WISCONSIN MOTOR VEHICLE CRASH REPORT

	de Primary Crash	Crash Document # Agency Crash Number 18-1404		Investigating Officer/Deputy DEPUTY S. PARKHURS			
Crash Date 02/07/2018	Crash Time 04:10 PM		Date Arrived 02/07/2018	Time Arrived 04:46 PM			
ate Notified 2/07/2018	Time Notified 04:18 PM		Total Units 02	Total Injured	Total Kille	ed	
On Emergency	Hit and Run	Lane Closu	re Work Zone	Trailer	or Towed	Reporting Threshold	
Government Property	Active S	School Zone	School Bus Related NO	Tags	Tags		
Reportable	Crash Type DT4000 (ST	ANDARD CRASH)	Amende	ed	Secondary Crash	
escription =	'						
\$					Photos By Additional Info	rmation	
Thomas St							
	WHEN THE PROPERTY OF THE PROPE		231 2nd St	*			

Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Time 04:10 PM

		231 2ND ST -T S			Latitude 43.3746	Latitude 43.374696745		Longitude -89.621195598	
	OF	THOMAS DR DUSE/BUILDING 231)				X Coordinate 287649.15625		Y Coordinate 4805762.5	
	IN THE VILLAGE OF MERRIMAC IN SAUK COUNTY					Structure Type HOUSE/BUILDING			
	Cra	sh Scene							
		Harmful Event				mful Event	Location		
						ON ROADWAY			
		ner of Collision FRONT TO SIDE				Light Condition			
						DAYLIGHT Roadway Factor(s)			
	Road Surface Condition(s) SNOW					Roadway Factor(s)			
		ronment Factor(s)							
	NOI	NE			NONE				
	Wea	ther Condition(s)							
	CLE	EAR							
	Anin	nal Type			Relation	To Trafficw	ay		
					TRAFFI	CWAY - 0	ON ROAD		
		sh Classification - Location					- Jurisdiction		
		BLIC PROPERTY al Land					RISDICTION	10 :10:1	
					NO COI			Special Study	
	With NO	· ·	Junction Location		ection Type AN INTERSI	CTION			
			DRIVEWAY ACCESS	NOI	AN INTERSI	ECTION			
	Uni	t Summary 👅							
				Vahiala Operating /	o Classificatio	n	Library Transport		
	Unit	Status		Vehicle Operating A	As Classificatio	n	Unit Type	BILE	
	Unit IN T			Vehicle Operating A	As Classificatio	n	AUTOMO	BILE s Endorsements	
5	Unit IN T Vehi	Status TRANSIT			As Classificatio	n	AUTOMO		
5	Unit IN T Vehi PAS Tota	Status RANSIT icle Type	Train/Bus # Injured	D CLASS Total # Citations Iss		Total Tra	AUTOMO Operating A	s Endorsements Total HazMat Types	
5	Unit IN T Vehi PAS Tota 1	Status FRANSIT icle Type SSENGER CAR	,	D CLASS		Total Tra	AUTOMO Operating A	s Endorsements Total HazMat Types 0	
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama		Vehicle Removed By BILLS TOWING				
		TOWED BUT NOT DUE TO DISABLING DAMAG What Driver Was Doing		Vehicle Factors				
		BACKING	ing	VOINGET GOODS				
		Driver Prior Action Of	ther	NOT APPLICABLE				
		Driver Frior Action Of	uiei					
		Driver Actions		1				
	Щ	FAILED TO YIELD	RIGHT-OF-WAY					
╘╽	CL							
	VEHICL							
_	VE							
		Driver Distractions LOOKED BUT DII	D NOT SEE					
			- 1.5.1 522					
2	01							
		Owner Name		Owner Address				
		HANNAH J BENN (608) 644-6231	IETT	239 MADISON ST SAUK CITY, WI 53583, US				
		(000) 044-0231		OAGK 611 1, WI 33303 , 66				
		2 2/5						
		Sequence Of E	vents					
	01	MOTOR VEH IN T	RANSPORT					
	02	Event						
	0	Frank						
	03	Event						
	04	Event						
⊑ا		Policy Holder						
		Insurance Company	ADVANCED-INSURANCE-CO	Individual HANNAH BENNETT				
			ADVANCED-INSURANCE-CO	HANNAH BENNETT				
		Individual		L Oitetiana Januari	I a			
		Driver COLBY JAMES B	ENNETT	Citations Issued 0	Sex MALE			
	AL	(608) 644-6231		Date of Birth	Race			
-	INDIVIDUA			Bate of Biltin	WHITE			
L N D	≥	Address		Driver License Number				
7	5	239 MADISON ST						
	=	SAUK CITY, WI 5	3583 , US	STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment	On Duty Crash	Safety Equipment				
		Seat Position		SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		GNOGEDEN & EAR BEET				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
_	Σ		Injury Severity	Airbag				
2	00	Injury	NO APPARENT INJURY	NON DEPLOYED				
		Ejected	•	Ejection Path	Trapped/Extricated			
		NOT EJECTED		NOT EJECTED/NOT APPLICABL	NOT TRAPPED			

