### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/19/2021

| Document Number Override   | Primary Crash E   | Ocument#                                    | Agency<br>21-100  | Crash Number<br>26   |               | Investigating Officer/Deput DEPUTY B. STODDAR |              |                      |
|--|---|---|-------------------|----------------------|---------------|---|--------------|----------------------|
| Crash Date 10/19/2021  | Crash Time<br>07:07 AM  |   | Date Ar<br>10/19/ |                      | Time Arrived  | ł   |              |                      |
| Date Notified 10/19/2021   | Time Notified 07:07 AM  |   | Total Ui          | nits                 | Total Injured |   | Total Killed | 1                    |
| Crash Date 10/19/2021  Date Notified 10/19/2021  On Emergency Hit  Government Property | and Run   | Lane Closu                                  | ıre               | Work Zone            | Trailer       | or To   | owed         | Reporting Threshold  |
| Government Property  | L   | hool Zone                                   | School<br>NO      | Bus Related          | Tags          |   |              |                      |
| <b>▼</b> Reportable  | Crash Type<br>DT4000 (STA   | NDARD CRASH                                 | )                 |                      | Amend         | led   |              | Secondary<br>Crash   |
| Description Diagram  |   |   |                   |                      |               | Rec   | onstruction  |                      |
| Diagram  |   |   |                   |                      |               | 3160  | 011341004011 | <i>3</i> y           |
| _  | **************************************  |   |                   |                      |               |   |              |                      |
|  | C   | тн 🛉  |                   |                      |               | Phot  | tos By       |                      |
|  | an in the same of |   | lπ                |                      |               |   |              |                      |
|  | e se esta esta esta esta esta esta esta   | 1   | Í                 |                      |               | Addi<br><b>NO</b>                             | tional Infor | mation               |
|  | an en   | ,   |                   | County County        |               |   |              |                      |
|  | e constitue de la constitue de  |   |                   |                      |               |   |              |                      |
|  |   |   |                   |                      |               |   |              |                      |
|  |   | [AN]  | ·                 | শুক                  |               |   |              |                      |
| **   |   |   |                   |                      |               |   |              |                      |
|  |   | 6 2 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                   |                      |               |   |              |                      |
|  |   | ţ   |                   |                      |               |   |              |                      |
|  |   |   |                   |                      |               |   |              |                      |
|  |   |   |                   | Not to Scale         |               |   |              |                      |
|  |   |   |                   |                      |               |   |              |                      |
|  | ***************************************   |   |                   |                      |               |   |              |                      |
|  |   |   |                   |                      |               |   |              |                      |
|  |   |   |                   |                      |               |   |              |                      |
| UNIT 1 WAS EASTBOUND ON CTH  |   |   |                   |                      |               | - A & 4 F                                     | TO DECT "    | NI THE EACTDOWN LAND |
| OF TRAVEL FACING EAST. THE DE  |   |   |                   | OW THE SOUTH DITCH/W | ມບມຣ. UNH 1 ( | -AME  | IU KESI II   | N THE EASTROUND LANE |

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| L                                       | Location 💳   |                     |  |                    |   |   |  |               |              |  |
|---|--|---------------------|--|--------------------|---|---|--|---------------|--------------|--|
| ſ                                       | ON CTHP EB   |                     |  |                    | Latitude                                |   |  | Longit        | ude          |  |
|   | 0.59 MI W  |                     |  |                    | 43.59099                                | 94612   |  | -89.887742674 |              |  |
|   | OF BEAVER CREEK RD IN THE TOWN OF DELL               | Oh: A               |  |                    | X Coordinate                            |   |  | Y Coo         | Y Coordinate |  |
|   | IN SAUK COUNTY                                       | OIVA                |  |                    | 266888.28125 4830499.5                  |   |  |               |              |  |
|   |  |                     |  |                    | Structure 1                             | Туре  |  | •             |              |  |
| L                                       | Crash Scene  |                     |  |                    |   |   |  |               |              |  |
| T                                       | First Harmful Event                                  |                     |  |                    | FirstHarm                               | nful Event Lo   | cation                                     |               |              |  |
|   | NON DOMESTICATED A                                   | NIMAL (ALIVE)       |  |                    | ON ROA                                  | DWAY  |  |               |              |  |
| ŀ                                       | Manner of Collision                                  |                     |  |                    | Light Con-                              | dition  |  |               |              |  |
|   | 00 - NO COLLISION W/V                                | EHICLE IN TRANSPORT |  |                    | DAWN                                    |   |  |               |              |  |
