#### 6TL09B7DBW

19-14277

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

						(608) 356-489	
Document Number Override	Primary Crash Document #	Agency 19-142	Crash Number 277	Investigating Office DEPUTY A. ME			
Crash Date 11/17/2019	Crash Time 05:06 PM	Date A 11/17/		Time Arrived 05:18 PM			
Date Notified 11/17/2019	Time Notified 05:08 PM	Total U 02	nits	Total Injured <b>02</b>	ed Total Killed <b>00</b>		
On Emergency	lit and Run Lane	Closure	Work Zone	Trailer or T	owed	Reporting Threshold	
Government Property	Active School Zone	School NO	Bus Related	Tags			
<b>✓</b> Reportable	Crash Type DT4000 (STANDARD C	RASH)		Amended		Secondary Crash	
Description							
I, a sworn law enforcem UNIT 1 AND 2 WERE TRAVELIN SHE WAS WATCHING THE RO', UNIT 2. OPERATOR OF UNIT RELEASED AT THE SCENE. PA	county rd H  county rd H  dent officer, agree that I have a county and but DID NOT SEE UNIT 2 WAS CITED FOR INATTENTIVE WAS CITED FOR INATTENTIVE ADDRESS OF THE COUNTY AND SUTTENTIVE ADDRESS OF THE COUNTY ADDRESS OF THE COUNTY AND SUTTENTIVE ADDRESS OF THE COUNTY ADDRESS OF THE C	ave not added TY RD H. UNIT AND WHEN SH	2 STOPPED TO MAKE IE DID IT WAS TOO LA ASSENGERS IN UNIT 2	nis report.  A LEFT TURN ONTO TE AND WAS UNABL	GOLF COURSE R E TO STOP. UNIT	1 REAR ENDED	
RELEASED AT THE SCENE. PA	SSENGERS COMPLAINED OF	F HEADACHES					
INTERSECTION ON CTHH SB			Latitude <b>43.555919</b>	526	Longitude -89.97277662	28	
AT GOLF COURSE RD IN THE TOWN OF WINFIELI IN SAUK COUNTY	)		X Coordinate 259884.20 Structure Tv	3125	Y Coordinate 4826846		

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#### **Crash Scene**

]	First Harmful Event Fi							First Harmful Event Location			
	MO	TOR VEH IN TRANSPO	RT	ON ROA	ON ROADWAY						
	Manı	ner of Collision	Light Condition								
	02	FRONT TO REAR	DARK/UNLIT								
	Road	d Surface Condition(s)				Roadway I	actor(s)				
	DRY	<b>'</b>									
	Envi	ronment Factor(s)									
	NON	NE				NONE					
	Wea	ther Condition(s)				1					
	CLC	DUDY									
	Anim	nal Type				Relation To	o Trafficwa	av			
								N ROAD			
	Cras	h Classification - Location				Crash Clas	sification -	- Jurisdiction			
		BLIC PROPERTY						RISDICTION			
	Triba	al Land				Access Co				Special Study	
	VAC 1		1 0 1 0		I	NO CON	TROL				
	NO	· ·	Junction Location INTERSECTION		Intersectio	SECTION					
			INTERCECTION		I-IIVI LIV	oco non					
		t Summary Status		Vehicle Ope	rating As C	assification		Unit Type			
		RANSIT		D CLASS	rating 715 O	assincation			Unit Type AUTOMOBILE		
_		cle Type		1				Operating As Endorsements			
6	(SP	ORT) UTILITY VEHICLE									
	Total Occs Train/Bus # Recorded			Total # Citat	tions Issued		Total Tra	ilers	Total Haz	Mat Types	
	01			01			0		0		
		ance?	Direction Of Travel		CrashTire		Speed Li	mit	Total Land	es	
UNIT	YES SOUTHBOUND  Most Harmful Event: Collision With			Special Fun	Mark		55	Emergency	02 Motor Vobi	do Heo	
5		TOR VEH IN TRANSPO	NO SPEC		TION		NOT APP				
		ic Way		Traffic Cont			Traffic Cont	Traffic Control Inoperative/Missing			
	TWC	D-WAY, NOT DIVIDED		NO CONT			NO				
		ace Type			Road Curvature			Road Grade	)		
		CKTOP (BITUMINOUS	)	CURVE RIGHT			HILLCRES	ST			
	Trucl	k Bus or HazMat									
		Vehicle		I Di . T			C4	Country of lo			
		License Plate Number 765XZX		Plate Type	TOMOBIL	_	St <b>WI</b>	Country of Is UNITED ST			
		Vehicle Identification Number	ber	Make	TONIODIE	_	Year	Model	AILO		
2	01	2GNFLHEK5F6203631		CHEVRO	LET		2015	EQUINOX	LT		
		Color		Body Style				Bus Use	Bus Use		
		BLK - BLACK			RT UTILI1	Y VEHICL	-E	NOT A BU	S		
_	LE	Initial Contact Point		Vehicle Da	mage						
LIND	⊒ C	12FRONT Extent Of Damage	1PIGHT	EPONT C	ODNED	11I EET	FRONT CO	DNED 12	EPONT		
⊃	VEHICL	FUNCTIONAL DAMAG	SE.	110111	TRONT	OKINEK,	· · · C C · · ·	TRONT CO	IXIVEIX, 12	I KONT	
	_	Towed Due To Damage	<del>-</del>	Vehicle Re	moved By						
		TOWED DUE TO DISA	BLING DAMAGE	HOVLAN	D'S						
		What Driver Was Doing		Vehicle Fa	ctors						
		NEGOTIATING CURVE	E								
		Driver Prior Action Other		NOT APP	PLICABLE						

