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24-01004

# 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 <b>24-01004</b>		Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>		
Crash Date <b>01/28/2024</b>		Crash Time <b>11:31 AM</b>		Date Arrived <b>01/28/2024</b>		Time Arrived <b>11:43 AM</b>		
Date Notified <b>01/28/2024</b>		Time Notified <b>11:31 AM</b>		Total Units <b>02</b>		Total Injured <b>04</b>	Total Killed <b>00</b>	
<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 <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

## Description

Diagram		Reconstruction By	
		Photos By	
		Additional Information <b>NONE</b>	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
UNIT 2, FACING NORTH, PREPARED TO TURN INTO A DRIVEWAY TO IT'S LEFT AND STOPPED TO YIELD FOR ONCOMING TRAFFIC IN THE OPPOSITE LANE. UNIT 1 APPROACHED UNIT 2 FROM BEHIND AND STRUCK THE REAR OF UNIT 2, CAUSING DISABLING DAMAGE.			

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## Location

ON STH23 EB 354 FT N OF N REEDSBURG RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.54119389</b>	Longitude <b>-89.891998799</b>
	X Coordinate <b>266352.125</b>	Y Coordinate <b>4824980</b>
	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>WET</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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>	

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	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>NO CONTROL</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>					

<b>UNIT</b>	<b>Vehicle</b>						
	<b>01</b>	License Plate Number <b>899RAA</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>KS</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>3FA6P0LU3DR189954</b>		Make <b>FORD</b>	Year <b>2013</b>	Model <b>FUSION</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>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
<b>VEHICLE</b>	Extent Of Damage <b>DISABLING DAMAGE</b>						



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	Owner Name <b>NICOLE HALLING (816) 294-5001</b>		Owner Address <b>1096 BLACKJACK RD SEVERANCE, KS 66087 4127, US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>NICOLE HALLING</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ZACHARY HALLING (816) 244-9096</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>129 N OAK ST REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: KANSAS COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</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
<b>Distracted By</b>		Distracted By Source <b>VEHICLE-INTEGRATED DEVICE</b>		
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</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>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>			
Passenger <b>DAMIEN CALZADA</b> <b>(706) 929-2839</b>				Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth	Race		
Address <b>25308 DECLARATION DR</b> <b>PLAINFIELD, IL 60544 , 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>09 - RIGHT</b>						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>UNIT</b>	<b>INDIVIDUAL</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			
		Distracted By Action					
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		

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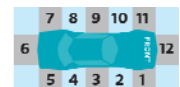
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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	01	001	<b>Violations</b>			
			UTC Number <b>BK260649</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>

## Unit Summary

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>4</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>EASTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	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>NO CONTROL</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>ASE7403</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GKKNULS7MZ220837</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2021</b>	Model <b>ACADIA</b>
		Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>					



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By	
	What Driver Was Doing <b>STOP IN TRAFFIC</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>TRAVIS SKINNER (608) 963-1056</b>		Owner Address <b>S2875 STATE ROAD 23 REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
02	<b>Policy Holder</b>			
	Insurance Company <b>GEICO-GENERAL-INS-CO</b>		Individual <b>TRAVIS SKINNER</b>	
03	<b>Individual</b>			
	Driver <b>TRAVIS SKINNER (608) 963-1056</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S2875 STATE ROAD 23 REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
04	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
003	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
003	Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
Hospital		EMS Agency Identifier		
Date of Death		EMS Run #		
Time of Death				
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
02	003	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>					
		Passenger <b>JENNIFER SKINNER (608) 495-1044</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth			Race <b>WHITE</b>		
Address <b>S2875 HWY 23 REEDSBURG, WI 53959 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
UNIT	INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash			
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>					
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		02	004	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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							
Distracted By Action							
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		

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UNIT	INDIVIDUAL	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>			
		Passenger <b>LAINEE SKINNER</b> <b>(608) 963-1056</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Date of Birth <b>04/15/2010</b>	Race <b>WHITE</b>			
Address <b>S2875 STATE ROAD 23</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number				
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR 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		
		Distracted By Action			
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			



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UNIT INDIVIDUAL	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>		
	Passenger <b>LACEY SKINNER (608) 963-1056</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>S2875 STATE ROAD 23 REEDSBURG, WI 53959 , US</b>		Date of Birth Race <b>WHITE</b>
Driver License Number			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR 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
	Hospital		EMS Run #
	Date of Death		Time of Death
	<b>Distracted By</b> Distracted By Source		
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>02</b>	<b>006</b>				