| ľ                                       | Road Surface Condition(s)                            |                     |  |                    | Roadway                                 | Factor(s)   |  |               |              |  |
|   | DRY  |                     |  |                    |   |   |  |               |              |  |
| ľ                                       | Environment Factor(s)                                |                     |  |                    |   |   |  |               |              |  |
|   | NONE   |                     |  |                    | NONE                                    |   |  |               |              |  |
| Ī                                       | Weather Condition(s)                                 |                     |  |                    | ]                                       |   |  |               |              |  |
|   | CLEAR  |                     |  |                    |   |   |  |               |              |  |
|   | Animal Type  |                     |  |                    | 1                                       | o Trafficway  |  |               |              |  |
|   | DEER   |                     | CWAY - ON                                    |                    |   |   |  |               |              |  |
|   | Crash Classification - Location PUBLIC PROPERTY      |                     |  |                    |   | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |  |               |              |  |
|   | Tribal Land  |                     |  |                    | Access Control Special Study NO CONTROL |   |  |               |              |  |
| ľ                                       | Within Interchange Area                              | Junction Location   |  | Intersection       | on Type                                 |   |  |               |              |  |
| L                                       | NO   | NON-JUNCTION        |  | NOTAN              | INTERSE                                 | CHON  |  |               |              |  |
| Į                                       | Unit Summary 💻                                       |                     |  |                    |   |   |  |               |              |  |
| T                                       | Unit Status  |                     | 1 '  | erating As C       | lassification                           | 1   | UnitType                                   |               |              |  |
| l                                       | IN TRANSIT   |                     | D CLASS                                      | 1                  | AUTOMOBILE                              |   |  |               |              |  |
|   | Vehicle Type   |                     |  |                    |   | Operating As Endorsements                                   |  |               |              |  |
| ļ                                       | (SPORT) UTILITY VEHIC                                |                     | T =  |                    |   |   | ilers   Total HazMat Types                 |               | •• • •       |  |
|   | Total Occs   | Train/Bus#Recorded  |  | itions Issued      | ł                                       | Total Traile  | ers  |               | azMat i ypes |  |
| ļ                                       | 3  | Direction Of Trees  | 0  |                    |   | 0   | . 4  | O             |              |  |
|   | Insurance?   | Direction Of Travel | Pre  | CrashTire          | !                                       | Speed Lim   | imit Total La                              |               | anes         |  |
| -                                       | YES  | EASTBOUND           | SpecialFu                                    | Mark               |   | 55  |  |               | shicle Hea   |  |
|   | Most Harmful Event: Collision NON DOMESTICATED A     |                     |  | nction<br>HAL FUNC | TION                                    |   | Emergency Motor Vehicle Use NOT APPLICABLE |               |              |  |
| ŀ                                       | Traffic Way  | amore (recre)       | Traffic Con                                  | utrol              |   |   | Traffic Control Inoperative/Missing        |               |              |  |
|   | TWO-WAY, NOT DIVIDE                                  | D                   | NO CONT                                      |                    |   |   |  |               |              |  |
| ŀ                                       | Surface Type   |                     | Road Curvi                                   |                    |   |   | Road Grade  LEVEL                          |               |              |  |
|   | BLACKTOP (BITUMINO                                   | US)                 | STRAIGH                                      |                    |   |   |  |               |              |  |
| ŀ                                       | Truck Bus or HazMat                                  |                     |  |                    |   |   | 1  |               |              |  |
| _                                       | NO   |                     |  |                    |   |   |  |               |              |  |
|   | Vehicle  |                     | T-1  |                    |   | ra.   | A  |               |              |  |
| 9000                                    | License Plate Number                                 | 1                   | Plate Type AUT - AUTOMOBILE                  |                    | St<br>E WI                              |   | Country of Issuance                        |               |              |  |
| 100000000000000000000000000000000000000 | AKH5433  |                     | O I OMIOBIL                                  | .E                 |   | UNITED STATES   |  |               |              |  |
| ninighibia                              | Vehicle Identification N 5 SXYPH4A59LG6727           |                     | Make KIA MOTORS CORPOR                       |                    | Year                                    | Model   |  |               |              |  |
| deletions.                              |  |                     |  |                    | RPORAT 2020                             |   | SORENTO Bus Use                            |               |              |  |