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From	School
		Action							
	A								
╘	INDIVIDUAL								
LIND	≥								
	9								
	=								
		Action Other							
			Suspected Alcohol U	Ise	Suspected Drug Us	SP.			
	E	Orug & Alcohol	NO	300	NO				
		Alcohol Test Given			Alcohol Test Type		Alcohol Test	Results	
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test R	esults	
		Drug Type							
5	00	Drug Type							
		Individual Condition							
		APPEARED NORM	/IAL						
		t Summary		TW	ahiala On anatin a A a 6	Diifiti	1		
	Unit	Status			ehicle Operating As (Classification	Unit Type	BII F	
	Unit IN T				ehicle Operating As 0	Classification	AUTOMOI	BILE s Endorsements	
02	Unit IN T Vehi	Status RANSIT				Classification	AUTOMOI		
	Unit IN T Vehi PAS	Status RANSIT cle Type	Train/Bus # Inj	ured T	otal # Citations Issue	d Total Tra	AUTOMOR Operating A	s Endorsements Total HazMat Types	
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UNIT 02	Unit IN T Vehi PAS Tota 1 Insur YES MOO Traff TWO Surfac BLA Truc NO	Status RANSIT cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDION ace Type ACKTOP (BITUMING) k Bus or HazMat Vehicle License Plate Number 681JXJ Vehicle Identification In 1C3CDFBB6GD50 Color RED - RED Initial Contact Point	Direction Of Tr NORTHBOU on With SPORT ED DUS)	iured T 0 0 ravel JND S N R S S	Pre CrashTin Mark pecial Function IO SPECIAL FUNC raffic Control O CONTROL oad Curvature TRAIGHT Plate Type AUT - AUTOMOBI Make DODGE Body Style 4D - 4DR	Total Tra 0 Speed Li 25 CTION St WI Year	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is: UNITED ST Model DART SXT Bus Use	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE Tol Inoperative/Missing	

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama	ge	Vehicle Removed By					
		What Driver Was Doi	ng	Vehicle Factors					
		GOING STRAIGH		NOT APPLICADI E					
		Driver Prior Action Ot	ther	NOT APPLICABLE					
		Driver Actions		1					
.	쁘	NO CONTRIBUTI	NG ACTION						
LIND	VEHICL								
5	표								
	>								
		Driver Distractions NOT DISTRACTE	D						
~	Ω.								
05	02								
		Owner Name		Owner Address					
		SHARON L MC CI	LEARN	S5530 GLACIER DR					
				BARABOO, WI 53913 , US					
	,	Sequence Of E	vents						
	۶	Event MOTOR VEH IN T	RANSPORT						
	05	Event							
	03	Event							
	0	_							
	04	Event							
╘	ا	Policy Holder							
L		Insurance Company		Individual					
			DVANCED-INSURANCE-CO	SHARON MC CLEARN					
	ı	Individual							
		Driver ROSEMARY RUP	AR	Citations Issued 0	Sex FEMALE				
	¥	(608) 434-1178		Date of Birth	Race				
_	2				WHITE				
EN	INDIVIDUA	Address		Driver License Number					
٦	2	341 2ND ST MERRIMAC, WI 5	2564 119	STATE: WISCONSIN COUNTRY: UNITED STATES					
	_	MERKIMAC, WI 5	3301,03	STATE: WISCONSIN COUNTY: OF	WIED STATES				
			On Duty Crash	Safety Equipment					
		Equipment							
		Seat Position		SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
ζ,	7		Injury Severity	Airbag					
05	005	Injury	NO APPARENT INJURY	NON DEPLOYED					
		Ejected		Ejection Path	Trapped/Extricated				
		NOT EJECTED		NOT EJECTED/NOT APPLICABL	NOT TRAPPED				

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/07/2018

Crash Time 04:10 PM

		Medical Transport			EMS Agency Identifier		EMS Run #	
		NOT TRANSPOR	RANSPORTED					
		Hospital			Date of Death		Time of Death	
			Osciliin a Hais #	Daine Antine		11		T-/ O-b
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School
		Action		-				
	ب							
_	INDIVIDUAL							
UNIT	₹							
	P							
	=							
		Action Other						
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us	6 e		
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	l		Drug Test Type		Drug Test Results	
02	005	Drug Type						
	J							
		Individual Condition						
		APPEARED NOR	MAL					