WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override Crash Date	Primary Crash Crash Time	Document #	25-10	cy Crash Number 1284 Arrived	Investigating DEPUTY W Time Arrived	Officer/Deputy /. VERTEIN		
09/30/2025	01:44 PM			/2025	01:55 PM	1		
Date Notified 09/30/2025	Time Notified 01:51 PM		Total Units 02		Total Injured	Total Kille	led	
On Emergency Hi	it and Run Lane Clos					or Towed	Reporting Threshold	
Government Property		chool Zone	NO School	l Bus Related	Tags			
Reportable	Crash Type PRIVATE PR	OPERTY/PARK	ING LO	т	Amende	ed	Secondary Crash	
Diagram						Reconstructio		
NON-REPOR	TABLE					Photos By Additional Info	ormation	
, a sworn law enforceme								
ON THE DESCRIBED DATE, TIME, AND BACKED INTO ONE ANOTHE	AND LOCATION, R. NO REPORTE	UNITS 1 AND 2 WE D INJURIES.	RE IN A	PARKING LOT. BOTH TH	IE OPERATORS W	ERE BACKING	UP AT THE SAME TIME	

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	loc	ation									
		KING LOT				Latitude			Longitu	de.	
		H33 EB LOT 420				43.4754	17602		_	6229909	
	(HO	USE/BUILDING 420)				X Coordin	ate		Y Coore	 dinate	
	INI T	HE VILLAGE OF WES	T DADADOO			276270.			48173		
		HE VILLAGE OF WES	DIBARABUU		Structure Type						
							BUILDING	;			
	Cra	sh Scene				II.					
		Harmful Event				First Harm	nful Event Lo	ocation			
	MO.	TOR VEH IN TRANSPO	ORT			ON ROA	DWAY				
	Man	ner of Collision				Light Con					
		REAR TO REAR				DAYLIG					
	Roa	d Surface Condition(s)				Roadway	Factor(s)				
	DR	1									
	Envi	ronment Factor(s)				1					
	NOI	NE				NONE					
	Wea	ther Condition(s)									
	CLE	. ,									
						5	···				
	Anın	nal Type					o Trafficway	^y Y - PARKIN	GLOT		
	Cras	h Classification - Location					ssification -		GLOI		
		BLIC PROPERTY						JRISDICTION			
	Triba	al Land				Access Control Special Study				Special Study	
					NO CONTROL						
		in Interchange Area	Junction Location		Intersection						
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
		t Summary \blacksquare									
		Jnit Status Vehicle Operating As (Classification Unit Type AUTOMOBILE				
		IN TRANSIT Vehicle Type						Operating A		amonte	
5		PASSENGER CAR						Operating A	is Lildorse	ments	
		l Occs	Total # Cita	tions Issued	ed Total Traile		ers	Total Ha	zMat Types		
	1			0 Pre CrashTire Mark		0 Speed Lim					
	Insu	rance?	Direction Of Travel							nes	
⊨	YES		WESTBOUND								
		t Harmful Event: Collision \			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
		TOR VEH IN TRANSPO					Traffic Control Inoperative/Missing				
		KING LOT OR PRIVA	TF PROPERTY		Traffic Control NO CONTROL				NO		
		ace Type		Road Curva				Road Grade			
	BLA	CKTOP (BITUMINOU	S)	STRAIGH	IT			LEVEL			
	Truc	k Bus or HazMat						L			
	NO										
	,	Vehicle									
		License Plate Number		Plate Type	9		St	Country of Is			
		GUY7459	AUT Make BUIC			OH	UNITED STATES				
	5	Vehicle Identification Nur 1G4GB5GR4EF17374				Year Model 2014 LACROSSE					
		Color		Body Style			2014	Bus Use			
		BRO - BROWN		SD - SEE							
	щ	Initial Contact Point		Vehicle Damage						7 0 6 10 11	
LNO	<u></u>	05 - RIGHT REAR CO							7 8 9 10 11		
Ś	EHICL	Extent Of Damage			04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER					5 4 3 2 1	
		₩ MINOR DAMAGE							I		

6TL0FV1GGC

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		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing BACKING		Vehicle Factors							
		Driver Prior Action Other		NOT APPLICABLE							
LINO	VEHICLE	Driver Actions UNSAFE BACKING									
		Owner Name		Owner Address							
	10	KENNETH COUCH (937) 207-7209		1923 PROVIDENC SPRINGFIELD, O							
		Sequence Of Events									
	01	MOTOR VEH IN TRANSP	ORT								
	02	Event									
	03	Event									
	04	Event									
		Policy Holder									
LNO		Insurance Company		INDIVIDUAL							
5		ALLSTATE-INS-CO		KENNETH COUCH	l						
		Individual									
		DRIVER		Citations Issued Sex							
	ᆜ	KENNETH COUCH (937) 207-7209		0	MALE						
⊨	INDIVIDUAL	(667) 267 1266		Date of Birth	Race WHITE						
	\leq	Address		Driver License Number							
	N	1923 PROVIDENCE AVE SPRINGFIELD, OH 45503	, US	STATE: OHIO COUNTRY: UNITED STATES							
	Saf	On Duty fety Equipment	/ Crash	Safety Equipment							
		Row	Seat Position	SHOULDER & LAP	BELT						
		01 - FRONT ROW	07 - LEFT	SHOOLDER & LAI BLET							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2	100	Injury S	everity	Airbag							
0	ŏ		PARENT INJURY	NON DEPLOYED							
		NOT EJECTED	Ejection Path NOT EJECTED/NOT AP	PLICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #					
		Hospital		Date of Death		Time of Death					
		Distroct	ed By Source								
		Distracted By NOT A	PPLICABLE (NOT DISTR	ACTED)							
		Distracted By Action NOT DISTRACTED									

