6TL096J8WZ

18-05962

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Oocument Number Override	Primary Crash	Document #	Agency 18-05	/ Crash Number 962		ng Officer/Deputy J. SOLCHEN		
Crash Date 06/08/2018	Crash Time 07:50 AM			rrived /2018	Time Arrive			
Date Notified 06/08/2018	Time Notified 07:51 AM		Total U	Inits	Total Injure	Total Kill	illed	
On Emergency	Hit and Run	Lane Close	ure	☐ Work Zone	Traile	r or Towed	Reporting Threshold	
Government Property	Active Se	chool Zone	School NO	Bus Related	Tags		-	
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH	H)		Amer	ded	Secondar Crash	
escription ===								
Diagram						Reconstruction	on By	
				_		Photos By		
			Æ	}				
	_		-					
						Additional Inf	ormation	
us 12						NONE		
				_				
		2	וודדו וו					
		ريصًا		2	 3			
				₪ 1	•			
				<u> </u> 1				
on ramp								
			n	ot to scale				
, a sworn law enforc	ament officer agr	es that I have no	-4		ic report	•		
		ee that I have no	ot anne	d anv CJIS data in th	is report.			

PULLED TO THE SHOULDER OF THE ROAD.

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Loc	ation ====									
		MOON RD (1)				Latitude			Longitud	le	
	16 F	TE				43.56128	87152		-89.778	229906	
	-	USH12 WB				X Coordin	ate		Y Coord	inate	
		HE TOWN OF DELTO AUK COUNTY)N			275618.6	275618.625		482689	8.5	
	IIV S	AUR COUNTT				Structure Type					
						NO STRUCTURE					
	Cra	sh Scene									
	First	Harmful Event				First Harm	nful Event L	ocation.			
	MO	TOR VEH IN TRANSP	ORT			ON ROA	DWAY				
	Man	ner of Collision				Light Con	dition				
	05	SIDESWIPE/SAME DI	RECTION			DAYLIG	HT				
	Road	d Surface Condition(s)			Roadway Factor(s)						
	DR۱	(
	Envi	ronment Factor(s)									
	NOI	NE				NONE					
	Wea	ther Condition(s)									
	CLC	OUDY									
	Anim	nal Type				Relation T	Relation To Trafficway				
							CWAY - C				
		h Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
	Triba	al Land				Access Control				Special Study	
	1455				Tr	NO CON	ITROL				
	With NO	in Interchange Area	Junction Location ENTRANCE RAMP-REL	.ATED	NOT AN	n Type INTERSE	CTION				
	Llni	t Summary	_								
		Status —		Vehicle Ope	erating As C	lassification)	Unit Type			
		RANSIT		D CLASS		AUTOMOBILE					
_		Vehicle Type					Operating As Er			ments	
5	PAS	SENGER VAN									
	Tota	l Occs	Train/Bus # Injured	Total # Cita	tions Issued			lers	Total Haz	Mat Types	
	3			1		0		0			
		rance?	Direction Of Travel	Pre	CrashTire	:	Speed Li	mit	Total Lan	es	
=	YES		NORTHBOUND		Mark		65	1-	3		
5		Harmful Event: Collision TOR VEH IN TRANSP		Special Fun	iction SIAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way	OKI	Traffic Cont				Traffic Cont	rol Inoperat	tive/Missina	
