## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Occument Number Override Primary Crash Document			nent# Agency Crash Number 21-09415			Investigating Officer/Deputy DEPUTY B. STODDARD			
Crash Date 10/01/2021	Crash Time Date Arrived 11:18 AM 10/01/2021			Time Arrived 11:20 AM						
10/01/2021  Date Notified 10/01/2021  On Emergency  Government Property	Time Notified 11:18 AM		Total Units 02		Total Injured	ed Total Killed				
On Emergency	lit and Run	Lane Close		Work Zone	<b></b>	or Towed	Reporting Threshold			
Government Property	Active So	chool Zone	School Bus NO	Related	Tags					
<b>▼</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amend	led	Secondary Crash			
Description Diagram					•	Reconstruction				
Driveway to Festival Foods		U1	136/Lin		to Scale	Photos By B STODDAR	rmation			
l, a sworn law enforcen	nent officer, agr	ee that I have no	ot added an	y CJIS data in thi	is report.					
UNIT 2 WAS WESTBOUND ON S WESTBOUND ON STH 136/LINN. LANES AND CHECKED HER BLIF	TH 136/LINN AND S UNIT 1 WAS BEHIR	LOWING/STOPPED ND UNIT 2. UNIT 1	WAITING TO OPERATOR S	TURN LEFT(SOUTH) AW THAT UNIT 2 WA	INTO THE FEST AS TURNING. UN	IIT 1 OPERATOR				

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	Location <b>—</b>								
ł	ON STH33 WB			L	.atitude			Longit	tude
	534 FT W	4	43.474753006			-89.77	70918584		
	OF STH136 WB IN THE VILLAGE OF WEST BARABOO					ate		Y Coo	rdinate
	IN SAUK COUNTY	2	275888.84375			4817	267.5		
				S	Structure T	уре		•	
	Crash Scene								
1	First Harmful Event			T F	irst Harmi	ful Event L	ocation		
	MOTOR VEH IN TRANSP	ORT		1.	N ROAL				
	Manner of Collision			L	ight Cond	ition			
	03 - FRONT TO REAR				OAWN				
	Road Surface Condition(s)			R	Roadway F	actor(s)			
	DRY								
	Environment Factor(s)								
	NONE			N	NONE				
	Weather Condition(s)								
	CLEAR								
	Animal Type					Trafficwa			
						WAY - O			
	Crash Classification - Location PUBLIC PROPERTY						Jurisdiction ISDICTION		
	Tribal Land			A	Access Control Special Study				
					NO CONTROL				
	Within Interchange Area NO	Junction Location NON-JUNCTION		Intersection NOT AN IN	N INTERSECTION				
i	Unit Summary <b>=</b>								
$\neg$	Unit Status		Vehicle Ope	erating As Clas	ssification		UnitType		
	IN TRANSIT					AUTOMOBILE			
-	Vehicle Type				Operating As Endorsements			sements	
•	PASSENGER CAR								
	Total Occs	Train/Bus#Recorded	Total#Citat	ions Issued		Total Trail	lers		azMat Types
	1	Direction Of Travel	0			0		0 Total La	
	Insurance? YES	WESTBOUND		Pre CrashTire Mark		Speed Lim		4	anes
	Most Harmful Event: Collision		Special Fun				Emergency Motor Vehicle Use		
,	MOTOR VEH IN TRANSP			IAL FUNCTI	CTION		NOT APPLICABLE  Traffic Control Inoperative/Missing  NO		
	Traffic Way		Traffic Cont						rative/Missing
	TWO-WAY, NOT DIVIDED	) 	NO CONTI						
	Surface Type  BLACKTOP (BITUMINOU	IS)	Road Curva STRAIGH				Road Grade LEVEL		
	Truck Bus or HazMat	,0,	STRAIGH	•			LEVEL		
	NO								
	· Vehicle						<u> </u>		
	License Plate Number 292ZUH	Plate Type	TOMOBILE	LE WI I		Country of Issuance UNITED STATES			
			TOMOBILE						
	Vehicle Identification Nu 1FADP3K21HL31778		FORD	Make		Year 2017	Model FOCUS		
100000							Bus Use		
	RED - RED	1 .	Body Style  HB - HATCHBACK  Bus Use						
- Constant	Initial Contact Point	Vehicle Da	Vehicle Damage			ı			
_ {			7 8 9 10 1 — 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 6				COLO STATE		
;	11 - LEFT FRONT C	ORNER	01 - RIGH	HT FRONT O	ORNER	. 10 - LFI	FT SIDE FRO	ONT.	
5	11 - LEFT FRONT CO Extent Of Damage FUNCTIONAL DAMA			HT FRONT C				ONT,	6 12 5 4 3 2 1

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		Towed Due To Damage		Vehicle Remov	ed By				
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors	<b>.</b>				
		CHANGING LANES		NOT APPLICABLE					
		Driver Prior Action Other		NOT ATTEC	A522				
LIND	VEHICLE	Driver Actions LOOKED BUT DID NOT SI	EE						
5	5	Owner Name LORI R VON ASTEN (608) 963-8353		Owner Add 342 3RD BARABO		13 , US			
		ι Sequencero}i⊃vents		l					
	5	Event MOTOR VEH IN TRANSPO							
	8	Event							
	3 80	Event							
		Event							
	3	- W. C							
INN		Policy Holder Insurance Company		Individual					
Ś		LIBERTY-MUTUAL-INS-CO	0	LORI VON	ASTEN				
		Individual							
		Driver LORI R VON ASTEN	Citations issued Sex  O FEMALE						
	NDIVIDUAL	(608) 963-8353	Date of Birth	•	Race WHITE				
ENS	Ī	Address		<u>Driver License Numb</u> er					
_	2	342 3RD ST BARABOO, WI 53913 , US	3	STATE: W	SCONSIN	COUNTRY: UNI	TED STATES		
		On Duty	Crash	Safety Equip	ment				
	Sai	ety Equipment							
		Row 01 - FRONT ROW	SeatPosition 07 - LEFT	SHOULDE	OULDER & LAP BELT				
		HelmetUse		Helmet Com					
		Eye Protection		Tint Complia	nce				
2	8		PARENT INJURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APP	PLICARI E			Trapped/Extricated NOT TRAPPED		
		Medical Transport		EMS Agency	/ Identifier		EMS Run#		
		NOT TRANSPORTED Hospital		Date of Deat	<u>,                                    </u>		Time of Death		
				Date of Deat	17		i and of Destil		
		Distracted By	ed By Source						
		Distracted By Action UNKNOWN							

