

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00000217 Entity: Jackson County

State: WI

DATE OF LOSS: 10/21/21

LOSS STREET : HWY 27

LOSS CITY : BLACK RIVER FALLS

POLICE DEPT.: JACKSON COUNTY

REPORT NUM. : 2107297

Image Name: WI00000217_3331031956_211215_2183076.tif



3331031956

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21-07297

Wisconsin Motor Vehicle Crash Report

JACKSON COUNTY SHERIFFS DEPART
30 NORTH THIRD STREET
BLACK RIVER FALL, WI 54615
(715) 284-9009

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy DEPUTY K. PETERS	
Crash Date 10/21/2021		Crash Time 12:14 PM		Date Arrived 10/21/2021		Time Arrived 12:18 PM	
Date Notified 10/21/2021		Time Notified 12:14 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 DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Location

ON STH27 SB 93 FT S OF MAPLEWOOD CT IN THE TOWN OF BROCKWAY IN JACKSON COUNTY	Latitude 44.28222290	Longitude -90.8421640	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 193415.8281	Y Coordinate 4910402	On Roadway Link ID# 1169293	On Roadway Link Offset 286
	Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE

Crash Scene

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

Unit Summary

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

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UNIT 01 INDIVIDUAL	Role DRIVER			Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name CAPPAUL			First Name SANDRA			Middle Initial K		Suffix
	Street Address N9329 CTY RD F			Street Address 2			PO Box		
	City ALMA CENTER			State WI		Zip Code 54611		Country of Residence UNITED STATES	
	DOB 04/01/1961	Sex F	Race W	Hair BROWN	Eyes GREEN	Height 504	Weight 165	Phone Number (715) 896-8233 EXT.	
	Driver's License Number C1407916162100			State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE			DL Expire Year 2026		
	Equipment		On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT				
	Helmet Use			Helmet Compliance					
Eye Protection			Tint Compliance						
UNIT 01 INDIVIDUAL	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #		
	Hospital			Date of Death			Time of Death		
	Non Motorist		Striking Unit #		Location		To/From School		
	Prior Action			Action					
	Distracted By Action NOT DISTRACTED								
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			Action Other					
	Drug & Alcoh		Individual Condition APPEARED NORMAL						
	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									
UNIT 01 INDIVIDUAL	License Plate Number AEH5487			Plate Type AUT		St WI	Country of Issuance UNITED STATES		
	Vehicle Identification Number 1GNSKBE0XDR131520					Year 2013	Make CHEV		
	Model TAHOE			Body Style UT - SPORT UTILITY VEHICLE			Color GLD - GOLD		
	Initial Contact Point 06 - REAR								

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01	01	Extent Of Damage MINOR DAMAGE		Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER				
		Towed Due To Damage NOT TOWED		Vehicle Factors				
UNIT	VEHICLE	Vehicle Removed By OPERATOR		NOT APPLICABLE				
		What Driver Was Doing SLOW/STOPPING		Driver Prior Action Other		Bus Use		
		Driver Actions NO CONTRIBUTING ACTION						
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address				
UNIT	VEHICLE	Organization Type INDIVIDUAL		Company Name				
		Last Name CAPPAUL		First Name SANDRA		Middle K	Suffix	Date of Birth 04/01/1961
		Street Address N9329 CTY RD F		Street Address2		PO Box		
		City ALMA CENTER		St WI	Zip Code 54611		Country of Residence UNITED STATES	
		Telephone Number (715) 896-8233 EXT.						
		01	Event MOTOR VEH IN TRANSPORT					
		02	Event					
03	Event							
04	Event							
UNIT	HOL	Insurance Company 1ST-AUTO-&-CASUALTY-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver		
		Organization Type INDIVIDUAL	Last Name CAPPAUL	First Name SANDRA		Policy Holder Company		
Unit Summary								
UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR		Operating As Endorsements				
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2		
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
		Truck Bus or HazMat NO						
		Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL

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02

UNIT

02

INDIVIDUAL

02

UNIT

INDIVIDUAL

02

UNIT

INDIVIDUAL

Last Name BERG			First Name WYATT			Middle Initial MICHAEL	Suffix
Street Address N2693 COUNTY RD S			Street Address 2			PO Box	
City BLK RIVER FALLS			State WI	Zip Code 54615	Country of Residence UNITED STATES		
DOB 04/14/2004	Sex M	Race W	Hair BROWN	Eyes GREEN	Height 511	Weight 220	Phone Number (715) 670-8505 EXT.
Driver's License Number B6208930413405			State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES		
License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE			DL Expire Year 2023	
Equipment		On Duty Accident	Safety Equipment				
Row 01 - FRONT ROW		Seat Position 07 - LEFT	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 APPLICA		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death		
Non Motorist		Striking Unit #	Location		To/From School		
Prior Action			Action				
Distracted By Action NOT DISTRACTED							
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			Action Other				
Drug & Alcoh		Individual Condition APPEARED NORMAL					
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							
License Plate Number AJH7570			Plate Type AUT	St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number 1G1ND52F24M685702				Year 2004	Make CHEV		
Model CLASSIC			Body Style SD - SEDAN		Color SIL - SILVER (ALUMINUM)		
Initial Contact Point 12 - FRONT							

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UNIT VEHICLE	02	Vehicle Damage		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
	02	Extent Of Damage MINOR DAMAGE		Vehicle Factors			
		Towed Due To Damage NOT TOWED		NOT APPLICABLE			
		Vehicle Removed By OPERATOR		Driver Prior Action Other			
		What Driver Was Doing GOING STRAIGHT		Bus Use			
		Driver Actions NO CONTRIBUTING ACTION					
		<input type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type INDIVIDUAL		Company Name			
		Last Name BERG		First Name MELANIE		Middle RAE	Suffix Date of Birth 08/30/1975
		Street Address N2693 COUNTY RD S		Street Address2		PO Box	
	City BLK RIVER FALLS		St WI	Zip Code 54615	Country of Residence UNITED STATES		
	Telephone Number (715) 670-8505 EXT.						
UNIT	01	Event MOTOR VEH IN TRANSPORT					
	02	Event					
	03	Event					
	04	Event					
HOL.	02	Insurance Company WISCONSIN-MUTUAL-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver	
		Organization Type INDIVIDUAL	Last Name BERG	First Name MELANIE		Policy Holder Company	

Description

Diagram

Reconstruction By

Photos By
DEPUTY K. PETERS 138

Additional Information

6HL0FGX4FH

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MAPLEWOOD CT. <hr/> <hr/>			PHOTOS
UNIT 2	→		
POINT OF CONTACT	→		
UNIT 1	→		
UNKNOWN OTHER VEHICLE(S) WHO ABRUPTLY STOPPED	→		
GEBHARDT ROAD GEBHARDT SCHOOL DRIVEWAY			

UNIT ONE WAS TRAVELING SOUTH BOUND ALONG GEBHARDT ROAD NEAREST MAPLEWOOD CT. WHEN VEHICLES IMMEDIATELY IN FRONT OF IT BRAKED. UNIT ONE BRAKED (NEARLY STRIKING THE VEHICLE IN FRONT OF IT) UNIT TWO WHO WAS FOLLOWING UNIT ONE TOO WAS FORCED TO TAKE EVASIVE ACTION AND BRAKE HARD (CAUSING VISIBLE SKID). UNIT TWO SUBSEQUENTLY STRUCK THE BACK OF UNIT ONE.

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name PETERS	Officer First Name KYLE	Officer Middle Name	Suffix
DOT Officer ID 138	DNR Officer ID	Officer Badge Number 138		
Officer EMail KYLE.PETERS@CO.JACKSON.WI.US				
Local Agency Number	Law Enforcement Agency Jurisdiction JACKSON		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name JACKSON COUNTY SHERIFFS DEPART		TAS Agency Name JACKSON COUNTY SHERIFF		
Law Enforcement Agency Street Address 30 NORTH THIRD STREET		Law Enforcement Agency Street Address2		
Law Enforcement Agency City BLACK RIVER FALL	LEA State WI	Law Enforcement Agency Zip Code 54615		

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Law Enforcement Agency Phone Number (715) 284-9009 EXT.	ORI Number WI0270000	BFUNC Agency 2700	TraCS Agency Number 195
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Attachment

01	<input type="checkbox"/> Confidential File Link	
	Attached File	File Name
		Agency Space