		DED HWY MEDIAN W	I/BARRIER	NO CONT				NO	от торога	iivo/iviiooiiig	
	Surfa	асе Туре		Road Curva	ature			Road Grade)		
	BLA	CKTOP (BITUMINOU	S)	STRAIGH	Т			LEVEL			
	Truc	k Bus or HazMat						•			
	NO										
		Vehicle		Ploto Typo			l Qt	Country of Is	SHance		
		License Plate Number		Plate Type		-E	St WI	Country of Is			
			mber		JTOMOBII	-E	St WI Year	Country of Is UNITED ST			
5		License Plate Number 849MRT		AUT - AU	JTOMOBII	.E	WI	UNITED ST	TATES		
5	,	License Plate Number 849MRT Vehicle Identification Nur 5TDZA23CX4S15877 Color		AUT - AL Make TOYOTA Body Style	JTOMOBII	-E	WI Year	Model SIENNA CI Bus Use	ATES		
5	20	License Plate Number 849MRT Vehicle Identification Nur 5TDZA23CX4S15877 Color BLU - BLUE		AUT - AL Make TOYOTA Body Style VN - VAN	JTOMOBII	LE	WI Year	Model SIENNA CI	ATES		
	Е 01	License Plate Number 849MRT Vehicle Identification Nur 5TDZA23CX4S15877 Color	74	AUT - AL Make TOYOTA Body Style	JTOMOBII	.E	WI Year	Model SIENNA CI Bus Use	ATES		
	20	License Plate Number 849MRT Vehicle Identification Nur 5TDZA23CX4S15877 Color BLU - BLUE Initial Contact Point	.E	AUT - AL Make TOYOTA Body Style VN - VAN	TOMOBII	_E	WI Year	Model SIENNA CI Bus Use	ATES		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama			icle Removed By	
			DISABLING DAMAGE		KES TOWING	
		What Driver Was Doi	9	Veh	icle Factors	
		CHANGING LANE			T 4 DDI 10 4 DI 5	
		Driver Prior Action Ot	ther	NO	T APPLICABLE	
		Driver Actions				
		FAILED TO YIELD	RIGHT-OF-WAY			
_	LE	.,				
LIND	\subseteq					
⋽	VEHICL					
	>					
		Dalisaa Diataa atiaa a				
		Driver Distractions NOT DISTRACTE	D			
2	01					
		Owner Name		-	Owner Address	
		ROBERT KAPPEI	L		333 3RD ST	
		(608) 402-3160			BARABOO, WI 53913 , US	
	9	Sequence Of E	vents			
		Event				
	01	MOTOR VEH IN T	RANSPORT			
	02	Event				
	٥	Frant				
	03	Event				
	+	Event				
	04					
╘	ı	Policy Holder				
L N		Insurance Company			ndividual	
_		STATE-FARM-GE	NERAL-INS-CO	F	ROBERT KAPPEL	
	ı	Individual				
		Driver	KADDEI		Citations Issued	Sex
	1	NOAH CHARLES (608) 402-3160	KAPPEL	1		MALE
	U	(000) 402 0100			Date of Birth	Race WHITE
	INDIVIDUA					Willie
5	\leq	Address 333 3RD ST			Oriver License Number	
	Z	BARABOO, WI 53	1913 . US	S	STATE: WISCONSIN COUNTRY: UN	IITED STATES
			, , , , , , , , , , , , , , , , , , , ,			
			On Duty Crash	9	Safety Equipment	
		Equipment	on July chach		andly Equipment	
		Seat Position		− s	SHOULDER & LAP BELT	
			LEFT SIDE (DRIVER/MOTORCY			
		Helmet Use	· · · · · · · · · · · · · · · · · · ·	H	Helmet Compliance	
					•	
		Eye Protection		Т	int Compliance	
2	001	Injury	Injury Severity		irbag	
٥	0		NO APPARENT INJURY		DEPLOYED-FRONT	
		Ejected			jection Path	Trapped/Extricated
		NOT EJECTED		ľ	NOT EJECTED/NOT APPLICABL	NOT TRAPPED