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

		Non Motorist	Striking Unit#	Location					
		Prior Action							
UNIT	INDIVIDUAL	Action							
	2	Action Other						To/From School	
		Action Other						10/2101113011001	
	l	Drug & Alcohol	Suspected Alcohol U <b>NO</b>	se	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	5	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	5		
9	994	Drug Type							
		Individual Condition							
		APPEARED NORM	AL						
		t Summary   Status		V	ehicle Operating As Class	ification	UnitType		
		RANSIT			CLASS		TRUCK		
02		cle Type LITY TRUCK/PICKUI	P TRUCK				Operating As Endor	sements	
	Tota	lOccs	Train/Bus#Re	corded To	otal#Citations Issued	Total Trai	lers Total H	lazMatTypes	
L	Insu YES	rance?	Direction Of Tra	f	Pre CrashTire Mark	Speed Lir	nit Total L	anes	
TINO		tHarmfulEvent: Collisio TOR VEH IN TRANS		1 '	pecial Function O SPECIAL FUNCTIO	N	Emergency Motor Vehicle Use NOT APPLICABLE		
		fic Way D-WAY, NOT DIVIDE	D		raffic Control O CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)				oad Curvature TRAIGHT		Road Grade LEVEL		
	Truc <b>NO</b>	k Bus or HazMat							
	1	Vehicle · · · · · · ·	KSK CK KK CK KK CK CK CK			***************		SISISIAISISISISISISISISISISISISISISISIS	
		License Plate Number 345557		L	Plate Type .TK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES		
05	8				Make FORD	Year 2001	Model RANGER		
		Color RED - RED			Body Style PK - PICKUP				
	Ш	Initial Contact Point			/ehicle Damage			7 8 9 10 11	
UNIT	VEHICLE	06 - REAR  Extent Of Damage  FUNCTIONAL DAM	AGE		04 - RIGHT SIDE REAI 06 - REAR, 07 - LEFT UNDERCARRIAGE			5 4 3 2 1	
	>	Towed Due To Damag NOT TOWED		\	/ehicle Removed By  DPERATOR			and a common of the common of	

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		What Driver Was Doing		Ve	Vehicle Factors					
		SLOW/STOPPING								
		Driver Prior Action Other		NC	OT APPLICABLE					
		Driver Actions NO CONTRIBUTING ACT	ION							
_	VEHICLE	NO CONTRIBUTING ACT	CIA							
UNIT	<u>♀</u>									
5	H									
	7									
		ON			I O					
		OwnerName SCOTT DAVID HALL			Owner Address 317 1ST AVE					
05	8	(608) 963-1905			BARABOO, WI 53	913 , US				
_										
		Sequence Of Events		0.50.50.50.50						
	5	MOTOR VEH IN TRANSPO	ORT							
		Event								
	8									
		Event								
	8									
	•	Event								
	8									
_		Policy Holder								
N		Insurance Company		****	ndividu <b>al</b>					
$\supset$		ACUITY,-A-MUTUAL-INSU	JRANCE-CO	;	SCOTT HALL					
		ndividual								
		Driver SCOTT DAVID HALL (608) 963-1905			Citations sued Sex					
	4				0	MALE				
	3				Date of Birth	Race				
⊨	INDIVIDUA					WHITE				
FIND	2	Address			Driver License Number					
_	2	317 1ST AVE BARABOO, WI 53913 , US	e		STATE: WISCONSIN COUNTRY: UNITED STATES					
		BARABOO, W. 33813 , O.	5		o iare. Miccono.		125 0 12 120			
			_							
	Sai	On Duty Tety Equipment	Crash	;	Safety Equipment					
			la la w	——I,	SHOULDER & LAP	DEL T				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	'	SHOULDER & LAF	BELI				
		HelmetUse	VI - LEFT		Helmet Compliance					
		i icilitet Oss		'	i i i i i i i i i i i i i i i i i i i					
		Eye Protection		-	Tint Compliance					
					•					
05	88	Injury Se	everity	/	Airbag					
0	8	injury <sub>Possii</sub>			NON DEPLOYED					
		Ejected	Ejection Path				Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NO				NOT TRAPPED			
		Medical Transport		1	EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED			D-11-14D-11		Times of December			
		Hospital		'	Date of Death		Time of Death			
		Distract	ed By Source				L			
		Distracted By NOT A	PPLICABLE (NOT	DISTRACT	rED)					
		Distracted By Action								
		NOT DISTRACTED								
		Non Motorist	Unit# Location							
		von.wotanst								

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1							
		Prior Action					
UNIT		Action					
		Action Other					To/From School
	1	Orug & Alcohol NO	Jse	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		
02	005	Drug Type					
		Individual Condition					
		APPEARED NORMAL					

Form DT4000