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Crash Date 11/17/2019

		Driver Actions										
	Щ	LOOKED BUT DID NOT SEE										
╘	ᇹ											
LIND	VEHICL											
ا ر	Ē											
	>											
		Owner Name				Owner Address						
		JUDITH K KOEHLI	ED			2055 SUNSET DR						
5	5	(608) 963-9771			REEDSBURG, WI							
0	0	(000) 000 0111				KEEDODOKO, W	, 55					
	9	Sequence Of Ev	vents									
		Event										
	2	MOTOR VEH IN TRANSPORT										
		Event										
	02	LVCIII										
	_											
	03	Event										
	0											
	9	Event										
	0											
		Policy Holder										
LIND		Insurance Company				Individual						
5		WEST-BEND-MUTUAL-INS-CO			JUDITH KOEHLER							
				JODITH KOEHLEK								
	ı	Individual										
		Driver			Citations Issued		Sex					
	_	JUDITH K KOEHLER		01		FEMALE						
	₹	(608) 963-9771				Date of Birth		Race				
	$\geq$							WHITE				
	INDIVIDUAL	Address			Driver License Number							
<b>D</b>		2055 SUNSET DR			2							
	Z	REEDSBURG, WI 53959 , US			STATE: WISCONSIN COUNTRY: UNITED STATES							
			On Duty Cr	ooh		O-fate Facilities						
	Sat	On Duty Crash  fety Equipment			Safety Equipment							
	- u											
		Seat Position				SHOULDER & LAP	BELI					
		1FRONT SEAT-L	EFT SIDE	(DRIVE	R/MOTORCY							
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
_	Ξ		Injury Seve	rity		Airbag						
5	00	Injury	NO APPA	RENT I	NJURY	NON DEPLOYED						
		Ejected		ection Pa				Trapped/Extricated				
		NOT EJECTED	N	OT EJE	CTED/NOT APP	LICABLE		NOT TRAPPED				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT	FD									
						Date of Death		Time of Death				
		Hospital		Date of Death		Time of Death						
			D:-++	D O	_							
		Distracted By	Distracted E	By Source	9							
		Distracted By Action										
		UNKNOWN										
		Non Matariat	Striking Uni	t #	Location							
		Non Motorist										
		Prior Action										
		<u> </u>										

