WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Time Date Arrived 11:05 AM 02/27/02/1 11:05 AM 01 Total lilled 01 00 01 Reporting Threshold Fags Reconstruction By Photos By NOT TO SCALE NOT TO SCALE	Document Number Overrid	de Primary Crash [Document#	Agency 21-010	/ Crash Number		g Officer/Deputy		
Description Photos By Ph									
Government Property Active School Zone No				1	nits			ed	
Property Active School Zone NO Crash Type DT4000 (STANDARD CRASH) Amended Secondary Crash Description	On Emergency	Hit and Run	Lane Closu		<u> </u>	I	or Towed		
Description Diagram Photos By Additional Information NONE				NO	Bus Related	Tags			
Photos By Additional information NONE	Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ied		
	TO NO	OT TO SCALE					Additional Info	ormation	
Unit 1 was traveling e/b on ski hill rd. Unit 1 driver stated she looked down at her phone, when she looked up unit 2 was in front of	Unit 1 was traveling E Her. Unit 1 crossed th				oked down at her ph	one, w hen she	LOOKED UP U	INIT 2 WAS IN FRONT OF	

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L	Location 💳									
ſ	ON SKI HILL RD				Latitude			Longitud	łe	
	0.71 MI E				43.50647	77849		-89.982	33861	
	OF S DEWEY AVE IN THE TOWN OF REED	(CB) IDC			X Coordinate Y Coordinate 258914.78125 4821382.5			Y Coord	Y Coordinate	
	IN SAUK COUNTY	SBURG						12.5		
					Structure	Туре		•		
L	Crash Scene									
Ī	First Harmful Event				First Harm	nful Event Lo	ocation			
	MOTOR VEH IN TRANSPORT					DWAY				
ŀ	Manner of Collision 02 - FRONT TO FRONT				Light Con-	dition				
					DAYLIG	HT				
İ	Road Surface Condition(s)				Roadway	Factor(s)				
	DRY									
ŀ	Environment Factor(s)				-					
	NONE				NONE					
ľ	Weather Condition(s)				1					
	CLEAR									
f	Animal Type				1	o Trafficway				
ŀ	Crash Classification - Locatio	n				SSIFICATION -				
	PUBLIC PROPERTY	л			1		SDICTION			
Ī	Tribal Land				Access Control Special Study NO CONTROL					
ľ	Within Interchange Area	Junction Location		Intersection	••					
Į	NO	NON-JUNCTION		NOT AN	INTERSE	CTION				
Į	Unit Summary 💻									
Т	Unit Status		Vehicle Op	erating As C	lassification	1	UnitType			
	IN TRANSIT		D CLASS				AUTOMOBILE			
ſ	Vehicle Type						Operating As Endorsements			
L	PASSENGER CAR									
Ī	Total Occs	Train/Bus#Recorded	1	tions Issued	ł	Total Trail	ers		Mat Types	
Į	1		3			0		0		
	Insurance?	Direction Of Travel	Pre	CrashTire	Speed Lin				ines	
ļ	YES	EASTBOUND		Mark			2			
	Most Harmful Event: Collision MOTOR VEH IN TRANSI		Special Fur	nction IAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE			
ŀ	Traffic Way	i OKI	Traffic Con	trol			Traffic Cont	rollnopera	tive/Missina	
	TWO-WAY, NOT DIVIDE	D	NO CONT				NO		31 3.11.100 mg	
ŀ	Surface Type		Road Curvi	ature			Road Grade			
1 "			CURVE L				DOWNHILL			
ľ	Truck Bus or HazMat						1			
	Vehicle									
	License Plate Number		Plate Type	2		St	Country of Is:	suance		
(M)(m)(m)	950YBN		1	AUT - AUTOMOBIL				UNITED STATES		
Vehicle Identification Number			Make			Year	Model			
	5 1G1JG6SBXD42451		l	CHEVROLET		2013	SONIC			
Spirite in the spirit	Color		Body Style		Bus Use					
Section	BLK - BLACK			4D - 4DR						
(mphilosop)	Initial Contact Point		Vehicle Da	amage			1			
0906600000	<mark>전</mark> 12 - FRONT									
			04 - RIGI	01 - RIGHT FRONT CORNER, 11 - LEFT FRON			T FRONT C	ORNER.	12 - FRONT	
3	DISABLING DAMAG		0 1 1 1 1 1 1 1 1		COMME	.,		,		

