## 6TL0F1BQ72

23-13446

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|          |   |                           |   |                |  |                          |                  |                     | (000) 000 1000         |  |
|----------|---|---------------------------|---|----------------|--|--------------------------|------------------|---------------------|------------------------|--|
|          | Document Number Override Primary Crash  |                           | sh Document # Agency Crash Number<br>23-13446 |                | Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI |                          |                  |                     |                        |  |
| 71       | Crash Date<br>12/17/2023  | Crash Time<br>10:18 AM    |   |                | Arrived<br>7/ <b>2023</b>                          | Time Arrived<br>10:43 AM |                  |                     |                        |  |
| <u>כ</u> | Date Notified<br>12/17/2023   |                           |   |                | Jnits  |                          |                  | al Killed           | îlled                  |  |
|          | On Emergency  | it and Run                | Lane Clos                                     | sure Work Zone |  | Trailer or Towed         |                  | ed                  | Reporting<br>Threshold |  |
|          | Government Active   |                           | chool Zone School NO                          |                | l Bus Related                                      | Tags                     |                  |                     |                        |  |
|          | ✓ Reportable  | Crash Type<br>DT4000 (STA |   | H)             |  | Amend                    | ed               |                     | Secondary<br>Crash     |  |
| ļ        | Description   |                           |   |                |  |                          |                  |                     |                        |  |
|          |   | Ministered                | Rd  |                |  |                          | Addition<br>NONE | ∃y<br>al Informatio | n                      |  |
|          | 🔽 I, a sworn law enforcem   | ent officer. agr          | ee that I have n                              | ot adde        | d anv CJIS data in th                              | is report.               |                  |                     |                        |  |
|          |   |                           |   |                |  |                          |                  |                     |                        |  |
|          | VEHICLE HAS JUST EXITED A LE<br>STAYING IN IT'S LANE, AND LEAV<br>TURNED AND DAMAGES SOME N | /ING THE ROAD T           | O IT'S RIGHT, WHE                             | ERE IT ST      | TRUCK A MAILBOX STAN                               | D WITH 4 MAIL B          | IS RESUL         | IT. THE MAI         | L BOX STAND WAS        |  |

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| Lo  | cation  |                      |                         |                            |   |                     |                                     |               |             |
|---|---|----------------------|-------------------------|----------------------------|---|---------------------|-------------------------------------|---------------|-------------|
| ON  | RIVER RD S  |                      |                         |                            | Latitude                                |                     |                                     | Longitu       | ıde         |
| 588 FT W  |   |                      |                         |                            | 43.57905                                | 5445                |                                     | -90.13        | 6232719     |
| OF CENTER ST/ STH58 SB<br>IN THE TOWN OF LA VALLE |   |                      |                         |                            | X Coordinate                            |                     |                                     | Y Coor        | dinate      |
| IN THE TOWN OF LA VALLE<br>IN SAUK COUNTY         |   |                      |                         |                            | 246777.96875                            |                     |                                     | 48299         | 01          |
| 1   |   | Structure            | Туре                    |                            |   |                     |                                     |               |             |
|   |   | NO STR               | UCTURE                  |                            |   |                     |                                     |               |             |
| Cra   | ish Scene   |                      |                         |                            |   |                     |                                     |               |             |
| Firs  | t Harmful Event   |                      |                         |                            | First Harm                              | nful Event Lo       | ocation                             |               |             |
| MA  | ILBOX   |                      |                         |                            | ON ROA                                  | DWAY                |                                     |               |             |
| Mar   | nner of Collision   |                      |                         |                            | Light Con                               | dition              |                                     |               |             |
| 00  | - NO COLLISION W/VE   | EHICLE IN TRANSPORT  |                         |                            | DAYLIG                                  | HT                  |                                     |               |             |
| Roa   | d Surface Condition(s)  |                      |                         |                            | Roadway Factor(s)                       |                     |                                     |               |             |
| WE  | т   |                      |                         |                            |   |                     |                                     |               |             |
| Env   | ironment Factor(s)  |                      |                         |                            | -                                       |                     |                                     |               |             |
| NO  | NE  |                      |                         |                            | NONE                                    |                     |                                     |               |             |