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport			EMS Agency Identi	fier	EMS Run #					
		NOT TRANSPORT	TED									
		Hospital			Date of Death		Time of Death					
			Striking Unit #	Dries Action		Lagation		To/From School				
		Non Motorist	Striking Onit #	Prior Action		Location		10/FIOH SCHOOL				
		Action										
	7											
—	INDIVIDUAL											
LIND	≓											
_	₫											
	Z											
		Action Other										
		D	Suspected Alcohol L	Jse	Suspected Drug Us	se						
	L	Orug & Alcohol	NO		NO							
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results					
		TEST NOT GIVEN			D T + T							
		Drug Test Given TEST NOT GIVEN	I		Drug Test Type		Drug Test Results					
	_	Drug Type										
5	90											
		Individual Condition										
		APPEARED NOR	MAL									
		Individual Passenger Citations Issued Sex Sex Sex Citations Issued Citati										
		SCHAAF MATTHE	EW VANDER		0		MALE					
	A	(608) 963-9828			Date of Birth Race							
_	2				Date of Birth		WHITE					
	INDIVIDUAL	Address			Driver License Nun	ber						
ر	9	828 IROQUOIS CI BARABOO, WI 53			STATE: WISCONSIN COUNTRY: UNITED STATES							
	=	BARABOO, WI 53	913,03		STATE. WISCONSIN COUNTRY. UNITED STATES							
			LO- Duti Co- h		0.1.5							
		Equipment	On Duty Crash		Safety Equipment							
		Seat Position			SHOULDER & L	AP BELT						
		2FRONT SEAT-	MIDDLE									
		Helmet Use			Helmet Compliance)						
		Eye Protection			Tint Compliance							
	~ I		Injury Severity		Airbag							
6	005	Injury	NO APPARENT I	NJURY	DEPLOYED-FRO	ONT						
		Ejected			Ejection Path		Trapped/Extricated					
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED					
		Medical Transport			EMS Agency Identi	fier	EMS Run #					
		NOT TRANSPORT	TED									
		Hospital			Date of Death		Time of Death					
			Striking Unit #	Prior Action		Location		To/From School				
		Non Motorist	Juning Offic#	7 HOLAGION		Location		13/1 ISHI GUILOU				
				1								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/08/2018

Crash Time 07:50 AM

LIND	INDIVIDUAL	Action								
		Action Other								
	L	Drug & Alcohol	Suspected Alcohol I	Jse	Suspected Drug Us	se				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
5	005	Drug Type			•					
		Individual Condition								
		APPEARED NORI	MAL							
	ı	Individual								
	ب	Passenger EDWARDS AIDAN	CARLSON		Citations Issued 0		Sex MALE			
⊨	DUA	(608) 477-0306			Date of Birth		Race WHITE			
LIND	INDIVIDUA	Address 220 8TH ST BARABOO, WI 53	913 , US		Driver License Num STATE: WISCO	nber NSIN COUNTRY: UN	IITED STATES			
		Equipment	On Duty Crash		Safety Equipment					
		Seat Position 5SECOND SEAT	-MIDDLE		SHOULDER & LAP BELT					
		Helmet Use			Helmet Compliance	9				
		Eye Protection			Tint Compliance					
۶	003	Injury	Injury Severity NO APPARENT	INJURY	Airbag NON DEPLOYE	D				
		Ejected NOT EJECTED			Ejection Path NOT EJECTED/	NOT APPLICABL	Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ΓED		EMS Agency Identi	fier	EMS Run #			
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location	I	To/From School		
			•	•				•		

WISCONSIN MOTOR VEHICLE CRASH REPORT

TIND	INDIVIDUAL	Action										
		Action Other										
	L	Prug & Alcohol	Suspect NO	ed Alco	hol Use		Suspected NO	Drug Use				
		Alcohol Test Given				,	Alcohol Tes	st Type		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN				1	Drug Test Type				Results	
7	003	Drug Type										
		Individual Condition										
		APPEARED NORM	//AL									
	,	Violations										
	5	UTC Number Al387608	Issue T 001	o?	Statute Number 346.34(1)(a)3		Seq Num 001	Description DEVIATING FF	ROM LANI	OF TRAFF	IC	
		t Summary										
		Status					icle Operat	ing As Classificatio	n	Unit Type TRUCK		
		Cle Type				AC	LASS				As Endorsements	
02		ICK TRACTOR (SE	ACHE	D)								
	Tota 1	Occs	Tra	ain/Bus	# Injured	Tota 0	Total # Citations Issued Total T 0			ilers	Total HazMat Types 0	
⊢	YES		NO		Of Travel BOUND		Pre CrashTire Spe Mark 65				Total Lanes 3	
LINO		Harmful Event: Collision					Special Function NO SPECIAL FUNCTION				Motor Vehicle Use	
		ic Way DED HWY MEDIAN	W/BAF	RRIER			fic Control	 DL		Traffic Control Inoperative/Missing NO		
		асе Туре					d Curvatur			Road Grade	e	
		CKTOP (BITUMING	OUS)			STE	RAIGHT			LEVEL		
		k Bus or HazMat ICK OR TRUCK CO	MBINA	TION :	- 10,000LBS GVV	VR/G	CWR					
	,	Vehicle										
		License Plate Number 56275X	r				ite Type PO - APPO	ORTIONED	St WI	Country of Is		
05	02	Vehicle Identification 1 1XPHD49X2DD182				Ma		MOTORS CO	Year 2013	Model SEMI		
		Color	-102			Boo	dy Style		<u> </u>	Bus Use NOT A BU	S	
	щ	WHI - WHITE Initial Contact Point					6 - TRAC1 hicle Dama	GE GE	SEL	NOT A BU		
LNO	VEHICL	UNDERCARRIAGE Extent Of Damage				UN	IDERCAF	RRIAGE				
ر	VE											
		Towed Due To Damag	_	ING D	AMAGE		Vehicle Removed By PLATTS WRECKER					

WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Do		Vehicle Factors	
		GOING STRAIGH		NOT ADDI ICADI E	
		Driver Prior Action O	ther	NOT APPLICABLE	
		Driver Actions			
	ш	NO CONTRIBUTI	NG ACTION		
╘	CL				
LIND	VEHICL				
	VE				
		Driver Distractions NOT DISTRACTE	:D		
~ 1	~ !				
05	02				
		Owner Name		Owner Address	
		PREMIER TRANS	SPORT LLC	501 W MAIN ST	
		(608) 437-5561		MOUNT HOREB, WI 53572 , US	
		Sequence Of E	vents		
	01	Event MOTOR VEH IN 1	TRANSPORT		
	0		TRANSI ORI		
	02	Event			
	03	Event			
	0				
	04	Event			
		Daliay Haldar			
UNIT		Policy Holder Insurance Company		Organization/Company	
5		CHS INSURANCE	≣	PREMIER TRANSPORT LLC	
	i	ndividual			
	Ī	Driver		Citations Issued	Sex
	_	FREDERICK E KI	URT	0	MALE
	DUAL	(608) 437-5561		Date of Birth	Race
╘	<u>J</u>				WHITE
Ż S	INDINI	Address 1010 BRISTOL D	R	Driver License Number	
	Z	WAUNAKEE, WI		STATE: WISCONSIN COUNTRY: UI	NITED STATES
			On Duty Crash	Safety Equipment	
		Equipment			
		Seat Position	LEET OUDE (DRIVED/MOTOROY	SHOULDER & LAP BELT	
		Helmet Use	LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance	
		Heimer Ose		Tiennet Compilance	
		Eye Protection		Tint Compliance	
05	004	Injury	Injury Severity	Airbag	
_	0		NO APPARENT INJURY	NON DEPLOYED	Transad/Extrinated
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED
		Medical Transport		EMS Agency Identifier	EMS Run #
		NOT TRANSPOR		- 3,	

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital				Date o	f Death				Time of Death		
		Non Motorist	Striking U	nit# P	Prior Action			Location					To/From School
TIND	INDIVIDUAL	Action Other Prug & Alcohol Alcohol Test Given			Suspected Drug Use NO Alcohol Test Type					Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN				Drug T	est Type				Drug Test Res	ults	
05	004	Drug Type	Drug Type Individual Condition										
		APPEARED NOR	MAL										
	Ċ	Carrier											
		□ Use V	ehicle O	wner Same	as Carrier		Source						
		Name					DRIVER Address						
05	01	PREMIER TRA USDOT# 1169		RT LLC			501 W MAI MOUNT HO		1 535	72 , U	IS		
Ļ	BUS	GVWR MORE THAN 26,00	00 LB		ACTOR/SEM	MI-TRAILER GRA			GRA	go Body Type AIN/CHIPS/GRAVEL			
L	X	US DOT # 1169093		Carrier Type INTERSTA	TE CARRIER						nitted Load T APPLICABLE		
	TRUCK	OS/OW Load	WI Permit		P	mitted Vehicle On Escort Vehi			Ву Ре	le Required ermit		scort Vehicle Present	
	l loit	Measured Height		Measured	I Length		Measured W	idth			Measured Wei	ght	
		Status			1	Vehicle Or	perating As Cla	assification)		Unit Type		
3	IN T	RANSIT cle Type				D CLAS					AUTOMOBI Operating As I		ents
03		SENGER CAR	1= .	/5 // /					T = .		1 -		=
	1	Occs ance?		n/Bus # Injure	(0	ations Issued		0	I Traile	0		flat Types
_	YES			RTHBOUND		Pre	CrashTire Mark		65	ou Liiiii	3		3
UNIT	MO	Harmful Event: Collision				Special Fu NO SPE	inction CIAL FUNC	TION	1		Emergency Mo	CABLE	
	DIVI	c Way DED HWY MEDIAN	I W/BARI	RIER	I	Traffic Cor	TROL				Traffic Control Inoperative/Missing NO		
		ce Type CKTOP (BITUMINO	ous)			Road Curv STRAIGI					Road Grade LEVEL		

