WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document#	Agency Crash Number 21-07444	Investigating Officer/Deputy DEPUTY C. BRATZ Time Arrived 10:51 PM		
Crash Date 08/08/2021	Crash Time 04:20 AM	Date Arrived 08/08/2021			
Date Notified 08/08/2021	Time Notified 10:51 PM	Total Units 01	Total Injured Total K	illed	
On Emergency Hit	and Run Lane Clos	_	Trailer or Towed	Reporting Threshold	
Government Property	Active School Zone	School Bus Related NO	Tags		
Reportable	Crash Type DT4000 (STANDARD CRASH	1)	Amended	Secondary Crash	
Description Diagram			Reconstruc	for Di	
Diagram			Reconstitut	uun by	
		^	Photos By		
		/ 0,			
		- a 47	Additional	nformation	
			NONE		
) ~			
		<i>*</i>			
	7,000	USH 11/ S. Gasser Rd.			
		Image not to Scale			
			<u>.</u>		
	275 VA 25 1				
, a sworn law enforceme	nt officer, agree that I have n	ot added any CJIS data in this	s report.		
ON AUGUST 8, 2021 UNIT ONE WA	S DRIVING WEST ON USH 12. UNI	T ONE DRIVER STATED HAD VEHIC	E ISSUES WHERE STEERIN	IG WHEEL LOCKING UP. HT SHOULDER OF HIGHWAY.	

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	Location ===									
	ON USH12 WB 544 FT N				Latitude 43.446983912		Longit	tude 7783561		
	OF S GASSER RD IN THE TOWN OF BARA IN SAUK COUNTY	AB00			X Coordinate 275226.4375				Y Coordinate 4814202	
					Structure Type NO STRUCTURE					
	Crash Scene			<u> </u>						
	First Harmful Event			Т	First Harm	ıful Event Lo	ocation			
	OVERTURN/ROLLOVER			ON ROA	DWAY					
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/V			DARK/U						
	Road Surface Condition(s) DRY				Roadway	Factor(s)				
	Environment Factor(s)									
	NONE				NONE					
	Weather Condition(s)									
	CLEAR									
	Animal Type			Relation To Trafficway TRAFFICWAY - ON ROAD						
	Crash Classification - Location	on			Crash Cla	ssification -	Jurisdiction			
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
	Tribal Land		Access Control NO CONTROL			Special Study		Special Study		
	Within Interchange Area		Intersection Type NOT AN INTERSECTION							
	Unit Summary =			•						
	Unit Status		Vehicle Ope	erating As Cla	assification		UnitType			
	IN TRANSIT D CLASS				AUTOMOBILE					
5	Vehicle Type PASSENGER CAR				Operating As Endorsements					
_	Total Occs	Train/Bus#Recorded	Total#Citat	tions Issued		Total Trail	ers	TotalH	azMat Types	
	2		1			0 0)	
_	Insurance? Direction Of Travel YES WESTBOUND			THE STATE OF THE S		Speed Lin	d Limit Total Li		anes	
LNO N	Most Harmful Event: Collision	300000000000	Special Function Emergency Mo			Motor Ve				
_	OVERTURN/ROLLOVER NO S			IAL FUNCT	NCTION NOT APPLICABLE				E	
	Traffic Way		Traffic Cont				Traffic Control Inoperative/Missing		rative/Missing	
	DIVIDED HWY W/TRAFF Surface Type		NO CONTROL				NO Road Grade			
	CONCRETE		Road Curvature STRAIGHT			LEVEL				
	Truck Bus or HazMat						1			
	Vehicle License Plate Number		Plate Type			St	Country of Is	Suance		
	611WWE	1	AUT - AUTOMOBILE Make Y BMW 2		MN	UNITED S				
_	Vehicle Identification N	Make			Year	Model				
2	B WBAVC93547KX60	BMW			2007	328				
	Color BLK - BLACK	Body Style 4D - 4DR		Bus Use						
	Initial Contact Point	Initial Contact Point						I		
LIND	12 - FRONT Extent Of Damage DISABLING DAMAGE						7 8 9 10 11			
_	O 12 - FRUNT		15 - ALL					I	6 12	

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		Towed Due To Damage TOWED DUE TO DISABLE	NG DAMAGE	Vehicle Removed By BILLS TOWING				
			NO DAMAGE					
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors				
	827778173			STEERING				
		Driver Prior Action Other		012213110				
		Driver Actions		<u> </u>				
	ш	NO CONTRIBUTING ACT	ON					
—	VEHICLE							
IND	¥							
\supset	Ш							
		Owner Name		Owner Address				
		KHANDEEJA ANTOINETT	A LOTT	549 SELBY AVE	APT. 2			
5	5			ST PAUL, MN 55102 , US				
_								
		Sequence Of Events. Event						
	5	CROSS CENTERLINE						
	8	Event						
		DITCH						
	8	OVERTURN/ROLLOVER						
		Event						
	2							
⊨		Policy Holder	Policy Holder					
N		Insurance Company	Individual					
_		PROGRESSIVE-UNIVERS	KHADEEJA LOTT					
		Individual						
		Driver DONTWAE TAIYELL HAMMOND-JONSON		Citations Issued				
				1	MALE			
	3			Date of Birth	Race			
⊨	INDIVIDUAL				BLACK/AFRIC	AN AMERICAN		
FIND	2	Address		Drivert icense Number				
_	Z	322 S 2ND STREET APT 2 MINNEAPOLIS, MN 55401		STATE: MINNESOTA COUNTRY: UNITED STATES				
		WHITEAR OLID, MIN 35401	3011, 00	O JATE: MARKEZOO	in occurrence			
	Sai	ety Equipment	Crash	Safety Equipment				
			CDiki	SHOULDER & LAP BELT				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	GIOULDEN & LA	OLL!			