| New John Stage                          | Color WHI - WHITE                                    | Body Style          |  | ITY VEHICLE        |   | ೨೮೨ ೮೨೮   |  |               |              |  |
| Membership                              | Initial Contact Point                                |                     | Vehicle Da                                   |                    | I I VERICLE                             |   |  |               |              |  |
| ololetek.                               |  | CORNER              |  | -                  | CORNE                                   | 5 U3 - BIG  | HT SIDE                                    |               | 7 8 9 10 11  |  |
|   | Extent Of Damage                                     |                     | FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT |                    |   |   |  | 6 12          |              |  |
| (Alternation of the                     | 01 - RIGHT FRONT  Extent Of Damage  DISABLING DAMAGE | GE                  |  | R, 12 - FRO        |   |   |  |               | 5 4 3 2 1    |  |
|   |  |                     |  |                    |   |   | _  |               |              |  |

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|   |                                      | Towed Due To Damage TOWED DUE TO DISABLE | NO DAMACE                            | Vehicle Removed By<br>STEVES AUTO SE   | :D\/#            | CE.        |  |  |  |
|---|--------------------------------------|--|--------------------------------------|--|------------------|------------|--|--|--|
|   |                                      | What Driver Was Doing                    | ING DAMAGE                           | Vehicle Factors  | - KVI            | CE         |  |  |  |
|   |                                      | GOING STRAIGHT                           |                                      | Vernole i deters   |                  |            |  |  |  |
|   |                                      | Driver Prior Action Other                |                                      | NOT APPLICABLE   | •                |            |  |  |  |
|   |                                      | Driver Actions                           |                                      |  |                  |            |  |  |  |
|   | щ                                    | NO CONTRIBUTING ACT                      | ON                                   |  |                  |            |  |  |  |
| Ĭ<br>S                                    | <u> </u>                             |  |                                      |  |                  |            |  |  |  |
| 5   | VEHICLE                              |  |                                      |  |                  |            |  |  |  |
|   | •                                    |  |                                      |  |                  |            |  |  |  |
|   |                                      | OwnerName                                |                                      | Owner Address  |                  |            |  |  |  |
| 2   | 5                                    | JESSICA LYNN EDGERT(<br>(608) 548-6021   | ON                                   | 2135 SUNSET<br>REEDSBURG,  |                  | 53959 . US |  |  |  |
|   |                                      | ,,                                       |                                      |  |                  | ,          |  |  |  |
|   |                                      | i<br>Sequence Of Events:                 |                                      | I  | ververy.         |            |  |  |  |
|   | 5                                    | Event<br>NON DOMESTICATED AN             |                                      | 12(0)*14()*14(0)*1 | ************     |            | 0-240-1-10-1-10-1-10-1-10-1-10-1-10-1-10 |  |  |
|   |                                      | Event                                    |                                      |  |                  |            |  |  |  |
|   | 8                                    | L FOIL                                   |                                      |  |                  |            |  |  |  |
|   | 63                                   | Event                                    |                                      |  |                  |            |  |  |  |
|   |                                      | Event                                    |                                      |  |                  |            |  |  |  |
|   | 4                                    |  |                                      |  |                  |            |  |  |  |
| ⊨   |                                      | Policy Holder                            |                                      |  |                  |            |  |  |  |
| L N                                       |                                      | Insurance Company AMERICAN-FAMILY-INS-   | ro                                   | Individual JESSICA EDGERTON  |                  |            |  |  |  |
|   |                                      | ndividual                                |                                      |  |                  |            |  |  |  |
|   |                                      | Driver JESSICA LYNN EDGERTON             |                                      | Citations Issued   |                  | Sex        |  |  |  |
|   |                                      |  |                                      | 0 FEMALE   |                  |            |  |  |  |
|   | NDIVIDUA                             | (608) 548-6021                           | Date of Birth                        |  | Race<br>HISPANIC |            |  |  |  |
| EN S                                      |                                      | Address                                  | Driverticense Number                 |  |                  |            |  |  |  |
| <del>□</del>                              | ₫                                    | 2135 SUNSET DR                           |                                      |  |                  |            |  |  |  |