6TL096J8WZ

18-05962

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/08/2018

Crash Time 07:50 AM

	Truc NO	k Bus or HazMat									
		Vehicle									
		License Plate Number HEWSR	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES						
03	03	Vehicle Identification Number 2C3CDXGJ3GH194722	Make DODGE	Year 2016	Model CHARGER						
		Color PLE - PURPLE	Body Style SD - SEDAN	Bus Use NOT A BUS							
LIND	VEHICLE	Initial Contact Point 7LEFT REAR CORNER Extent Of Damage		, 8LEFT SII	DE REAR, 9LEFT SIDE MIDDLE, 10LEFT						
ر	 	FUNCTIONAL DAMAGE Towed Due To Damage	SIDE FRONT Vehicle Removed By								
		TOWED BUT NOT DUE TO DISABLING DAMAG	CRAIGS TOWING								
		What Driver Was Doing GOING STRAIGHT Driver Prior Action Other	Vehicle Factors NOT APPLICABLE								
		Driver Actions									
LIND	VEHICLE	NO CONTRIBUTING ACTION									
		Driver Distractions NOT DISTRACTED									
03	03										
		Owner Name WENDEE LOU FOLLENDORF (608) 963-1597	Owner Address 1460 WATER ST PO BOX/97 BARABOO, WI 53913 , US								
	;	Sequence Of Events									
	6	MOTOR VEH IN TRANSPORT									
	05	Event									
	03	Event									
	04	Event									
╘		Policy Holder									
LIND		Insurance Company AMERICAN-FAMILY-INS-CO	Individual WENDEE FOLLENDOF	RF							
		Individual									
	AL	Driver WENDEE LOU FOLLENDORF (608) 963-1597	Citations Issued O Date of Birth		Sex FEMALE Race						
⊨	IDNAI		Sate of Bildi		WHITE						

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/08/2018

Crash Time 07:50 AM

N	INDIV	Address 1460 WATER ST I BARABOO, WI 53	913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment	On Duty Crash		Safety Equipment	Safety Equipment					
		Seat Position	l		SHOULDER & LAP BELT						
		1FRONT SEAT-I	LEFT SIDE (DRIVE	ER/MOTORCY							
		Helmet Use			Helmet Compliance	9					
		Eye Protection			Tint Compliance						
03	900		Injury Severity		Airbag						
0	8	Injury	NO APPARENT	INJURY	NON DEPLOYE	D					
		Ejected			Ejection Path		Trapped/Extricated				
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED				
		Medical Transport	TED		EMS Agency Ident	ifier	EMS Run #				
		NOT TRANSPORT	ובט		Date of Death		Time of Death				
		Поѕрна			Date of Death		Time of Beauti				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
LIND	INDIVIDUAL										
		Action Other									
	Ľ	Drug & Alcohol	Suspected Alcohol I	Use	Suspected Drug Us	se					
		Alcohol Test Given TEST NOT GIVEN	l		Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	I		Drug Test Type		Drug Test Results				
03	002	Drug Type									
		Individual Condition									
		APPEARED NOR	MAL								