WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overio	de Primary Crash E	Oocument#	Agency 21-002	Crash Number		vestigating Off ERGEANT S		
Crash Date 01/10/2021	Crash Time 01:21 AM		Date Arrived 01/10/2021 Total Units 01		I	Time Arrived 02:00 AM Total Injured 00 Total Killed 00		
Date Notified 01/10/2021	Time Notified 01:21 AM				I			ed
On Emergency	Hit and Run	Lane Closu	re	₩ Work Zone	•	Trailer or	Towed	Reporting Threshold
Government Property		hool Zone	School NO	Bus Related	Ta	ags		_
▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH)	1		green	Amended		Secondary Crash
Description Diagram						I a.	construction	. 50.
	Main St.	Main St.		No	ot to Scale	Ph	otos By ditional Infor	
	Highway 23			Unit 1				

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Location —								
ON STH23 EB			Latitude			Longitu	de	
0.36 MI N			43.1482	263164		-90.060	0174683	
OF CTHC SB	2 CPEEN		X Coordi	X Coordinate Y Cool		Y Coord		
IN SAUK COUNTY	GILLIE		251162	251162.953125 47		478182	26	
		Structure	Туре					
Crash Scene								
First Harmful Event			FirstHar	mful Event Lo	ocation			
OTHER TRAFFIC BARRIE	R		ON RO	ON ROADWAY				
Manner of Collision			1 -	Light Condition				
00 - NO COLLISION W/VE	HICLE IN TRANSPORT			DARK/UNLIT				
Road Surface Condition(s)			Roadwa	Roadway Factor(s)				
DRY								
Environment Factor(s)								
NONE			WORK	ZONE (COI	NSTRUCTIO	N/MAINT	FENANCE/UTILITY)	
Weather Condition(s)								
CLOUDY								
Animal Type				Relation To Trafficway				
				TRAFFICWAY - NOT ON ROAD				
Crash Classification - Location PUBLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
Tribal Land				_			Special Study	
i ilodi zdi id		NO CONTROL				Opecial Olddy		
Within Interchange Area	Junction Location		Intersection Type	ion Type				
NO	NON-JUNCTION		1	INTERSECTION				
Work Zone Crash Location	Work Zone (Work Zone Crash Type						
ACTIVITY AREA			LANE CLOSURE					
Workers Present		Law Enforcement Present						
NO		NO tory Speed Limit Normal Posted Speed Limit						
Work Zone Speed Limit 55	Advisory/Regulation							
	NEODEA (ON	•	00					
Unit Summary Unit Status		I Vehicle One	erating As Classification	n	UnitType			
IN TRANSIT		D CLASS	, ,		AUTOMO	BILE		
Vehicle Type		1	<u> </u>			s Endorse	ments	
PASSENGER CAR								
Total Occs	Train/Bus#Recorded	Total#Citat	ions Issued	Total Trail	ers	TotalHaz	zMat Types	
01		00		0		0		
Insurance?	Direction Of Travel		CrashTire	Speed Lin	nit	TotalLan	es	
UNKNOWN Most Harmful Event: Collision N	SOUTHBOUND	Special Fun	Mark	55	I Emana na man	02	siele Uee	
EMBANKMENT	NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		iicie Ose		
Traffic Way	Traffic Control			Traffic Control Inoperative/Missing				
TWO-WAY, NOT DIVIDED	WARNING SIGN WITH FLASH		Н	NO				
Surface Type	Road Curvature			Road Grade				
BLACKTOP (BITUMINOUS	STRAIGHT			LEVEL				
Truck Bus or HazMat		•			•			
NO								
Vehicle								
License Plate Number		St	Country of Is					
161LTD			TOMOBILE	WI	UNITED STATES			
Vehicle Identification Nul		Make		Year	Model	E		
4S3BNBC 68G303439	SUBARU		2016		LEGACY 2.5			

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		Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR	Bus Use					
	ш	Initial Contact Point		Vehicle Damage						
I≡	ō	12 - FRONT								
	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 12 - FRONT Vehicle Removed By						
	>	Towed Due To Damage								
		TOWED BUT NOT DUE TO D		GEORGES AUTO BODY						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT Driver Prior Action Other		NOT APPLICABLE						
		Diver Francisco Cara								
	111	Driver Actions RAN OFF ROADWAY, DISRE								
l⊨	VEHICLE									
	Ŧ									
	5									
		Owner Name		Owner Address						
٦	5	JEREMIAH M OLSON		53 HAWKS LANDING CIR # 4 VERONA, WI 53593 , US						
٦				12						
		Sequencerofievents			NATURE DE DE LOS LOS LOS LOS LOS DE DEL DEL DE LOS					
	5	Event								
		OTHER TRAFFIC BARRIER								
	8	EMBANKMENT								
	63	Event								
	•	Event								
	2									
		Individual Driver JEREMIAH M OLSON								
				Citations Issued	Sex MALE					
	3			Date of Birth	Race					
⊨	INDIVIDUAL				WHITE					
S	a	Address 53 HAWKS LANDING CIR # 4		Driver License Number						
	Z	VERONA, WI 53593 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Cra fety Equipment	sh	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP BELT						
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
		Injury Severity		Airbag						
2	8	Injury NO APPARENT INJURY		NON DEPLOYED						
			ection Path OT EJECTED/NOT APP	Trapped/Extricated						
		Medical Transport	71 EVECTED/ROT AFF	EMS Agency Identifier	NOT TRAPPED EMS Run#					
		NOT TRANSPORTED								
		Hospital		Date of Death	Time of Death					
1	SERVICE REPORTS	1		1	1					

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		Distracted By UNKNOWN	e				
		Distracted By Action UNKNOWN					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	¥						
UNIT	INDIVIDUAL						
_	2						
		Action Other					To/From School
	L	Drug & Alcohol NO	Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	De Alcohol Test Res			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
01	<u>8</u>	Drug Type					
	8.⊞361) 8	Individual Condition					
		EMOTIONAL (DEPRESSED, ANGR)	, DISTURBED, E	тс)			