		HelmetUse			Helmet Compliance			
		realierosa		1 testilet outripliance				
		Eye Protection		Tint Compliance				
_	8	Injury Se	Airbag					
2	5	Injury NO APPARENT INJURY		DEPLOYED-FRONT				
		Ejected Ejection Path		•		Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT AP	LICABLE		NOT TRAPPED		
		Medical Transport	EMS Agency Identifier		EMS Run#			
	NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death		
			ad Du Caurea					
		Distracted By UNKNO	ed By Source DWN					
		Distracted By Action						
	WHITE	UNKNOWŃ						

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Action Other To/Fro						
Action Action						
Accon Other Accon Other Drug & Alcohol No Alcohol Test Caven TEST NOT GIVEN Drug Test Ghen Test Not Given Te	Prior Action					
Action Other To/Fro						
Action Other To/Fro						
Action Other To/Fro						
Action Other To/Fro						
Alcohol Test Given Alcohol Test Type Alcohol Test Results						
Alcohol Test Given	m School					
Alcohol Test Civen TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Results Trapped/Extricated NOT Epic Citations Issued On Drug Test Results Sex FEMALE Date of Birth Racce BLACK/AFRICAN AMERICAN Address S48 SELBY AVE APT. 2 ST. PAUL, MN 55102 , US Safety Equipment Row O1 - FRONT ROW D1 - FR						
Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Individual Passenger KHADEEJA ANTOINETTA LOTT Date of Birth Race BLACK/AFRICAN AMERICAN Address 549 SELBY AVE APT. 2 ST. PAUL, MN 55102 , US Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Eye Protection Tint Compliance Eye Protection Injury Sevenity NO APPARENT INJURY DEPLOYED-FRONT Ejected NOT EJECTED NOT EJECTED NOT TRANSPORTED Drug Test Results Date of Birth Race BLACK/AFRICAN AMERICAN Passenger BLACK/AFRICAN AMERICAN ARCE BLACK/AFRICAN AMERICAN FEMALE SAFETY Equipment SAFETY Equipment Trapped/Extricated NOT Trapped/Extricated NOT TRAPPED ROW NOT TRANSPORTED Drug Test Results Drug Test Results Sax FEMALE Date of Birth Race BLACK/AFRICAN AMERICAN FROM Date of Birth Race BLACK/AFRICAN FROM Date of Birth Race BLACK/AFRICAN FROM Date of Birth Ra						
TEST NOT GIVEN Drug Type Individual Passenger KHADEEJA ANTOINETTA LOTT Citations issued 0 FEMALE Date of Birth BLACK/AFRICAN AMERICAN Address Address 549 SELBY AVE APT. 2 ST. PAUL, MN 55102 , US Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY DEPLOYED-FRONT Ejected NOT EJECTED NOT TRANSPORTED Ting Type Citations issued 0 FEMALE BLACK/AFRICAN AMERICAN Passenger KHADEEJA ANTOINETTA LOTT On Duty Crash Seat Paintense BLACK/AFRICAN AMERICAN Priver License Number STATE: MINNESOTA COUNTRY: UNITED STATES Safety Equipment Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Compliance Eye Protection Tint Compliance Trapped/Extricated NOT TRAPPED Medical Transport NOT TRANSPORTED EMS Agency Identifier EMS Run #						
Individual Pessenger KHADEEJA ANTOINETTA LOTT Passenger KHADEEJA ANTOINETTA LOTT Onto 1 FEMALE Date of Birth BLACK/AFRICAN AMERICAN Address 549 SELBY AVE APT. 2 STATE: MINNESOTA COUNTRY: UNITED STATES Safety Equipment On Duty Crash Safety Equipment Safety Equipment Safety Equipment Prove Eye Protection Injury Seventy NO APPARENT INJURY DEPLOYED-FRONT Ejected NOT EJECTED Injury Seventy NO APPARENT INJURY DEPLOYED-FRONT Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Injury Seventy Medical Transport NOT TRANSPORTED EMS Agency Identifier EMS Agency Identifier EMS Run#						
