24-07957

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #	Agenc 24-07	y Crash Number 957	• •	g Officer/Deputy R. BARNES			
77	Crash Date 07/20/2024	Crash Time 07:56 PM	Date A 07/20		Time Arrived 08:09 PM				
ח צ	Date Notified	Time Notified	Total U	Jnits	Total Injured				
	07/20/2024	07:56 PM	02		00	00	Reporting		
<u> </u>	On Emergency	and Run		Work Zone	Trailer	or Towed	Threshold		
6 I LUUKKBZ	Government Property	Active School Zone	Schoo NO	l Bus Related	Tags				
	Reportable	Crash Type DT4000 (STANDARD CRA	ASH)		Amende	əd	Secondary Crash		
	Description Diagram								
Diagram By: RYAN BARNES ON 0720/2024 NOT TO SCALE Protes By: R BARNES The diagram of the second s									
	BOTH UNITS WERE TRAVELING W REQUIRED THE VEHICLE TO EXIT CONTINUE ON FERN DELL ROAD, TURN/MARKING. BOTH VEHICLES	ONTO MOON ROAD. PER THE C WHICH WAS AGAINST POSTED	OPERATOR, REQUIREM	THE TRANSMISSION STU ENTS. UNIT 1 STRUCK U	JCK GOING INTO 2	ND GEAR AND	D THE VEHICLE NEEDED TO		

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

	00	ation								(608) 356-4895
ļ		FERN DELL RD				Latitude			Longi	tude
	30 F					43.56056	6608		•	82992363
						X Coordina	ate		Y Coo	ordinate
		HE TOWN OF DELTON AUK COUNTY	N			275231.3	125		4826	831
						Structure	Гуре			
(Cra	sh Scene								
Ī	First	Harmful Event				First Harm	ful Event Lo	ocation		
	MO	TOR VEH IN TRANSPO	DRT			ON ROA	DWAY			
		ner of Collision				Light Cond	lition			
		SIDESWIPE/SAME DI	RECTION			DUSK				
	Road	Surface Condition(s)				Roadway I	actor(s)			
	DR۱	,								
	Envi	onment Factor(s)								
	NOM	IE				NONE				
	Wea	ther Condition(s)								
	CLE	AR								
	Anim	al Type				Relation T	o Trafficwa	y		
							WAY - O			
		h Classification - Location						Jurisdiction		
	-				NO SPECIAL JURISDICTION Access Control Special S					
	THDS	I Land				NO CON				Special Study
	With	n Interchange Area		Intersectio	n Type					
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION			
l		Summary								
		Status		D CLASS	erating As C	lassification		Unit Type		
		RANSIT		D CLASS			Operating A		sements	
5		SENGER CAR						oporating		
ľ	Tota	Occs	Train/Bus # Recorded		tions Issued		Total Trail	ers	Total H	azMat Types
	1			2			0		0	
		ance?	Direction Of Travel	Pre	CrashTire		Speed Lin	nit	Total La	anes
	NO	Harmful Event: Collision V	WESTBOUND	Special Fur	Mark		55	Emergency	2 Motor V	ahicle I Isa
;		For VEH IN TRANSPO				TION		NOT APP		
	Traff	ic Way		Traffic Cont				Traffic Cont	rol Inope	rative/Missing
				YIELD SIG	-			NO Road Crade		
		ace Type CKTOP (BITUMINOUS	5)	Road Curva				Road Grade	;	
		Bus or HazMat	7	CORVEL						
	NO									
		/ehicle					01			
		License Plate Number AXM3990		Plate Type	: JTOMOBIL	F	St WI	Country of Is		
		Vehicle Identification Num	nber	Make			Year	Model	AILO	
	01	WVWBS21J01W0877		VOLKSW	VAGEN		2001	GOLF		
		Color		Body Style				Bus Use		
		BLU - BLUE			ГСНВАСК					
	Ľ	Initial Contact Point 08 - LEFT SIDE REAR	5	Vehicle Da	amage					7 8 9 10 11
	/EHICL	Extent Of Damage	\					, 08 - LEFT	SIDE	6 12
ا د	νEI	MINOR DAMAGE		REAR, 0	9 - LEFT S		LE			5 4 3 2 1

