6TL0B655SD

21-08202

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/29/2021

| | Document Number Override | Primary Crash Document# Crash Time 02:35 PM Time Notified 02:41 PM | | Agency Crash Number 21-08202 Date Arrived 08/29/2021 Total Units 02 | | Investigating Officer/Deputy DEPUTY W. NEUBAUER Time Arrived 02:53 PM | | | |
|----------------------------------|-----------------------------|--|-------------------|---|-------------|---|----------------------------|----------------------|--|
| ດູໄ | Crash Date 08/29/2021 | | | | | | | | |
| _ | Date Notified 08/29/2021 | | | | | Total Injured Total Kille | | ∍d | |
| ֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֟֝֟֟֟ ֡ | On Emergency Hit | it and Run Lane Clos | | sure Work Zone | | Trailer or Towed | | Reporting Threshold | |
| <u> </u> | Government Property | | chool Zone | Schoo NO | Bus Related | Tags | | | |
| | Reportable | Crash Type PRIVATE PR | OPERTY/PARK | (ING LO | Г | Amend | ed | Secondary Crash | |
| | Description Diagram | | Reconstruction By | | | | | | |
| | WHITETAIL CROSSING G | | | | | | Photos By Additional info | | |
| | | | | | | | | | |
| | | | | | | | | | |
| - | I, a sworn law enforceme | | | | | | T 2 | | |
| | | | | | | 2 500 | | | |

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Crash Date 08/29/2021

| Location — | | | | | | | | | | |
|--|---|------------------------------|--------------------------------|--|---------------------------|---|-----------------|------------------------|--|--|
| PARKING LOT | | | | I I | | | Longita | Longitude | | |
| CTHBD EB LOT IN THE TOWN OF DELTON | | | | | 43.528476276 | | | -89.777045559 | | |
| IN SAUK COUNTY | | | | | | | Y Coor 48232 | | | |
| | Structure ' | Туре | | • | | | | | | |
| Crash Scene | | | | | | | | | | |
| First Harmful Event | | | | FirstHarm | ıful Event Lo | cation | | | | |
| MOTOR VEH IN TRANS | PORT | | | IN PARK | ING LANE | OR ZONE | | | | |
| Manner of Collision | | | | Light Con- | dition | | | | | |
| 04 - REAR TO REAR | | | | DAYLIGI | ΗT | | | | | |
| Road Surface Condition(s) | | | | Roadway | Factor(s) | | | | | |
| DRY | | | | | | | | | | |
| Environment Factor(s) | | | | 1 | | | | | | |
| NONE | | | | NONE | | | | | | |
| Weather Condition(s) | | | | 1 | | | | | | |
| CLEAR | | | | | | | | | | |
| Animal Type | | | | Relation T | o Trafficway | , | | | | |
| | | | | ı | - | Y - PARKIN | G LOT | | | |
| Crash Classification - Locati PRIVATE PROPERTY | on | | | Crash Classification - Jurisdiction PRIVATE PROPERTY | | | | | | |
| TribalLand | Tribal Land | | | | | Access Control Special Study NO CONTROL | | | | |
| Within Interchange Area | Junction Location NON-JUNCTION | | Intersection | on Type INTERSECTION | | | | | | |
| Unit Summary | | | | | | | | | | |
| Unit Status | | Vehicle Op | erating As C | lassification | | UnitType | | | | |
| IN TRANSIT | | D CLASS | - | AUTOMOBILE | | | | | | |
| Vehicle Type | - | | | | Operating As Endorsements | | | | | |
| (SPORT) UTILITY VEHI | | 1= | T | | | Trailers Tatal | | 1 | | |
| Total Occs | Train/Bus#Recorded | Total#Cita | tions Issued | | Total Traile | ers | otalHa | otal HazMat Types | | |
| Insurance? | Direction Of Travel | Pre CrashTir | | | | T | | anes | | |
| YES | NOT ON ROADWAY | | Mark | N/A | | 2 | | | | |
| Most Harmful Event: Collisio | on With | Special Fur | | | | Emergency Motor Vehicle U | | | | |
| MOTOR VEH IN TRANS | PORT | | IAL FUNC | HON | | NOT APPLICABLE | | | | |
| Traffic Way | (ATE DEODEDTY | Traffic Con | | | | | rol Inoper | ol Inoperative/Missing | | |
| PARKING LOT OR PRIV | A IE PRUPER I Y | NO CONT | | | | NO Bood Crade | | | | |
| BLACKTOP (BITUMING | US) | Road Curva STRAIGH | | | | Road Grade LEVEL | | | | |
| Truck Bus or HazMat | | o maiori | ., | | | | | | | |
| | | | | | | | | | | |
| License Plate Number | Vehicle License Plate Number Plate Type | | | | St Country of Issuance | | | | | |
| 486NGN | 1 | ; JTOMOBIL | .E | WI UNITED STATES | | | | | | |
| Vehicle Identification I | Make | | | Year | Model | | | | | |
| KNDPBCAC6G783 | KIA MOT | | | 2016 | SPORTAGE | | | | | |
| Color SIL - SILVER (ALU | 1 | Body Style UT - SPORT UTILIT | | TY VEHICLE | | | | | | |
| Initial Contact Point | | Vehicle Da | Vehicle Damage 00 - NO DAMAGE | | | | | 7 8 9 10 11 | | |
| 06 - REAR Extent Of Damage NO DAMAGE | | 00 - NO | | | | | | 6 12 | | |
| NO DAMAGE | | | | | | 5 4 3 2 1 | | | | |

