



6TL1C3B003

25-01670

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

Table with location details: ON USH12 EB 0.34 MI N OF LEHMAN RD IN THE TOWN OF BARABOO IN SAUK COUNTY. Includes Latitude (43.428645663), Longitude (-89.773203033), X Coordinate (275533.46875), Y Coordinate (4812153), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (07 - SIDESWIPE/SAME DIRECTION), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLEAR), Animal Type, Crash Classification (PUBLIC PROPERTY), and Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), Total Occs (2), Direction Of Travel (SOUTHBOUND), Most Harmful Event (MOTOR VEH IN TRANSPORT), and Traffic Way (DIVIDED HWY MEDIAN W/BARRIER).

Table with vehicle details: License Plate Number (AUR1653), Vehicle Identification Number (1C4BJWDG5FL521867), Color (BLU - BLUE), Initial Contact Point (10 - LEFT SIDE FRONT), and Extent Of Damage (MINOR DAMAGE). Includes a vehicle damage diagram.

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>AMANDA KAYDUS (608) 426-0424</b>		Owner Address <b>105 S GALENA ST SOUTH WAYNE, WI 53587 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		INDIVIDUAL <b>AMANDA KAYDUS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>AMANDA KAYDUS (608) 426-0424</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>105 S GALENA ST SOUTH WAYNE, WI 53587 , 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	
	Row <b>01 - FRONT 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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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>					
		PASSENGER <b>PATRICK KAYDUS</b> (608) 426-2225			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth			Race <b>WHITE</b>		
Address <b>105 SOUTH GALENA ST</b> <b>SOUTH WAYNE, WI 53587 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
01	002	<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					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #		Location			

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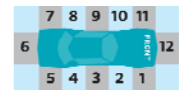
<b>UNIT</b>	<b>INDIVIDUAL</b>	Prior Action				
		Action				
		Action Other			To/From School	
	<b>01</b>	<b>002</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition			
			<b>APPEARED NORMAL</b>			

## Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>HIT AND RUN</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>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>UNKNOWN</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>4</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>DIVIDED HWY MEDIAN W/BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>UPHILL</b>		
		Truck Bus or HazMat <b>NO</b>						

## Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	<b>02</b>	<b>02</b>	License Plate Number <b>ATH4852</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>1HGCV3F97LA006044</b>	Make <b>HOND</b>	Year <b>2020</b>	Model <b>ACCORD</b>
				Color <b>GRY - GRAY</b>	Body Style <b>SD - SEDAN</b>		Bus Use
				Initial Contact Point <b>99 - UNKNOWN</b>	Vehicle Damage		
				Extent Of Damage <b>VEHICLE NOT AT SCENE</b>	<b>16 - VEHICLE NOT AT SCENE</b>		
				Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
				What Driver Was Doing <b>NEGOTIATING CURVE</b>			



# WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	UNKNOWN
	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>	
02	Owner Name <b>NIYAZI SOYLU (608) 847-8619</b>	Owner Address <b>85D GRAND CANYON DR # 201 BARABOO, WI 53913 , 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	Citations Issued <b>0</b>
		Sex
		Race
	Address	Driver License Number
02 003	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
	<b>RESTRAINT USE UNKNOWN</b>	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
		Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
		Trapped/Extricated <b>NOT APPLICABLE</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
	Prior Action	

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UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use		Suspected Drug Use		
			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>NOT OBSERVED</b>					
		02	003				