

6TLOBLHJPK  
18-14227

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>18-14227</b>	Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>12/23/2018</b>		Crash Time <b>04:00 PM</b>	Date Arrived <b>12/23/2018</b>	Time Arrived <b>04:12 PM</b>	
Date Notified <b>12/23/2018</b>		Time Notified <b>04:00 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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> <p>NOT TO SCALE</p> <p>HWY 33</p>	Reconstruction By
	Photos By <b>IHANSON</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS REPORTED TO BE DRIVING WEST ON HWY 33 AT A HIGH RATE OF SPEED ABOVE THE POSTED SPEED LIMIT, AS WELL AS PASSING IN A NO PASSING ZONE. UNIT 1 REAR ENDED UNIT 2 WHILE DRIVING RECKLESSLY. UNIT 1 DROVE AWAY FROM THE SCENE AND WAS LOCATED SHORTLY THEREAFTER WITH DAMAGE TO THE FRONT PASSENGER SIDE.

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Location

ON STH33 WB 0.33 MI W OF COON BLUFF RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.529169821</b>	Longitude <b>-89.87345943</b>
	X Coordinate <b>267803.84375</b>	Y Coordinate <b>4823592.5</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>02--FRONT TO REAR</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>	Unit Status <b>HIT AND RUN</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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>10</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	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>UNKNOWN</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>AED9878</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2G1WP521149360228</b>	Make <b>CHEVROLET</b>	Year <b>2004</b>	Model <b>IMPALA</b>
		Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</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>		

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UNIT VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>VIOL NO PASS ZN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>EXCEED SPEED LIMIT, SPEED TOO FAST/COND, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	Owner Name <b>CALEB M TURNER (608) 963-0025</b>		Owner Address <b>103 8TH ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>CALEB M TURNER (608) 963-0025</b>		Citations Issued <b>10</b>	Sex <b>MALE</b>
	Address <b>103 8TH ST BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
	On Duty Crash		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		Safety Equipment	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>NONE USED - VEHICLE OCCUPANT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01	<b>Injury</b>		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<b>NOT APPLICABLE</b>	
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</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>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action																																													
		Action																																													
		Action Other			To/From School																																										
	01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use																																									
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results																																									
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			Individual Condition <b>NOT OBSERVED</b>																																												
			<b>Violations</b>																																												
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**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>PASSENGER VAN</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>WESTBOUND</b>		<input type="checkbox"/> Pre CrashTire <b>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>	

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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>UNKNOWN</b>
Truck Bus or HazMat <b>NO</b>			
<b>Vehicle</b>			
02	License Plate Number <b>ABS7371</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>2C4RDGEG3HR686613</b>	Make <b>DODGE</b>
02	Year <b>2017</b>	Model <b>GRAND CARA</b>	Color <b>GRY - GRAY</b>
	Body Style <b>VN - VAN</b>	Bus Use <b>NOT A BUS</b>	Initial Contact Point <b>6--REAR</b>
UNIT	Extent Of Damage <b>MINOR DAMAGE</b>	Vehicle Damage <b>6--REAR, 7--LEFT REAR CORNER</b>	
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>	
UNIT	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other		
02	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>VICTORIA K KYPKE (608) 547-6330</b>	Owner Address <b>155 WALNUT ST LOGANVILLE, WI 53943 , US</b>	
<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
<b>Policy Holder</b>			
UNIT	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>VICTORIA KYPKE</b>	
	<b>Individual</b>		
UNIT	Driver <b>VICTORIA K KYPKE (608) 547-6330</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>155 WALNUT ST LOGANVILLE, WI 53943 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>		On Duty Crash	

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02	002	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 APPLICABLE</b>
			Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
		Hospital	Date of Death
	Time of Death		
<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</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>Individual</b>			
Passenger <b>JOHN K KYPKE (608) 604-4738</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Date of Birth	Race <b>WHITE</b>	
Address <b>155 WALNUT ST LOGANVILLE, WI 53943 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
<b>Safety Equipment</b>	On Duty Crash		

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02	003	Safety Equipment		SHOULDER & LAP BELT			
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		Helmet Compliance			
		Helmet Use		Tint Compliance			
		Eye Protection		Airbag <b>NON DEPLOYED</b>			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</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>Non Motorist</b>		Striking Unit #		Location			
Prior Action							
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>KENNETH WK KYPKE (608) 547-6330</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
		Address <b>155 WALNUT ST LOGANVILLE, WI 53943 , US</b>		Date of Birth		Race <b>WHITE</b>	
<b>Safety Equipment</b>		On Duty Crash					

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02	004	Safety Equipment	
		CHILD RESTRAINT SYSTEM - REAR FACING	
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	
		Helmet Use Helmet Compliance	
		Eye Protection Tint Compliance	
		<b>Injury</b> Injury Severity NO APPARENT INJURY	
		Airbag NON DEPLOYED	
		Ejected NOT EJECTED	
		Ejection Path NOT EJECTED/NOT APPLICABLE	
		Trapped/Extricated NOT TRAPPED	
02	004	Medical Transport NOT TRANSPORTED	
		EMS Agency Identifier EMS Run #	
		Hospital 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	
		Action	
		Action Other To/From School	
02	004	<b>Drug &amp; Alcohol</b> Suspected Alcohol Use NO	
		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	
		Alcohol Test Type Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	
		Drug Test Type Drug Test Results	
		Drug Type	
		Individual Condition APPEARED NORMAL	
		<b>Individual</b>	
		UNIT	INDIVIDUAL
Citations Issued 0			
Sex MALE			
Date of Birth Race WHITE			
Address 155 WALNUT ST LOGANVILLE, WI 53943 , US			
Driver License Number			
<b>Safety Equipment</b> On Duty Crash			



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02	005	Safety Equipment		
		Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>	<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</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	
		Distracted By Action		
		<b>Non Motorist</b>	Striking Unit #	Location
		Prior Action		
		Action		
		UNIT	INDIVIDUAL	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
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Individual Condition <b>APPEARED NORMAL</b>				