|   | =                                    | REEDSBURG, WI 53959                      | US                                   | STATE: WISCONSIN COUNTRY: UNITED STATES  |                  |            |  |  |  |
|   |                                      | On Duty                                  | Crach                                | Pofety Favrings at   |                  |            |  |  |  |
|   | Sai                                  | ety Equipment                            | Clasii                               | Safety Equipment   |                  |            |  |  |  |
|   |                                      | Row Seat Position                        |                                      | SHOULDER & LAP BELT  |                  |            |  |  |  |
|   |                                      | 01 - FRONT ROW                           | 07 - LEFT                            |  |                  |            |  |  |  |
|   |                                      | HelmetUse                                |                                      | Helmet Compliance  |                  |            |  |  |  |
|   |                                      | Eye Protection                           |                                      | TintCompliance   |                  |            |  |  |  |
|   |                                      | laine 8                                  | a va siba                            | - Air  |                  |            |  |  |  |
| 5 S Injury Severity Airbag DEPLOYED-FRONT |                                      |  |                                      |  |                  |            |  |  |  |
|   |                                      | Ejected Ejection Path                    |                                      |  |                  |            | Trapped/Extricated                       |  |  |
|   |                                      | NOT EJECTED                              | NOT EJECTED/NOT AP                   |  |                  |            | NOT TRAPPED                              |  |  |
|   |                                      | Medical Transport NOT TRANSPORTED        |                                      | EMS Agency Ident   | iiier            |            | EMS Run#                                 |  |  |
|   | Hospital Date of Death Time of Death |  |                                      |  |                  |            |  |  |  |
|   |                                      |  | - d Dr. Carres                       |  |                  |            |  |  |  |
|   |                                      | Distracted By NOT A                      | ed By Source<br>PPLICABLE (NOT DISTR | ACTED)   |                  |            |  |  |  |
|   |                                      | Distracted By Action NOT DISTRACTED      |                                      |  |                  |            |  |  |  |
|   | ×3888                                | MOLDISTRACIED                            |                                      |  |                  |            |  |  |  |

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|      |            | Striking<br>Non Motorist          | Unit#          | Location             |                       |                   |                                |                |  |
|------|------------|-----------------------------------|----------------|----------------------|-----------------------|-------------------|--------------------------------|----------------|--|
|      |            | Prior Action                      |                | 1                    |                       |                   |                                |                |  |
|      |            | Action                            |                |                      |                       |                   |                                |                |  |
|      | ₫          |                                   |                |                      |                       |                   |                                |                |  |
| UNIT | INDIVIDUAL |                                   |                |                      |                       |                   |                                |                |  |
| >    | 9          |                                   |                |                      |                       |                   |                                |                |  |
|      |            |                                   |                |                      |                       |                   |                                |                |  |
|      |            | Action Other                      |                |                      |                       |                   |                                | To/From School |  |
|      |            | l<br>Drug & Alcohol NO            | ted Alcohol t  | jse                  | Suspected Drug Use    |                   |                                |                |  |
|      |            | Alcohol Test Given                |                | Alcohol Test Type    |                       |                   | Alcohol Test Results           |                |  |
|      |            | TEST NOT GIVEN Drug Test Given    |                | Drug Test Type       |                       | Drug Test Results |                                |                |  |
|      |            | TEST NOT GIVEN                    |                | Biog restripe        |                       | Diag restresals   | •                              |                |  |
| 2    | S          | Drug Type                         |                |                      |                       |                   |                                |                |  |
|      |            | Individual Condition              |                |                      |                       |                   |                                |                |  |
|      |            | APPEARED NORMAL                   |                |                      |                       |                   |                                |                |  |
|      |            | Individual                        |                |                      |                       |                   |                                |                |  |