|   |   |                      |                         |                            |   |                     |                                     |               |             |
|   | ather Condition(s)  |                      |                         |                            |   |                     |                                     |               |             |
| CL  | OUDY  |                      |                         |                            |   |                     |                                     |               |             |
| Anii  | mal Type  |                      |                         |                            | Relation T                              | o Trafficway        | /                                   |               |             |
|   |   |                      |                         |                            |   | 01 - YAW            |                                     |               |             |
|   | sh Classification - Location  | 1                    |                         |                            |   | ssification -       |                                     |               |             |
| _   | BLIC PROPERTY   |                      |                         |                            | NO SPECIAL JURISDICTION                 |                     |                                     |               |             |
|   | al Land   |                      |                         |                            | Access Control Special Study NO CONTROL |                     |                                     | Special Study |             |
| \\/it   | Vithin Interchange Area Junction Location Intersect                         |                      |                         |                            | ion Type                                |                     |                                     |               |             |
| NO  | •   | NON-JUNCTION         |                         |                            | N INTERSECTION                          |                     |                                     |               |             |
| Lln   | it Summary 💻  |                      |                         | -                          | _                                       |                     |                                     |               |             |
|   | it Summary —  |                      | Vehicle Ope             | erating As C               | lassification                           |                     | Unit Type                           |               |             |
|   | IN TRANSIT D CLASS  |                      |                         |                            |   |                     |                                     |               |             |
|   | Vehicle Type  |                      |                         |                            | Operating As Endorsements               |                     |                                     |               |             |
|   | ORT) UTILITY VEHICI   | LE                   |                         |                            |   |                     |                                     |               |             |
|   | al Occs   | Train/Bus # Recorded | Total # Cita            | tions Issued               |   | Total Trail         | ers                                 | Total Ha      | zMat Types  |
| 1   |   |                      | 1                       |                            | 0                                       |                     | 0                                   |               |             |
| Insu  | irance?   | Direction Of Travel  | Pre                     | Pre CrashTire              |   | Speed Lim           |                                     | Total La      | nes         |
| YE  | YES EASTBOUND   |                      |                         | Mark                       |   | 25                  |                                     | 2             |             |
| Mos   | Most Harmful Event: Collision With  |                      |                         | Special Function           |   |                     | Emergency Motor Vehicle Use         |               |             |
|   | MALBOA  |                      |                         |                            | FUNCTION NOT APPLICABLE                 |                     |                                     |               |             |
|   | ffic Way  |                      | Traffic Cont<br>NO CONT |                            |   |                     | Traffic Control Inoperative/Missing |               |             |
|   | TWO-WAY, NOT DIVIDED  |                      |                         | -                          |   |                     | NO<br>Road Grade                    |               |             |
|   |   |                      | Road Curva              |                            |   |                     |                                     |               |             |
|   |   |                      | CORVEE                  |                            |   |                     |                                     |               |             |
| NO  |   |                      |                         |                            |   |                     |                                     |               |             |
|   | Vehicle   |                      |                         |                            |   |                     |                                     |               |             |
|   | License Plate Number  | Plate Type           | Plate Type St           |                            | St                                      | Country of Issuance |                                     |               |             |
|   | AAZ2688   |                      |                         | AUT - AUTOMOBILE           |   | WI                  | UNITED STATES                       |               |             |
| _   | Vehicle Identification Nu   | Make                 | FORD                    |                            | Year                                    | Model               |                                     |               |             |
| 01  | 2FMPK4AP8JBC169   |                      |                         |                            | 2018                                    |                     | EDGE                                |               |             |
|   | Color   |                      | Body Style Bus Use      |                            |   |                     |                                     |               |             |