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage			ehicle Removed By				
		NOT TOWED What Driver Was Doing			PERATOR ehicle Factors				
		CHANGING LANES		ve					
		Driver Prior Action Other		PO	OWER TRAIN				
		Driver Actions							
	Щ	FAILED TO YIELD RIGHT-O	F-WAY						
UNIT									
כ	VEHICLE								
	>								
		Owner Name			Owner Address				
	7	CHERYL HUTCHINSON			S950 BIRCHWOO		e		
	01				WISCONSIN DEL	LS, WI 53965 , U	5		
		Sequence Of Events Event							
	01	MOTOR VEH IN TRANSPOR	RT						
	02	Event							
	03	Event							
	-	Event							
	04								
		ndividual							
		Driver			Citations Issued	Sex			
	Ļ	HANNAH HUTCHINSON			2	FEMALE			
⊨	NDIVIDUAL				Date of Birth	Race WHITE			
UNIT	Address			Driver License Number	•				
	ND	S950 BIRCHWOOD RD WISCONSIN DELLS, WI 539	65 . US		STATE: WISCONSI	N COUNTRY: UN	ITED STATES		
		,							
	l	On Duty Cr	rash		Safety Equipment				
	Saf	fety Equipment							
		Row	Seat Po	onton	SHOULDER & LAP	BELT			
		01 - FRONT ROW	07 - LE						
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
—	Σ	Injury Seve	erity		Airbag				
5	001	Injury NO APPA			NON DEPLOYED				
			ection Pat				Trapped/Extricated		
		NOT EJECTED N Medical Transport	OT EJEC	CTED/NOT APPLI					
		NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
		Hospital			Date of Death		Time of Death		
		Distracted By NOT APP	By Source PLICABL	E (NOT DISTRAC	TED)		• 		
		Distracted By Action NOT DISTRACTED							
		Non Motorist	it #	Location					

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

		Prior Action								
		Action								
⊢	UAL									
UNIT	INDIVIDUAL									
	INC									
		Action Other								To/From School
a.			Suspected	Alcohol l	Jse	Suspected	Drug Use			
	L	Drug & Alcohol	NO			NO	5			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test T	уре			Alcohol Tes	t Results
		Drug Test Given TEST NOT GIVEN			Drug Test Typ	e	[Drug Test Resi	ılts	
01	001	Drug Type								
		Individual Condition								
			IAL							
		Violations								
	UTC NumberIssue To?Statute NumberBI589634001344.62(1)					Description OPERAT	E MOTOR VE	EHICLE W/O	INSURANCE	
	02	UTC Number BI589635	Issue To? 001		tute Number 6.31(1)	Descriptior FAIL TO	FOLLOW IND	DICATED TU	RN	
		t Summary Status				Vehicle Operation	ting As Classific	ation	Unit Type	
	IN T	RANSIT				D CLASS			AUTOMO	
02		cle Type ORT) UTILITY VEHI	CLE						Operating A	s Endorsements
	-	I Occs		/Bus # Re	ecorded	Total # Citation	ns Issued	Total Tr 0	ailers	Total HazMat Types 0
	Insur	rance?	Direc	tion Of Tr	avel	0 Pre CrashTire		Speed	₋imit	o Total Lanes
UNIT	YES Most	Harmful Event: Collision		STBOUN	D	Special Function	ark on	55	Emergency	2 Motor Vehicle Use
	MO	TOR VEH IN TRANS					L FUNCTION		NOT APP	LICABLE
	ONE	-WAY TRAFFIC				Traffic Control YIELD SIGN			NO	rol Inoperative/Missing
•					Road Curvature			Road Grade		
			OUS)			CURVE LEF	Т		LEVEL	
	BLA Truc	CKTOP (BITUMINC k Bus or HazMat	OUS)			CURVE LEF	Т		LEVEL	
	BLA Truck NO	ACKTOP (BITUMINC k Bus or HazMat Vehicle					T			
	BLA Truck NO	KCKTOP (BITUMINC k Bus or HazMat Vehicle License Plate Number				Plate Type		E WI	Country of Is	
	BLA Truck NO	K Bus or HazMat Vehicle License Plate Number BDNANA Vehicle Identification I	Number	_		Plate Type NUR - NUR Make	T SES CHANG	E WI Year	Country of Is UNITED S	TATES
	BLA Truck NO	K Bus or HazMat Vehicle License Plate Number BDNANA	Number	_		Plate Type NUR - NUR		E WI	Country of Is	TATES
	BLA Truck NO	KCKTOP (BITUMINC k Bus or HazMat Vehicle License Plate Number BDNANA Vehicle Identification I 1FM5K8GT9JGB4	Number			Plate Type NUR - NUR Make FORD Body Style		E WI Year 2018	Country of Is UNITED S Model EXPLORE	TATES