APPEARED NORMAL Individual Pessenger KHADEEJA ANTOINETTA LOTT Date of Birth Back BLACK/AFRICAN AMERICAN Address 549 SELBY AVE APT. 2 ST. PAUL, MN 55102 , US Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Protection Trapped/Extricated NOT EJECTED NOT EJECTED NOT EJECTED NOT EJECTED NOT TRANSPORTED ACTIVATION SEX Sex 0						
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Pessenger KHADEEJA ANTOINETTA LOTT Date of Birth Race BLACK/AFRICAN AMERICAN Address 549 SELBY AVE APT. 2 ST. PAUL, MN 55102 , US Safety Equipment On Duty Crash Safety Equipment Safety Equipment SHOULDER & LAP BELT O1 - FRONT ROW O1 - FRONT ROW HelmetUse Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Ejected NO APPARENT INJURY DEPLOYED-FRONT Ejected NOT EJECTED NOT EJECTED NOT EJECTED Medical Transport NOT TRANSPORTED EMS Agency Identifier EMS Run#						
Address 549 SELBY AVE APT. 2 ST. PAUL, MN 55102 , US Safety Equipment Row 01 - FEMALE Date of Birth Race BLACK/AFRICAN AMERICAN Divert License Number STATE: MINNESOTA COUNTRY: UNITED STATES Safety Equipment Row 01 - FRONT ROW 109 - RIGHT Helmet Use Helmet Use Eye Protection Tint Compliance Eye Protection Injury Severity NO APPARENT INJURY DEPLOYED-FRONT Ejected NOT EJECTED Medical Transport NOT TRANSPORTED NO BELSON TRANSPORTED NO FEMALE Race BLACK/AFRICAN AMERICAN Race BLACK/AFRICAN AMERI						
Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Injury No APPARENT INJURY DEPLOYED-FRONT Ejected Ejection Path NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport NOT TRANSPORTED Modified Modified Modified Modified EMS Agency Identifier EMS Run#						
Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Injury No APPARENT INJURY DEPLOYED-FRONT Ejected Ejection Path NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport NOT TRANSPORTED Modified Modified Modified Modified EMS Agency Identifier EMS Run#						
Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Injury No APPARENT INJURY DEPLOYED-FRONT Ejected Ejection Path NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport NOT TRANSPORTED Modified Modified Modified Modified EMS Agency Identifier EMS Run#						
Row 01 - FRONT ROW 09 - RIGHT HelmetUse HelmetCompliance Eye Protection TintCompliance Eye Protection Airbag DEPLOYED-FRONT Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport NOT TRANSPORTED Modified Results of the Royal Service of the						
Row 01 - FRONT ROW 09 - RIGHT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Severity Airbag DEPLOYED-FRONT Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport NOT TRANSPORTED Modified Transport EMS Agency Identifier EMS Run#						
Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Severity Airbag DEPLOYED-FRONT Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport EMS Agency Identifier EMS Run#						
Injury Severity Airbag DEPLOYED-FRONT	HelmetCompliance					
Back Injury No APPARENT INJURY DEPLOYED-FRONT						
Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED						
NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport EMS Agency Identifier EMS Run #						
NOT TRANSPORTED						
Hospital Date of Death						
Distracted By Source						
Distracted By Action						
Non Motorist Striking Unit# Location						

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		Prior Action						
TINO	INDIVIDUAL	Action						
		Action Other						To/From School
	1	Orug & Alcohol	Suspected Alco NO	phol 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		
10	200	Drug Type						
		Individual Condition APPEARED NORM						
			IAL					
						**************	************	************
	ε	UTC Number BB957619	Issue To? 001	Statute Number 343.44(1)(b)	Description OPERATING WHILE	REVOKED (FOR	RFEITURE)	