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			<u> </u>	1							
		Non Motorist	Striking Unit #	Location							
		Prior Action									
	AL	Action									
UNIT	INDIVIDUAL										
		Action Other To/From School									
	L	Orug & Alcohol	Suspected Alcohol U NO	Jse	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Tes	t Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	s				
10	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
ĺ	Unit	Summary •									
	Unit	Status		Ve	Vehicle Operating As Classification Unit Type						
	IN TRANSIT			D	CLASS	AUTOMOBILE					
02		cle Type SENGER VAN				Operating A	s Endorser	nents			
	Tota 1	Total Occs Train/Bus # Recorded		corded To	tal # Citations Issued	Total Trai	lers	Total Haz	Mat Types		
L	Insu	Insurance? Direction Of Travel YES EASTBOUND			Pre CrashTire Speed Li Mark N/A		nit	Total Lane	es		
LINI		Harmful Event: Collision			ecial Function O SPECIAL FUNCTIO	Emergency Motor Vehicle Use NOT APPLICABLE					
		ic Way KING LOT OR PRI	VATE PROPERTY		affic Control CONTROL		Traffic Control Inoperative/Missing NO				
	Surfa	асе Туре			oad Curvature		Road Grade				
		CKTOP (BITUMING	DUS)	S	TRAIGHT	LEVEL					
	NO	K Bus of Haziviat									
	,	Vehicle									
		License Plate Numbe AVN3646	r		late Type L UT	St WI	Country of Issuance UNITED STATES				
	•		Vehicle Identification Number			Year	Model Model				
	02	2C4RDGCG1CR29	95021		ODG	2012	CARAVAN				
		Color BLU - BLUE			Body Style Bus Use VN - VAN						
	щ	Initial Contact Point			ehicle Damage				7 9 0 10 11		
UNIT	101	06 - REAR			OC DEAD				7 8 9 10 11 6 2 2 2 12		
5	VEHICLE	Extent Of Damage MINOR DAMAGE			06 - REAR				5 4 3 2 1		
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR						

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		What Driver Was Doir	ng		١	Vehicle Factors					
		BACKING Driver Prior Action Otl	her		n	NOT APPLICABLE					
		Driver Actions									
	Щ	Driver Actions UNSAFE BACKING	G								
LIND	VEHICL										
5	VEH										
		Owner Name				Owner Address					
	02	JEFFREY VOGTSCHALLER				E13554 TOWER					
	0	(608) 434-4887				BARABOO, WI	33913 , US				
		Sequence Of Ev	vents								
	01	Event MOTOR VEH IN TI	RANSPO	RT							
	02	Event									
	03	Event									
	04	Event	vent								
_	Ì	Policy Holder									
		Insurance Company ERIE-INS-CO			INDIVIDUAL JEFFREY VOGTSCHALLER						
		Individual									
		DRIVER JEFFREY VOGTSCHALLER (608) 434-4887 Address E13554 TOWER RD BARABOO, WI 53913 , US			Citations Issued	Sex					
	AL				0 Date of Birth	MALE Race					
L	ИDU					WHITE					
5	INDIVIDUAL				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	=										
	Sat	fety Equipment			Safety Equipment						
		Row Seat Position				SHOULDER & LAP BELT					
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
05	005		Injury Sev	-		Airbag					
0	6	<i>Injury</i> Ejected		ARENT II		NON DEPLOYED Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT API			LICABLE		NOT TRAPPED			
		Medical Transport NOT TRANSPORT	Medical Transport NOT TRANSPORTED		EMS Agency Identifie	er	EMS Run #				
	Hospital				Date of Death		Time of Death				
		Distracted By	Distracted NOT AP	By Source	E (NOT DISTRAC	CTED)		l			
		Distracted By Action NOT DISTRACTED				-					
		Non Motorist	Striking U	nit#	Location						
		Mon Motorist									

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ı		Prior Action					
		Prior Action					
		Action					
		ACTION					
	Ζ						
⊨	2						
LNO	INDIVIDUAL						
_	□						
	Z						
							T
		Action Other					To/From School
		Currented Alachel		I Conservate d David Hara			
	L	Orug & Alcohol NO	use	Suspected Drug Use NO			
İ		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
l		Drug Test Given	Drug Test Type		Drug Test Results	;	
		TEST NOT GIVEN					
05	002	Drug Type					
•	0						
		1 1 1 1 0 10					
		Individual Condition					
		APPEARED NORMAL					