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		Towed Due To Damage		Vehicle Removed By	
		TOWED DUE TO DISABLING What Driver Was Doing	NG DAMAGE	STEVES AUTO SERVICE Vehicle Factors	
		NEGOTIATING CURVE		Versione Factors	
		Driver Prior Action Other		NOT APPLICABLE	
UNIT	VEHICLE	Driver Actions FAILED TO KEEP IN DESK	GNATED LANE, OPERA	I TED MOTOR VEHICLE IN INATTENTIVI	E, CARELESS OR ERRATIC MANNER
10	10	Owner Name LISA A LA RUE (608) 477-9408		Owner Address 105 MILL ST LA VALLE, WI 53941 , US	
		Sequence Of Events			
	5	Event MOTOR VEH IN TRANSPO			
	8	Event CROSS CENTERLINE			
	80	Event MOTOR VEH IN TRANSPO			
	3	Event			
_		 Policy Holder			
N N		Insurance Company PROGRESSIVE-CASUALT		Individual LISA LA RUE	
	37111111	Individual			
		Individual Driver		Citations Issued	Sex
		Driver LISA A LA RUE		Citations Issued	Sex FEMALE
╘		Driver		Citations Issued 3 Date of Birth	Sex
TINO	INDIVIDUAL	Driver LISA A LA RUE		Citations Issued	Sex FEMALE Race WHITE
LINO	INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US		Citations Issued 3 Date of Birth Driver License Number	Sex FEMALE Race WHITE
TINO	INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US Fety Equipment		Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment	Sex FEMALE Race WHITE
LIND	INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW	Crash Seat Position 07 - LEFT	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT	Sex FEMALE Race WHITE
TINO	INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW Helmet Use	Seat Position	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Sex FEMALE Race WHITE
TINO	INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW	Seat Position	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT	Sex FEMALE Race WHITE
	INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sets SUSPEC	Seat Position 07 - LEFT verity CTED SERIOUS INJUR	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Sex FEMALE Race WHITE ITED STATES
	S INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Set SUSPECE	Seat Position 07 - LEFT	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	Sex FEMALE Race WHITE
	S INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se SUSPEC Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT verity CTED SERIOUS INJUR Ejection Path	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag DEPLOYED-FRONT PLICABLE EMS Agency Identifier	Sex FEMALE Race WHITE ITED STATES Trapped/Extricated
	S INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Set SUSPEC Ejected NOT EJECTED	Seat Position 07 - LEFT verity CTED SERIOUS INJUR Ejection Path	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag DEPLOYED-FRONT	Sex FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED
	S INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US ety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury Se SUSPEC Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA MED (Seat Position 07 - LEFT verity CTED SERIOUS INJUR Ejection Path NOT EJECTED/NOT API	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT PLICABLE EMS Agency Identifier 6001024	Sex FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED EMS Run#
	S INDIVIDUAL	Driver LISA A LA RUE (608) 477-9408 Address 105 MILL ST LA VALLE, WI 53941 , US ety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury Se SUSPEC Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA MED (Seat Position 07 - LEFT Verity CTED SERIOUS INJUR Ejection Path NOT EJECTED/NOT API	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT PLICABLE EMS Agency Identifier 6001024	Sex FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED EMS Run#

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		Non Motorist	Striking Unit#	Location							
		Prior Action									
		Action									
	JAL										
UNIT	INDIVIDUAL										
		Action Other									To/From School
	1	Drug & Alcohol	Suspected Alco NO			Suspected Drug Use YES					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test T	уре				Alcohol Test	Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	е		Drug T	Test Results			
10	100	Drug Type									
		Individual Condition									
		APPEARED NORM	1AL								
		Violations	*********	************	arararar		****			S S S S S S S S S S S	
	0.1	UTC Number BB958409	Issue To?	Statute Number 343.44(1)(a)		Description OPERATING WHILE	SUSP	ENDED			
	02	UTC Number BB958410	Issue To?	Statute Number 346.05(1)		Description OPERATING LEFT O	F CEN	NTER			
	63	UTC Number BB958411	Issue To?	Statute Number 347.413(1)		Description IID TAMPERING/FAIL	_ TO !	NSTALL/V	IOLATE CO	URT ORE	DER
	Uni	t Summary •									
	ı	Status RANSIT			1	nicle Operating As Classi CLASS	fication		UnitType AUTOMOB	ILE	
02		icle Type SSENGER CAR							Operating As	Endorsem	nents
	Tota	lOccs	Train/Bus	#Recorded	Tot	al#Citations Issued		Total Traile		Total HazN 0	/lat Types
 -		Insurance? Direction Of Travel YES WESTBOUND				Pre CrashTire Mark		Speed Limit		Total Lanes 2	
TNU		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION		Emergency Mo NOT APPLIC			cle Use
		Fraffic Way FWO-WAY, NOT DIVIDED			1	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO			
		асе Туре			Roa	ad Curvature			Road Grade		
		ACKTOP (BITUMING	OUS)		CU	RVE RIGHT			UPHILL		
	NO NO	k Bus or HazMat									
		Vehicle		88888888888888							
		License Plate Numbe	T			ate Type UT - AUTOMOBILE		I	Country of lss UNITED STA		and the second section of the second
05	02	Vehicle Identification 1G4HR54KX5U271			1	ake UICK		Year 2005	Model LASABRE		
i		L									