|   | MAR - MAROON (BURGUNDY)<br>Initial Contact Point<br>01 - RIGHT FRONT CORNER |                      |                         | UT - SPORT UTILITY VEHICLE |   |                     |                                     |               |             |
|   |   |                      |                         | Vehicle Damage             |   |                     |                                     |               | 7 8 9 10 11 |
|   |   |                      | 01 - RIGHT FRONT CORNER |                            |   |                     |                                     |               |             |
| EHICL   | Extent Of Damage  |                      | 01 - RIGI               |                            |   | र                   |                                     |               | 6 12        |



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|      |            | Towed Due To Damage<br>NOT TOWED |                      | Vehicle Removed By                      |                  |                    |  |  |  |
|------|------------|----------------------------------|----------------------|---|------------------|--------------------|--|--|--|
|      |            | What Driver Was Doing            |                      | Vehicle Factors                         |                  |                    |  |  |  |
|      |            | NEGOTIATING CURVE                |                      |   |                  |                    |  |  |  |
|      |            | Driver Prior Action Other        |                      | NOT APPLICABLE                          | NOT APPLICABLE   |                    |  |  |  |
|      |            | Divert nor Action Other          |                      |   |                  |                    |  |  |  |
|      |            | Driver Actions                   |                      |   |                  |                    |  |  |  |
|      | щ          | OPERATED MOTOR VEHIC             | LE IN INATTENTIVE, C | ARELESS OR ERRA                         | TIC MANNER       |                    |  |  |  |
| F    | VEHICLE    |                                  |                      |   |                  |                    |  |  |  |
| UNIT | Ŧ          |                                  |                      |   |                  |                    |  |  |  |
|      | Щ.         |                                  |                      |   |                  |                    |  |  |  |
|      | -          |                                  |                      |   |                  |                    |  |  |  |
|      |            | Owner Name                       |                      | Owner Address                           |                  |                    |  |  |  |
| _    | _          | PAULA SCHELK                     |                      | 432 MADISON                             |                  |                    |  |  |  |
| 6    | 6          | (920) 889-6647                   |                      | HOWARDS GR                              | OVE, WI 53083 ,U | S                  |  |  |  |
|      |            |                                  |                      |   |                  |                    |  |  |  |
|      | :          | Sequence Of Events               |                      |   |                  |                    |  |  |  |
|      | 0          | Event<br>MAILBOX                 |                      |   |                  |                    |  |  |  |
|      |            | Event                            |                      |   |                  |                    |  |  |  |
|      | 02         |                                  |                      |   |                  |                    |  |  |  |
|      | 03         | Event                            |                      |   |                  |                    |  |  |  |
|      |            | Event                            |                      |   |                  |                    |  |  |  |
|      | 04         |                                  |                      |   |                  |                    |  |  |  |
| ⊢    | l          | Policy Holder                    |                      |   |                  |                    |  |  |  |
| UNIT |            | Insurance Company                | Individual           |   |                  |                    |  |  |  |
|      |            | AUTO-CLUB-GROUP-INS-C            | 0                    | PAULA SCHELK                            |                  |                    |  |  |  |
|      | I          | Individual                       |                      |   |                  |                    |  |  |  |
|      |            | Driver                           |                      | Citations Issued Sex                    |                  |                    |  |  |  |
|      | _          |                                  |                      | 1                                       | FEMALE           |                    |  |  |  |
|      | INDIVIDUAI | (920) 889-6647                   |                      | Date of Birth                           | Race<br>WHITE    |                    |  |  |  |
| Ę    | é          |                                  |                      |   |                  |                    |  |  |  |
| UNIT | 5          | Address 432 MADISON AVE          |                      | Driver License Number                   |                  |                    |  |  |  |
|      | Z          | HOWARDS GROVE, WI 530            | 183 , US             | STATE: WISCONSIN COUNTRY: UNITED STATES |                  |                    |  |  |  |
|      |            |                                  |                      |   |                  |                    |  |  |  |
|      |            | On Duty C                        | Crash                | Safety Equipment                        |                  |                    |  |  |  |
|      | Sat        | fety Equipment                   |                      |   |                  |                    |  |  |  |
|      |            | Row Seat Position                |                      | SHOULDER & LA                           | AP BELT          |                    |  |  |  |
|      |            | 01 - FRONT ROW                   | 07 - LEFT            |   |                  |                    |  |  |  |
|      |            | Helmet Use                       |                      | Helmet Compliance                       |                  |                    |  |  |  |
