

6TL0DKRB22

24-07957

# 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>24-07957</b>		Investigating Officer/Deputy <b>DEPUTY R. BARNES</b>	
Crash Date <b>07/20/2024</b>		Crash Time <b>07:56 PM</b>		Date Arrived <b>07/20/2024</b>		Time Arrived <b>08:09 PM</b>	
Date Notified <b>07/20/2024</b>		Time Notified <b>07:56 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

<p>Diagram</p> <p>DIAGRAM BY: RYAN BARNES ON 07/20/2024 NOT TO SCALE</p>	Reconstruction By
	Photos By <b>R BARNES</b>
	Additional Information <b>PHOTOS</b>

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

BOTH UNITS WERE TRAVELING WEST ON FERN DELL ROAD FROM US HIGHWAY 12. UNIT 1 WAS IN THE EXTERIOR LANE OF THE ROUNDABOUT, WHICH REQUIRED THE VEHICLE TO EXIT ONTO MOON ROAD. PER THE OPERATOR, THE TRANSMISSION STUCK GOING INTO 2ND GEAR AND THE VEHICLE NEEDED TO CONTINUE ON FERN DELL ROAD, WHICH WAS AGAINST POSTED REQUIREMENTS. UNIT 1 STRUCK UNIT 2 AS IT FAILED TO FOLLOWED INDICATED TURN/MARKING. BOTH VEHICLES REMOVED BY OPERATORS WITH MINOR DAMAGE.

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Location

ON FERN DELL RD 30 FT S OF MOON RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.560566608</b>	Longitude <b>-89.782992363</b>
	X Coordinate <b>275231.3125</b>	Y Coordinate <b>4826831</b>
	Structure Type	

Crash Scene

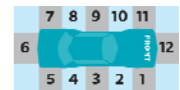
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>	Light Condition <b>DUSK</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>IN TRANSIT</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>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire 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>	
	Traffic Way <b>ONE-WAY TRAFFIC</b>	Traffic Control <b>YIELD SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

Vehicle

<b>UNIT</b>	<b>01</b>	<b>VEHICLE</b>	License Plate Number <b>AXM3990</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>WVWBS21J01W087757</b>	Make <b>VOLKSWAGEN</b>	Year <b>2001</b>	Model <b>GOLF</b>	
			Color <b>BLU - BLUE</b>	Body Style <b>HB - HATCHBACK</b>		Bus Use	
			Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage <b>06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE</b>			
			Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>CHANGING LANES</b>		Vehicle Factors		
	Driver Prior Action Other		<b>POWER TRAIN</b>		
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>				
01	Owner Name <b>CHERYL HUTCHINSON</b>		Owner Address <b>S950 BIRCHWOOD RD WISCONSIN DELLS, WI 53965 , US</b>		
	<b>Sequence Of Events</b>				
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>HANNAH HUTCHINSON</b>		Citations Issued <b>2</b>	Sex <b>FEMALE</b>	
	Address <b>S950 BIRCHWOOD RD WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<b>Safety Equipment</b>		On Duty Crash		
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance		
	Helmet Use		Tint Compliance		
	Eye Protection		Airbag <b>NON DEPLOYED</b>		
	<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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>					
<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 <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>			
	01	01	<b>Violations</b>			
			UTC Number <b>BI589634</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
02	01	UTC Number <b>BI589635</b>	Issue To? <b>001</b>	Statute Number <b>346.31(1)</b>	Description <b>FAIL TO FOLLOW INDICATED TURN</b>	

**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>(SPORT) UTILITY VEHICLE</b>					Operating As Endorsements	
		Total Occs <b>5</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 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>ONE-WAY TRAFFIC</b>			Traffic Control <b>YIELD SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>						

**Vehicle**

02	License Plate Number <b>BDNANA</b>		Plate Type <b>NUR - NURSES CHANGE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FM5K8GT9JGB49378</b>		Make <b>FORD</b>	Year <b>2018</b>	Model <b>EXPLORER</b>
	Color <b>RED - RED</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>				

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UNIT VEHICLE	Vehicle Damage				
	Extent Of Damage <b>MINOR DAMAGE</b>				
	Towed Due To Damage <b>NOT TOWED</b>				
	Vehicle Removed By <b>OPERATOR</b>				
UNIT VEHICLE	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors  <b>NOT APPLICABLE</b>		
	Driver Prior Action Other				
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Owner Name <b>CHRISTINE ANDREOLI</b>				
UNIT VEHICLE	Owner Address <b>E10702 FERN DELL RD BARABOO, WI 53913 , US</b>				
	<b>Sequence Of Events</b>				
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
UNIT VEHICLE	<b>Policy Holder</b>				
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>CHRISTINE ANDREOLI</b>			
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>CHRISTINE ANDREOLI</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
		Date of Birth	Race <b>WHITE</b>		
	Address <b>E10702 FERN DELL RD BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT INDIVIDUAL	<b>Safety Equipment</b>		Safety Equipment  <b>SHOULDER &amp; LAP BELT</b>		
	On Duty Crash				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>			
	Helmet Use			Helmet Compliance	
	Eye Protection			Tint Compliance	
	<b>Injury</b>			Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
UNIT INDIVIDUAL	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		
			EMS Run #		
		Time of Death			

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UNIT	INDIVIDUAL	<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>			
UNIT	INDIVIDUAL	<b>Individual</b>	
		Passenger <b>MICHAEL ANDREOLI</b>	Citations Issued <b>0</b> Sex <b>MALE</b>
			Date of Birth Race <b>WHITE</b>
		Address <b>E10702 FERN DELL RD BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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		

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UNIT	Distracted By Action				
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	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>					
UNIT		INDIVIDUAL	Passenger <b>MATTHEW HOEGE</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
				Date of Birth	Race <b>WHITE</b>
02	003	Address <b>E6994 HEMLOCK ROAD NORTH FREEDOM, WI 53951 , US</b>		Driver License Number	
		<b>Safety Equipment</b>	On Duty Crash <b>EMT/FIRST-RESPONDER</b>		
Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
02	004	<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					

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<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location			
	Prior Action						
	Action						
	Action Other				To/From School		
<b>02</b>	<b>004</b>	<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>					
<b>UNIT</b>	<b>INDIVIDUAL</b>	Passenger <b>REMI HAGER</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>E6994 HEMLOCK ROAD NORTH FREEDOM, WI 53951 , US</b>		Driver License Number			
		<b>Safety Equipment</b>					
<b>02</b>	<b>005</b>	On Duty Crash		Safety Equipment			
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</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	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	
02	005	<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>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		Passenger <b>KINZE HAGER</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>E6994 HEMLOCK ROAD NORTH FREEDOM, WI 53951 , US</b>	Driver License Number		
02	006	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
		Row <b>06 -UNKNOWN ROW</b>	Seat Position <b>07 - LEFT</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		EMS Run #	
			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			

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<b>UNIT</b>	<b>INDIVIDUAL</b>			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>02</b>	<b>006</b>					