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

LINO	INDIVIDUAL	Action											
		Action Other							To/From S	School			
			Susi	pected Alcohol U	lse		Suspected Drug Use						
		Orug & Alcohol NO				NO							
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty					Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type	)		Drug <sup>-</sup>	Test Results				
01	001	Drug Type											
		Individual Condition											
		APPEARED NORMAL											
	,	Violations											
	5	UTC Number BB341016	001		tute Number <b>6.89(1)</b>		Description INATTENTIVE DRIVI	NG					
	Uni	t Summary •		<u>'</u>									
	Unit Status						hicle Operating As Classit CLASS	fication		Unit Type AUTOMO	DII E		
~	IN TRANSIT Vehicle Type				יט	DOLAGO			Operating As Endorsements				
05	PASSENGER CAR				<b>1</b>								
	03	l Occs		Train/Bus # Re		Tot <b>0</b>	On and Line				Total HazN		
⊨	YES			Direction Of Tr			Mark 55		Speed Lim 55		Total Lane		
UNIT		t Harmful Event: Collision of the transfer of				Special Function NO SPECIAL FUNCTION				NOT APP		cle Use	
		ic Way <b>D-WAY, NOT DIVID</b> I	ED			Traffic Control NO CONTROL			Traffic Cont	rol Inoperati	ve/Missing		
		ace Type	<u> </u>			Road Curvature			Road Grade				
		CKTOP (BITUMING	ous)	)						HILLCREST			
	Truc NO	k Bus or HazMat											
	,	Vehicle											
		License Plate Numbe ABZ8982	r				ate Type UT - AUTOMOBILE			Country of Is UNITED S			
7	٥.	Vehicle Identification	Numb	per			ake			Model	AILO		
05	02	JTDKB20U183304	059				ОУОТА		2008	PRIUS			
		Color GRN - GREEN				н	ody Style B - HATCHBACK			Bus Use NOT A BU	S		
_	쁫	Initial Contact Point 6REAR				Ve	ehicle Damage						
LNO	VEHICL	Extent Of Damage MINOR DAMAGE				5-	-RIGHT REAR CORN	ER, 6	REAR, 7-	-LEFT REA	R CORNE	ĒR	
	>	Towed Due To Dama	ge			Ve	ehicle Removed By						
		NOT TOWED					WNER						
		What Driver Was Doir LEFT TURN	ıg			Ve	ehicle Factors						
		Driver Prior Action Otl	her			N	OT APPLICABLE						
						1							

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Crash Date 11/17/2019

LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION									
02	02	Owner Name KIM EMIL UPPER (608) 609-6074			Owner Address 8454 STATE ROAD 19 CROSS PLAINS, WI 53	528 , US					
		Sequence Of Eve	ents								
	10	Event MOTOR VEH IN TRA	ANSPORT								
	02	Event									
	03	Event									
	04	Event									
_		Policy Holder									
LNO		Insurance Company			Individual						
ار		AUTO-OWNERS-INS-CO		KIM UPPER							
	I	Individual									
		Driver KIM EMIL UPPER			Citations Issued	Sex					
	AL	(608) 609-6074			<b>0</b> Date of Birth	MALE Race					
_	) )	,			Date of Birth	Nace					
	INDIVIDUAL	Address 8454 STATE ROAD 19			Driver License Number	L					
	Z	CROSS PLAINS, WI 53528 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	tety Equipment	On Duty Crash		Safety Equipment						
		Seat Position			SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
05	005	In it was	njury Severity		Airbag						
0	ŏ		O APPARENT II	NJURY	NON DEPLOYED						
		Ejected	Ejection Pat		ICADI E	Trapped/Extricate					
		NOT EJECTED  Medical Transport	INOTESE	CTED/NOT APPI	EMS Agency Identifier	NOT TRAPPEI	,				
		NOT TRANSPORTE	:D		Line rigority identifier	Line itali "					
		Hospital		Date of Death	of Death Time of Death						
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)										
		Distracted By Action NOT DISTRACTED									
		Non Motorist	Striking Unit #	Location							
		Prior Action									

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Crash Date 11/17/2019

							(000) 000 4000			
		Action								
	INDIVIDUAL									
I≡	ם									
L	N									
_	Ē									
	=									
i		Action Other					To/From School			
İ	,	Suspec	ted Alcohol Use	Suspected Drug Use			•			
[		Drug & Alcohol No		NO						
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results					
l	~	Drug Type								
02	002	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		ATTEARED NORMAL								
		Individual								
	Ī	Passenger		Citations Issued		Sex				
	_	MARKEL B MOLKENTIN		0		FEMALE				
	JA	(608) 356-1782		Date of Birth		Race				
l⊨	ם					WHITE				
L	INDIVIDUAL	Address		Driver License Number						
_	N	602B 7TH AVE BARABOO, WI 53913,U	ıs	STATE: WISCONSIN COUNTRY: UNITED STATES						
			. •							
l		On Duty	v Crash	Safety Equipment						
	Saf	fety Equipment	y Ordon	Salety Equipment						
		Seat Position		SHOULDER & LAP BELT						
		3FRONT SEAT-RIGHT S	SIDE (TRAIN ENGINEER							
İ		Helmet Use	·	Helmet Compliance						
İ		Eye Protection		Tint Compliance						
05	003	Injury S POSSI	everity	Airbag NON DEPLOYED						
_	٥	Ejected POSSI	Ejection Path	NON DEPLOTED		Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APPL	ICABLE		NOT TRAPPED				
ŀ		Medical Transport	1	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
İ		Hospital		Date of Death		Time of Death				
İ		Distracted By Source								
1		Distracted By								
		Distracted By Action								
		O April sine on	Unit # Location							
		Non Motorist Striking	Unit # Location							
		Prior Action								
ı		<u> </u>								

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							(000) 000 4000
		Action					
	INDIVIDUAL						
<b>—</b>	J						
UNIT	₽∣						
5	≥						
_							
	Z						
							1 =
		Action Other					To/From School
		Suspe	cted Alcohol Use	Suspected Drug Use			
		Drug & Alcohol NO		NO			
	_						
		Alcohol Test Given	Alcohol Test Type	<b>:</b>		Alcohol Test Results	
		TEST NOT GIVEN					
			Drug Test Type		Drug Toot Desults		
		Drug Test Given TEST NOT GIVEN	Diug rest type		Drug Test Results		
		IEST NOT GIVEN					
~	က	Drug Type	•				
02	003						
		In dividual Condition					
		Individual Condition					
		APPEARED NORMAL					
	i	ndividual					
				LOitatiana Januari		1.0	
		Passenger		Citations Issued		Sex	
	_	MARTY E MOLKENTIN		0		MALE	
	INDIVIDUAL			Date of Birth		Race	
	$\supset$					WHITE	
UNIT							
=	Ž	Address		Driver License Number			
_	9	602B 7TH AVE					
	=	BARABOO, WI 53913 , I	US				
		_					
	0-1	On Du	ty Crash	Safety Equipment			
	Sat	ety Equipment					
		Seat Position		CHILD RESTRAINT	SYSTEM - FORV	VARD FACING	
			0105/4407000/01 5/01	OTHED RESTRAINT	OTOTEM - TORY	VARDIAGING	
			SIDE(MOTORCYCLE/BI				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Lye Flotection		Tint Compliance			
~	4	Injury S	Severity	Airbag			
02	004	Injury POSS	SIBLE INJURY	NON DEPLOYED			
	_	Ejected	Ejection Path	1		Trapped/Extricated	
		•					
		NOT EJECTED	NOT EJECTED/NOT APPL	LICABLE		NOT TRAPPED	
		Medical Transport	-	EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED		,			
				D (D . II		T (D (	
		Hospital		Date of Death		Time of Death	
		Distrac	cted By Source	•		-	
		Distracted By	-				
		Distracted By Action					
		Striking	g Unit # Location				
		Non Motorist	_				
		Drior Action	L				
		Prior Action					
	-	·			·	·	·

Crash Date 11/17/2019

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LIND	INDIVIDUAL	Action					
	L	Action Other  Suspected Alcohol L NO	lse	Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
05	004	Drug Type					
		Individual Condition					
		APPEARED NORMAL					