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| | | Towed Due To Damage | | Vehicle Removed By | | | | | | |
|----------|-----------|---|--------------------------------------|---|---------------|-----------------------|--|--|--|--|
| | | NOT TOWED | | OPERATOR | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | BACKING | | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | | |
| LINO | VEHICLE | Driver Actions LOOKED BUT DID NOT SE | EE | | | | | | | |
| 5 | 5 | Owner Name DANIEL MITCHELL SPREI (608) 402-3107 | CHER | Owner Address 1810 DRAPER ST BARABOO, WI 53 | | | | | | |
| | | Sequence Of Events | | | | | | | | |
| | 5 | Event MOTOR VEH IN TRANSPO | | | | | | | | |
| | 8 | Event | | | | | | | | |
| | 8 | Event | | | | | | | | |
| | 3 | Event | | | | | | | | |
| _ | | Policy Holder | | | | | | | | |
| UNIT | | Insurance Company KEMPER-INDEPENDENCE | Individual DANIEL SPRECHER | | | | | | | |
| | | | | | | | | | | |
| | | Individual | | | | | | | | |
| | | Driver DANIEL MITCHELL SPRE | CHER | Citations Issued Sex 0 MALE | | | | | | |
| <u>-</u> | NDIVIDUAL | (608) 402-3107 | | Date of Birth | Race WHITE | | | | | |
| LNO | 2 | Address | | Driver License Number | | | | | | |
| _ | Z | 1810 DRAPER ST BARABOO, WI 53913 , US | 3 | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | On Duty | Crash | Safety Equipment | | | | | | |
| | Sai | fety Equipment | | outely Equipment | | | | | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP | BELT | | | | | |
| | | HelmetUse | | Helmet Compliance | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| 5 | 8 | Injury Se | PARENT INJURY | Airbag NON DEPLOYED | | | | | | |
| | | | Ejection Path | | | Trapped/Extricated | | | | |
| | | Medical Transport | NOT EJECTED/NOT API | EMS Agency Identifier | • | NOT TRAPPED EMS Run# | | | | |
| | | NOT TRANSPORTED | | Emoragency identifier | | Elve stall # | | | | |
| | | Hospital | | Date of Death | Time of Death | | | | | |
| | | Distracted By NOT A | ed By Source PPLICABLE (NOT DISTR | ACTED) | | I | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Non Motorist | ing Unit# | Location | | | | | | | |
|------|------------------------|---|---------------------|-------------------|-------------------------------------|-------------------------|-------------------------------------|----------------------------|--|--|--|
| | | Prior Action | | | | | | | | | |
| TINO | INDIVIDUAL | Action | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | |
| | L E | Drug & Alcohol NO | pected Alcohol U | se | Suspected Drug Use NO | | | - | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Testi | Results | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Resul | ts | | | | |
| 7 | 100 | Drug Type | Drug Type | | | | | | | | |
| | | Individual Condition | ndividual Condition | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | | Summary 💳 | | | | | | | | | |
| | Unit Status IN TRANSIT | | | | chicle Operating As Classi CLASS | fication | UnitType AUTOMOBILE | | | | |
| 05 | | Vehicle Type (SPORT) UTILITY VEHICLE | | | | | Operating As Endorsements | | | | |
| | | Occs | Train/Bus#Re | corded To | tal#Citations Issued | Total Tra | | Total HazMat Types 0 | | | |
| _ | | Insurance? Direction Of Travel | | ıvel | Pre CrashTire Mark | Speed Li | mit | Total Lanes 2 | | | |
| LIND | Most | Harmful Event: Collision W | ith | Sp | pecial Function O SPECIAL FUNCTION | Emergency I NOT APPL | | Notor Vehicle Use CABLE | | | |
| | Traff | ic Way | | | affic Control CONTROL | | Traffic Control Inoperative/Missing | | | | |
| | | PARKING LOT OR PRIVATE PROPERTY Surface Type | | | oad Curvature | | Road Grade | | | | |
| | BLA | CKTOP (BITUMINOUS) |) | | STRAIGHT LEVEL | | | | | | |
| | NO | k Bus or HazMat | | | | | | | | | |
| | , , | /ehicle | SSSSSSSSSSSS | ********** | | | | | | | |
| | | License Plate Number 408RNA | | I . | late Type .UT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | | | | |
| 05 | 02 | Vehicle Identification Number 1G4GE5G36EF213581 | | | lake IUICK | Year 2014 | Model LACROSSE | | | | |
| | | Color WHI - WHITE | | В | Body Style Bus | | | | | | |
| | Щ | Initial Contact Point | | | ehicle Damage | | | | | | |
| UNIT | g | 06 - REAR | | | | | | 7 8 9 10 11 6 12 | | | |
| 5 | VEHICL | Extent Of Damage MINOR DAMAGE | | | 06 - REAR | | | 5 4 3 2 1 | | | |
| | | Towed Due To Damage NOT TOWED | | | ehicle Removed By PERATOR | | | | | | |