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	щ			Vehicle Damage			7 9 0 10 11				
UNIT	VEHICLE				CORNER, 02 - RIGHT S		7 8 9 10 11 6				
S	Ξ	Extent Of Damage			SIDE MIDDLE, 12 - FR		5 4 3 2 1				
	3	MINOR DAMAGE									
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR							
		What Driver Was Doing		Vehicle Factors							
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions		•							
	Щ	NO CONTRIBUTING ACTIO	ON								
UNIT	Ū										
Б	VEHICL										
	>										
		Owner Name		Owner Address							
	~	CHRISTINE ANDREOLI		E10702 FERN D							
	02			BARABOO, WI	53913,US						
		Sequence Of Events									
	2	Event MOTOR VEH IN TRANSPO	RT								
	U										
	02	Event									
		Event									
	03										
	64	Event									
	Ò										
F		Policy Holder									
UNIT		Insurance Company		Individual							
		STATE-FARM-GENERAL-I	NS-CO	CHRISTINE AND	REOLI						
		Individual									
		Driver CHRISTINE ANDREOLI		Citations Issued	Sex FEMALE						
	AL			Date of Birth Race							
F	D			Bato of Birth	WHITE						
UNIT	DIVIDUAL	Address		Driver License Number							
		E10702 FERN DELL RD		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Z	BARABOO, WI 53913, US		STATE. WISCONS	SIN COUNTRY. UNITED	STATES					
	Sa	f ety Equipment	Jrash	Safety Equipment							
		Row	Seat Position	SHOULDER & LA	P BELT						
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
	~	Injury Se	verity	Airbag							
02	002			NON DEPLOYED							
			Ejection Path	I	Tra	oped/Extricated					
			NOT EJECTED/NOT AP			T TRAPPED					
		Medical Transport		EMS Agency Identifie	er EMS	S Run #					
		NOT TRANSPORTED Hospital		Date of Death		e of Death					
		Ποοριται									
				I							

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		Distracted By NOT APP		ידבט				
		Distracted By Action	LICABLE (NOT DISTRAC	(12D)				
		NOT DISTRACTED						
		Striking Un Non Motorist	it # Location					
		Prior Action						
		Action						
	AL							
E	INDIVIDUAL							
UNIT	Σ							
	N							
		Action Other					To/From School	
		Drug & Alcohol NO	Alcohol Use	Suspected Drug Use				
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		3		
2	2	Drug Type						
02	002							
		Individual Condition						
		APPEARED NORMAL						
		ndividual Passenger		Citations Issued	Sex			
	_	MICHAEL ANDREOLI		0	MALE			
	NDIVIDUAL			Date of Birth	Race WHITE			
UNIT	Ę	Address		Driver License Number				
>	Ā	E10702 FERN DELL RD		STATE: WISCONSIN COUNTRY: UNITED STATES				
	=	BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES				
	_	On Duty Cr	ash	Safety Equipment				
	Sat	fety Equipment	•					
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP	BELT			
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
		-						
62	003	Injury Seve Injury NO APPA	rity RENT INJURY	Airbag NON DEPLOYED				
	-		ection Path	1011 221 201 23		Trapped/Extricated		
			OT EJECTED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death		Time of Death		
		Distracted	By Source					
		Distracted By	_, _,					

