTIAN BRUEGGEMAN-HULSE (608) 408-9356	Owner Address E9183 COUNTY ROAD P WISCONSIN DELLS, WI 53965 , US		
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event LEFT TURN		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual CHRISTIAN BRUEGGEMAN-HULSE		
UNIT INDIVIDUAL	Individual			
	Driver CHRISTIAN BRUEGGEMAN-HULSE (608) 408-9356	Citations Issued 0	Sex MALE	
		Date of Birth	Race HISPANIC	
	Address E9183 COUNTY ROAD P WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 002	Safety Equipment		On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury	Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
02 002	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger ERIC HULSE (608) 408-0529			Citations Issued 0	Sex MALE	
	Address E9183 COUNTY ROAD P WISCONSIN DELLS, WI 53965 , US			Date of Birth	Race	
	Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT				
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
02 003	Injury		Injury Severity POSSIBLE INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #
	Hospital		Date of Death		Time of Death	

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UNIT	Distracted By		Distracted By Source		
	Distracted By Action				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
02	003	Individual Condition			
		APPEARED NORMAL			