|      |            | Eye Protection                   |                      | Tint Occuration of                      |                  |                    |  |  |  |
|      |            |                                  |                      | Tint Compliance                         |                  |                    |  |  |  |
| -    | Ξ          | Injury Sev                       | erity                | Airbag                                  |                  |                    |  |  |  |
| 01   | 001        |                                  | ARENT INJURY         | NON DEPLOYED                            | )                |                    |  |  |  |
|      |            | Ejected Ejection Path            |                      | •                                       |                  | Trapped/Extricated |  |  |  |
|      |            | NOT EJECTED NOT EJECTED/NOT AP   |                      | PLICABLE                                |                  | NOT TRAPPED        |  |  |  |
|      |            | Medical Transport                |                      | EMS Agency Identifier                   |                  | EMS Run #          |  |  |  |
|      |            | NOT TRANSPORTED                  |                      |   |                  |                    |  |  |  |
|      |            | Hospital                         |                      | Time of Death                           |                  |                    |  |  |  |
|      |            | Distracted                       | By Source            |   |                  |                    |  |  |  |
|      |            | Distracted By VEHICLE            |                      | Ξ                                       |                  |                    |  |  |  |
|      |            | Distracted By Action             |                      |   |                  |                    |  |  |  |
|      |            | OTHER ACTION (LOOKING            | AWAT PRUM IASK E     | 10)                                     |                  |                    |  |  |  |

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|                  |            | Non Motor                            | Striking Unit #          | Location                 |  |                 |                      |                   |  |  |  |
|------------------|------------|--------------------------------------|--------------------------|--------------------------|--|-----------------|----------------------|-------------------|--|--|--|
|                  |            | Prior Action                         |                          | ż                        |  |                 |                      |                   |  |  |  |
| İ                |            | Action                               |                          |                          |  |                 |                      |                   |  |  |  |
|                  | JAL        |                                      |                          |                          |  |                 |                      |                   |  |  |  |
| UNIT             | INDIVIDUAL |                                      |                          |                          |  |                 |                      |                   |  |  |  |
|                  | IND        |                                      |                          |                          |  |                 |                      |                   |  |  |  |
|                  |            | Action Other                         |                          |                          |  |                 |                      | To/From School    |  |  |  |
|                  |            |                                      |                          |                          |  |                 |                      |                   |  |  |  |
| n                |            | Drug & Alcoh                         | Suspected Alco           | hol Use                  | Suspected Drug Use                                 |                 |                      |                   |  |  |  |
|                  |            | Alcohol Test Giver                   |                          | Alcohol Test Type        | Alcohol Test Type                                  |                 | Alcohol Test Results |                   |  |  |  |
|                  |            | Drug Test Given<br>TEST NOT GIV      | EN                       | Drug Test Type           | Drug Test Type Drug <sup>-</sup>                   |                 |                      |                   |  |  |  |
| 6                | 001        | Drug Type                            |                          |                          |  |                 |                      |                   |  |  |  |
|                  |            | Individual Condition                 | Individual Condition     |                          |  |                 |                      |                   |  |  |  |
|                  |            | APPEARED NORMAL                      |                          |                          |  |                 |                      |                   |  |  |  |
|                  | ,          | Violations                           |                          |                          |  |                 |                      |                   |  |  |  |
|                  | 01         | UTC Number<br>BK260586               | Issue To?<br><b>001</b>  | Statute Number 346.89(1) | Description<br>INATTENTIVE DRIV                    | NG              |                      |                   |  |  |  |
|                  | Pro        | perty Owne                           | r 🗾                      |                          |  |                 |                      |                   |  |  |  |
| PROP<br>OWNER 01 | VIC        | ridual<br>TOR STANLEY<br>4) 378-3395 |                          |                          | Address<br>N68W25658 SILVER S<br>SUSSEX, WI 53089, | SPRING DR<br>US |                      |                   |  |  |  |
| ۳ş               |            |                                      |                          |                          |  |                 |                      |                   |  |  |  |
|                  | FIXE       | ed Objects St                        |                          |                          |  |                 |                      |                   |  |  |  |
|                  | 0          | Striking Unit<br><b>01</b>           | Struck Object<br>MAILBOX |                          |  |                 | Structure Number     | Damage Tag Number |  |  |  |