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		Distracted By Action										
	l	Non Motorist	Striking Ur	iit #	Location							
		Prior Action										
		Action										
	AL											
UNIT	'IDN'											
5	INDIVIDUAL											
	=											
		Action Other							To/From School			
			Suspected	Alcohol U	se	Suspected Drug Use						
	L	Drug & Alcohol	NO			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	3				
02	003	Drug Type										
	-	Individual Condition										
			/IAL									
	1	ndividual				Ottotione la sue d	0					
	Ļ	Passenger MATTHEW HOEGE				Citations Issued 0	Sex MALE					
⊢	INDIVIDUAL					Date of Birth	Race WHITE					
	IDIVI	Address E6994 HEMLOCK ROAD				Driver License Numb	er					
	Z	NORTH FREEDOM	A, WI 5395	51 , US								
	Saf	fety Equipment	On Duty C	rash		Safety Equipment						
		Row		Seat Po	sition	SHOULDER & LA	P BELT					
		02 - SECOND ROV Helmet Use	N	09 - RI	GHT	Helmet Compliance						
		Eye Protection				Tint Compliance						
	_	-	Injun/ Sov	ority.								
02	004	Injury	Injury Seve	ARENT II		Airbag NON DEPLOYED						
		Ejected	E	jection Pa	th			Trapped/Extricated				
		NOT EJECTED Medical Transport	Ν	OT EJE	CTED/NOT APPL		~	NOT TRAPPED EMS Run #				
		NOT TRANSPORT	ED			EMS Agency Identifie						
		Hospital				Date of Death		Time of Death				
		Distracted By	Distracted	By Source	9							
		Distracted By Action										

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		Non Motorist	Jnit #	Location					
		Prior Action		1					
		Action							
	٩L								
l⊑	INDIVIDUAL								
UNIT	DIVI								
	N								
		Action Other						To/From School	
	L	Suspecte Drug & Alcohol NO	d Alcohol l	Jse	Suspected Drug Use				
		Alcohol Test Given		Alcohol Test Type	2		Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results			
		TEST NOT GIVEN							
02	004	Drug Type							
		APPEARED NORMAL							
		Individual							
		Individual Passenger			Citations Issued	Sex			
	Ļ	REMI HAGER		0	FEMALE				
⊢	INDIVIDUAL				Date of Birth	Race WHITE			
UNT	INIO	Address E6994 HEMLOCK ROAD			Driver License Number	r			
	N	NORTH FREEDOM, WI 539	951 , US						
		On Duty	Crash		Safety Equipment				
	Sat	fety Equipment							
		Row 02 - SECOND ROW	Seat Po 07 - Ll		SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
	2	Injury Se	veritv		Airbag				
02	005	Injury NO APF	ARENT I		NON DEPLOYED				
		-	Ejection Pa NOT EJE	ath CTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
	NOT TRANSPORTED Hospital				Date of Death		Time of Death		
		Distracted	d By Sourc	e					
		Distracted By		-					
		Distracted By Action							
		Non Motorist	Init #	Location					
		Matar Vahiela Crash		This yes a	rt does not include any C.	IIC data	Creek Date	07/20/2024	

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1											
		Prior Action									
ĺ		Action									
	Ļ										
⊨	INDIVIDUAL										
UNIT	Σ										
	Z										
		Action Other						To/From School			
		Suspor	ted Alcohol		Suspected Drug Use						
	1	Drug & Alcohol NO		036	NO						
		Alcohol Test Given		Alcohol Test Type	e		Alcohol Test Results				
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Result	s				
		TEST NOT GIVEN									
03	005	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		Individual									
		Passenger KINZE HAGER			Citations Issued 0	Sex FEMALE					
	JAL				Date of Birth	Race					
UNIT	Į	Address			Driver License Numbe	WHITE					
5	INDIVIDUAL	E6994 HEMLOCK ROAD			Driver License Numbe	1					
	=	NORTH FREEDOM, WI 5	3951 , US								
		On Dut	y Crash		Safety Equipment						
	Sa	fety Equipment									
		Row 06 -UNKNOWN ROW	Seat P 07 - L		SHOULDER & LAF	BELI					
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
8	900	Injury S Injury NO A	everity PPARENT	INJURY	Airbag NON DEPLOYED						
		Ejected	Ejection Pa	ath			Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APP	LICABLE EMS Agency Identifier	r	NOT TRAPPED EMS Run #				
		NOT TRANSPORTED					2				
		Hospital			Date of Death		Time of Death				
		Distract Distrac	ted By Sourc	e							
		Distracted By Distracted By Action									
		Distracted by ActiON									
		Non Motorist	Unit #	Location							
		Prior Action									
1											

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action					
	_						
_	IAI						
UNIT	D						
5	INDIVIDUAL						
	N						
		Action Other					To/From School
		Action Other					
		Suspected Alo	cohol Use	Suspected Drug Use			
	L	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	5	
	9	Drug Type					
02	006	2.03.190					
		Individual Condition					
		APPEARED NORMAL					