

6TL08S5WT9  
18-01762

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>18-01762</b>		Investigating Officer/Deputy <b>DEPUTY S. SCHRAM</b>	
Crash Date <b>02/17/2018</b>		Crash Time <b>03:21 PM</b>		Date Arrived <b>02/17/2018</b>		Time Arrived <b>03:38 PM</b>	
Date Notified <b>02/17/2018</b>		Time Notified <b>03:21 PM</b>		Total Units <b>02</b>		Total Injured <b>00</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

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS EB ON N REEDSBURG ROAD. UNIT 1 OPERATOR ADMITTED HE WAS LOST AND WAS ATTEMPTING TO DO A TURNING MANEUVER TO HEAD BACK WB ON N REEDSBURG ROAD. UNIT 1 OPERATOR WAS NOT PAYING ATTENTION TO HIS SURROUNDINGS AND FAILED TO SEE UNIT 2 HEADING EB ON N REEDSBURG ROAD. UNIT 1 PULLED OUT ACROSS THE EB LANE OF N REEDSBURG ROAD DIRECTLY IN THE PATH OF UNIT 2. UNIT 2 HIT UNIT 1 IN THE DRIVERS SIDE DOOR CAUSING SIGNIFICANT DAMAGE. UNIT 2 SUFFERED DAMAGE TO THE FRONT AND FRONT PASSENGER SIDE. BOTH UNITS WERE STILL OPERABLE AFTER THE CRASH AND WERE REMOVED FROM THE SCENE BY THEIR OPERATORS. NO INJURIES WERE REPORTED AS A RESULT OF THE CRASH. UNIT 1 OPERATOR WAS CITED FOR INATTENTIVE DRIVING.

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Location

ON N REEDSBURG RD 43 FT E OF RAB N REEDSBURG RD (6) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.532395258</b>	Longitude <b>-89.785839036</b>
	X Coordinate <b>274896.5</b>	Y Coordinate <b>4823710</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</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>	<b>01</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>02</b>	Train/Bus # Injured	Total # Citations Issued <b>01</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>02</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>01</b>	<b>Vehicle</b>			
		License Plate Number <b>R249914</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3N1AB7AP8DL670183</b>	Make <b>NISSAN</b>	Year <b>2013</b>	Model <b>SENTRA</b>
		Color <b>MAR - MAROON (BURGUNDY)</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>10--LEFT SIDE FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>U TURN</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	01	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>			
		Owner Name <b>NICHOLAS E LOZANO (620) 300-4227</b>	Owner Address <b>826 HURON CT CAROL STREAM, IL 60188 , US</b>		
<b>Sequence Of Events</b>					
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	04	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>NICHOLAS LOZANO</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>NICHOLAS E LOZANO (620) 300-4227</b>	Citations Issued <b>01</b>	Sex <b>MALE</b>	
			Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Address <b>826 HURON CT CAROL STREAM, IL 60188 , US</b>	Driver License Number [REDACTED] <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		
01	001	<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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 APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>

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UNIT INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location
	To/From School			
	Action			
	Action Other			
	<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			
UNIT INDIVIDUAL	Individual Condition <b>APPEARED NORMAL</b>			
	<b>Individual</b>			
	Passenger <b>ALEXANDRA N GRAFER (000) 000-0000</b>		Citations Issued <b>00</b>	Sex <b>FEMALE</b>
	Date of Birth [REDACTED]		Race <b>WHITE</b>	
	Address <b>1325 KINGSBURY DRIVE #5 HANOVER PARK, IL 60133 , US</b>		Driver License Number [REDACTED] <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
	<b>Equipment</b>	On Duty Crash	Safety Equipment	
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
	UNIT INDIVIDUAL	<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 APPLICABL</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>Non Motorist</b>		Striking Unit #	Prior Action	Location
To/From School				

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UNIT	INDIVIDUAL	Action				
		Action Other				
	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>					
	<b>Violations</b>					
	01	UTC Number <b>AE140903</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Seq Num <b>001</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>TRUCK</b>	
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>			Operating As Endorsements	
		Total Occs <b>01</b>	Train/Bus # Injured	Total # Citations Issued <b>00</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>02</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>KU3203</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1C6RD7FT3CS338420</b>	Make <b>DODGE</b>	Year <b>2012</b>	Model <b>RAM 1500 S</b>
		Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 12--FRONT</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		

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UNIT	VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
		Driver Distractions <b>NOT DISTRACTED</b>			
02	02	Owner Name <b>BENJAMIN CHRISTOPHER KIMPEL (262) 909-1695</b>		Owner Address <b>6327 84TH ST PLEASANT PRAIRIE, WI 53158 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	INDIVIDUAL	02	003	01	Event <b>MOTOR VEH IN TRANSPORT</b>
				02	Event
				03	Event
				04	Event
<b>Policy Holder</b>					
Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>			Individual <b>BENJAMIN KIMPEL</b>		
<b>Individual</b>					
Driver <b>BENJAMIN CHRISTOPHER KIMPEL (262) 909-1695</b>		Citations Issued <b>00</b>		Sex <b>MALE</b>	
Address <b>6327 84TH ST PLEASANT PRAIRIE, WI 53158 , US</b>		Date of Birth [REDACTED]		Race <b>WHITE</b>	
Driver License Number <b>K5140638228507</b>		STATE: WISCONSIN COUNTRY: UNITED STATES			
<b>Equipment</b>		On Duty Crash		Safety Equipment	
Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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 APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	

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<b>UNIT</b> <b>INDIVIDUAL</b>      <b>02</b> <b>003</b>	Hospital	Date of Death		Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School	
	Action					
	Action Other					
	<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>					