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| | | What Driver Was Doing | | Vehicle Factors | | | | | | | |
|--------------------------------------|--|---|-------------|--------------------------|---|---------------|--------------------|--|--|--|--|
| | | LEAVING A PARKED POSITION | | | NOT ARRUSANI F | | | | | | |
| | | Driver Prior Action Other | | | NOT APPLICABLE | | | | | | |
| | | Driver Actions | | | | | | | | | |
| | ш | NO CONTRIBUTING ACTION | | | | | | | | | |
| ≒ | VEHICLE | | | | | | | | | | |
| INI | Ŧ | | | | | | | | | | |
| | 5 | | | | | | | | | | |
| | | OwnerName | | | Owner Address | | | | | | |
| | Owner Name VICKI LYNN BALLWEG S (608) 434-6114 Owner Address S 1975 COUNTY ROAD A #9 BARABOO, WI 53913, US | | | | | | | | | | |
| 05 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 5 | Event MOTOR VEH IN TRANSP | OPT | | | | | | | | |
| | | | OK 1 | | | | | | | | |
| | 8 | Event | | | | | | | | | |
| | | Event | | | | | | | | | |
| | 8 | | | | | | | | | | |
| | 8 | Event | | | | | | | | | |
| | | | | | | | | | | | |
| ╘ | | Policy Holder | | | | | | | | | |
| INN | | Insurance Company WISCONSIN-MUTUAL-INS-CO | | Individual VICKI BALLWEG | | | | | | | |
| | | Individual | | | | | | | | | |
| | | Driver | | | Citations Issued Sex | | | | | | |
| | | BECKEY J HELLEM | | | 0 FEMALE | | | | | | |
| | 3 | (608) 434-6114 | | Date of Birth | Race | | | | | | |
| ╘ | INDIVIDUA | | | | | WHITE | | | | | |
| LNO | 5 | Address S1975 COUNTY ROAD A #9 BARABOO, WI 53913 , US | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | ٠., | On Duty | Crash | | Safety Equipment | | | | | | |
| | 041 | fety Equipment | | | SHOULDER & LAP BELT | | | | | | |
| | | Row 01 - FRONT ROW | Seat Po | | SHOULDER & LAP | BELI | | | | | |
| | | 01 - FRONT ROW 07 - LEFT HelmetUse | | | Helmet Compliance | | | | | | |
| | | Heinerosa | | | | | | | | | |
| | | Eye Protection | | | TintCompliance | | | | | | |
| | | Injury Severity | | | Airbag | | | | | | |
| 05 | 88 | Injury _{NO AF} | PARENT II | NJURY | Airbag NON DEPLOYED | | | | | | |
| | | Ejected | Ejection Pa | | 1011 DZ 10 125 | | Trapped/Extricated | | | | |
| | | NOT EJECTED | NOT EJE | CTED/NOT APPL | ICABLE | | NOT TRAPPED | | | | |
| | | Medical Transport | | | EMS Agency Identifier | r | EMS Run# | | | | |
| | | NOT TRANSPORTED | | D-44D4 | | Time of Death | | | | | |
| Hospital Date of Death Time of Death | | | | | | | | | | | |
| | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | | |
| | | | PPLICABL | E (NOT DISTRAC | CTED) | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | | |
| | | Location Location | | | | | | | | | |
| | | Non Motorist | | | | | | | | | |

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| | | Prior Action | | | | | |
|------|------------|-----------------------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| | | Action | | | | | |
| TINO | INDIVIDUAL | | | | | | |
| | | | | | | | |
| | | Action Other | | | | | To/From School |
| | | Suspected Alcohol t | Jse | Suspected Drug Use | | | |
| | i | 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 | | |
| 02 | 200 | Drug Type | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |