

6TL0B655S6
21-06801

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 21-06801		Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 07/21/2021		Crash Time 03:15 PM		Date Arrived 07/21/2021		Time Arrived 03:55 PM	
Date Notified 07/21/2021		Time Notified 03:38 PM		Total Units 02		Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
<p>COUNTRY BUMPKIN PARKING LOT</p>		Photos By
		Additional Information NONE
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.		
UNIT 1 WAS BACKING UP AND DID NOT SEE UNIT 2 PARKED BEHIND THEM. UNIT 1 STRUCK UNIT 2 CAUSING DAMAGE TO UNIT 2 PASSENGER SIDE HEAD LIGHT		

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Location

PRIVATE PROPERTY CTHP SB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude	Longitude
	43.589499529	-89.836589953
	X Coordinate	Y Coordinate
	271012.0625	4830191
	Structure Type	
	NO STRUCTURE	

Crash Scene

First Harmful Event	First Harmful Event Location	
MOTOR VEH IN TRANSPORT	IN PARKING LANE OR ZONE	
Manner of Collision	Light Condition	
03 - FRONT TO REAR	DAYLIGHT	
Road Surface Condition(s)	Roadway Factor(s)	
DRY	NOT APPLICABLE	
Environment Factor(s)		
NONE		
Weather Condition(s)		
CLOUDY		
Animal Type	Relation To Trafficway	
	NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location	Crash Classification - Jurisdiction	
PRIVATE PROPERTY	PRIVATE PROPERTY	
Tribal Land	Access Control	Special Study
	NO CONTROL	
Within Interchange Area	Junction Location	Intersection Type
NO	NON-JUNCTION	NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status	Vehicle Operating As Classification		Unit Type		
	IN TRANSIT	D CLASS		AUTOMOBILE		
	Vehicle Type	Operating As Endorsements				
	PASSENGER CAR					
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
	3		0	0	0	
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	YES	NOT ON ROADWAY		N/A	1	
Most Harmful Event: Collision With	Special Function		Emergency Motor Vehicle Use			
MOTOR VEH IN TRANSPORT	NO SPECIAL FUNCTION		NOT APPLICABLE			
Traffic Way	Traffic Control		Traffic Control Inoperative/Missing			
PARKING LOT OR PRIVATE PROPERTY	NO CONTROL		NO			
Surface Type	Road Curvature		Road Grade			
SLAG, GRAVEL, OR STONE	STRAIGHT		LEVEL			
Truck Bus or HazMat						
	NO					

UNIT 01	Vehicle			
	License Plate Number	Plate Type	St	Country of Issuance
	DWN104	AUT - AUTOMOBILE	MN	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	1FTPX14525FA80749	FORD	2005	F150
	Color	Body Style	Bus Use	
RED - RED	PK - PICKUP			
Initial Contact Point	Vehicle Damage			
05 - RIGHT REAR CORNER				
Extent Of Damage	00 - NO DAMAGE			
NO DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing BACKING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE		
01 01	Owner Name ANDREW PAUL NOLTE (507) 220-0702	Owner Address 259 140TH ST SHERBURN, MN 56171 , US	
	Sequence Of Events		
01 01	Event MOTOR VEH IN TRANSPORT		
	Event PARKED MOTOR VEHICLE		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company WESTERN-NATIONAL-MUTUAL-INS-CO	Individual KATHLEEN NOLTE	
UNIT INDIVIDUAL	Individual		
	Driver KATHLEEN M NOLTE (507) 220-0702	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 259 140TH ST SHERBURN, MN 56171 , US	Driver License Number [REDACTED] STATE: MINNESOTA COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location	
		Prior Action				
		Action				
		Action Other				To/From School
01	001	Drug & Alcohol		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				
		Individual				
UNIT	INDIVIDUAL	Passenger KIMBERLY A YAHNKE (608) 633-4238		Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]		Race WHITE		
		Address 7181 AARON AVE SPARTA, WI 54656 , US		Driver License Number		
01	002	Safety Equipment		On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run#		
Hospital			Date of Death	Time of Death		
Distracted By		Distracted By Source				
Distracted By Action						
Non Motorist		Striking Unit#	Location			

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UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
01 002	Drug & Alcohol	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		
UNIT INDIVIDUAL	Individual		
	Passenger EASTON J NOLTE	Citations Issued 0	Sex MALE
	Address 708 N. 9TH ST ESTERVILLE, IA 51334 , US	Date of Birth [REDACTED]	Race WHITE
	Driver License Number		
01 003	Safety Equipment	On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	RESTRAINT USED - TYPE UNKNOWN
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By	Distracted By Source		
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			

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UNIT INDIVIDUAL	Action			
	Action Other		To/From School	
	Drug & Alcohol	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			
	01	003		

Unit Summary

UNIT 02	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 0	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 1	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type DIRT		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 02 VEHICLE	License Plate Number 237MBR	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1N4AL3AP0DN588280	Make NISSAN	Year 2013	Model ALTIMA
	Color WHI - WHITE	Body Style 4D - 4DR		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER		
	Extent Of Damage FUNCTIONAL DAMAGE			
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing LEGALLY PARKED			

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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02	02	Owner Name TAYLOR R WILLIAMS (608) 432-1017	Owner Address W11843 STATE RD 33 PORTAGE, WI 53901 , US
Sequence Of Events			
01	01	Event PARKED MOTOR VEHICLE	
02	02	Event MOTOR VEH IN TRANSPORT	
03	03	Event	
04	04	Event	
UNIT	Policy Holder		
	Insurance Company ERIE-INS-CO		Individual TAYLOR WILLIAMS