Crash Date 02/27/2021
Crash Time 11:05 AM

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Crash Date 02/27/2021

		Color			dy Style		Bus Use	
		BGE - BEIGE			- 4DR			
┖	Щ	Initial Contact Point 11 - LEFT FRONT CORN	EĐ	ve	hicle Damage			
	¥	Extent Of Damage	ER	 ₁0	- LEET SIDE FRONT 44 -	LEETER	ONT CORNER, 12 - FRONT	
⊃	VEHICL	DISABLING DAMAGE		'	- LEI / OIDE I ROILI, 11 -	EE1 1110	SHI COMMEN, 12 - I NOM	
	7	Towed Due To Damage		Ve	hicle Removed By			
		TOWED DUE TO DISABL	ING DAMAGE	- 1	EVES AUTO SERVICE			
		What Driver Was Doing		Ve	hicle Factors			
		NEGOTIATING CURVE						
		Driver Prior Action Other		□ NC	OT APPLICABLE			
		Driver Actions NO CONTRIBUTING ACT	CON					
╻	Щ	NO CONTRIBUTING ACT	1014					
	EHIC							
>	Ū							
	>							
		Owner Name			Owner Address			
۱,,	N	STEVEN V STATZ			S5968 ROCK ELM RD			
8	8	(608) 434-3030			ROCK SPRINGS, WI 539	61 , US		
		Sequence Of Events						
	5	Event MOTOR VEH IN TRANSP	OPT					
		MOTOR VER IN TRANSP	ORI					
	8	Event						
		F - 4						
	8	Event						
		Event						
	8							
_		Policy Holder						1
N		Insurance Company		radradradradra	ndividu al			
⋽		AMERICAN-FAMILY-INS-	co		STEVEN STATZ			
		ndividual		reverererere				
		Driver			Citations ssued		T Sex	
		WARREN DAVID STATZ		- 1	0		MALE	
		(608) 434-6868			Date of Birth		Race	
l <u>⊢</u>							WHITE	
S	<u> </u>	Address			Driver License Number			
-	2	S5968 ROCK ELM RD ROCK SPRINGS, WI 5396	84 IIQ	ļ,	STATE: WISCONSIN COU	NTRY- HNI	TED STATES	
		NOON DI MINOD, IN 3330	, 	- [
	Sai	ety Equipment	y Crash		Safety Equipment			
			Louis Decision		SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		onoolben a lar bel			
		HelmetUse			Helmet Compliance			
		Eye Protection			Tint Compliance			
8	80	Injury S	Severity		Airbag			
ີ	9	2000310040104010101010101011011011011011	PARENT INJURY		DEPLOYED-FRONT		I market in the second	
		Ejected	Ejection Path	Apple	ADI E		Trapped/Extricated	
		NOT EJECTED Medical Transport	NOT EJECTED/NOT		EMS Agency Identifier		NOT TRAPPED EMS Run#	
l		NOT TRANSPORTED		1	Five Adency identities		LING IXIII #	
l								

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	Hospital		Date of Death		Time of Death	
	Distracted By NOT AF	d By Source PPLICABLE (NOT DISTRAC	CTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist Striking L	Jnit# Location				
	Prior Action					
	Action					
UNIT						
2						
	Action Other					To/From School
	Drug & Alcohol NO	ed Alcohol Use	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		
800	Drug Type			•		
	Individual Condition					
	APPEARED NORMAL					