|      | ı          | Passenger<br>TRISTAN L EDGERTON   |                |                      | Citations issued  0   | Sex<br>MALE       |                                |                |  |
| ,    | 롲          | (608) 548-6021                    |                |                      | Date of Birth         | Race<br>WHITE     |                                |                |  |
| S    | INDIMIDUAL | Address<br>2135 SUNSET DR         |                |                      | Driver License Number |                   |                                |                |  |
|      | 2          | REEDSBURG, WI 53959               | , US           |                      |                       |                   |                                |                |  |
|      | Ç.,        | On Duty                           | Crash          |                      | Safety Equipment      |                   |                                |                |  |
|      | Sai        | ety Equipment                     | SeatPo         | osition              | SHOULDER & LAP I      | BELT              |                                |                |  |
|      |            | 01 - FRONT ROW<br>HelmetUse       | 09 - R         | IGHT                 | Helmet Compliance     |                   |                                |                |  |
|      |            |                                   |                |                      |                       |                   |                                |                |  |
|      |            | Eye Protection                    | .,             |                      | Tint Compliance       |                   |                                |                |  |
| 2    | 005        | Injury Si<br>Injury NO AP         | PARENT I       |                      | Airbag DEPLOYED-FRONT |                   |                                |                |  |
|      |            | Ejected<br>NOT EJECTED            | Ejection Pa    | ith<br>CTED/NOT APPI | PLICABLE              |                   | Trapped/Extricated NOT TRAPPED |                |  |
|      |            | Medical Transport NOT TRANSPORTED |                |                      | EMS Agency Identifier |                   | EMS Run#                       |                |  |
|      |            | Hospital                          |                |                      | Date of Death         |                   | Time of Death                  |                |  |
|      |            | Distracted By                     | ed By Sourc    | <del>e</del>         | 1                     |                   |                                |                |  |
|      |            | Distracted By Action              |                |                      |                       |                   |                                |                |  |
|      |            | Striking                          | Unit#          | Location             |                       |                   |                                |                |  |
|      |            | Non Motorist                      | - <del>-</del> |                      |                       |                   |                                |                |  |

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|     |             | Prior Action  |                       |                   |                       |                   |                      |                |  |  |
|-----|-------------|---|-----------------------|-------------------|-----------------------|-------------------|----------------------|----------------|--|--|
|     |             | Action  |                       |                   |                       |                   |                      |                |  |  |
|     | W           |   |                       |                   |                       |                   |                      |                |  |  |
| LNS | NDIVIDUAL   |   |                       |                   |                       |                   |                      |                |  |  |
| ⊃   | ğ           |   |                       |                   |                       |                   |                      |                |  |  |
|     |             |   |                       |                   |                       |                   |                      |                |  |  |
|     |             | Action Other  |                       |                   |                       |                   |                      | To/From School |  |  |
|     |             | Suspec  | ted Alcohol L         | lse               | Suspected Drug Use    |                   |                      |                |  |  |
|     | 1           | Drug & Alcohol NO                                     | ted Albertoi e        |                   | NO                    |                   |                      |                |  |  |
|     |             | Alcohol Test Given TEST NOT GIVEN                     |                       | Alcohol Test Type | •                     |                   | Alcohol Test Results |                |  |  |
|     |             | Drug Test Given<br>TEST NOT GIVEN                     |                       | Drug Test Type    |                       | Drug Test Results | 3                    |                |  |  |
| 2   | 88          | Drug Type   |                       | 1                 |                       | '                 |                      |                |  |  |
|     |             | Individual Condition                                  |                       |                   |                       |                   |                      |                |  |  |
|     |             | APPEARED NORMAL                                       |                       |                   |                       |                   |                      |                |  |  |
|     |             | Individual Passenger ALEXIS A EDGERTON (608) 548-6021 |                       |                   |                       |                   |                      |                |  |  |
|     | <u>.</u>    |   |                       |                   | Citations issued  0   | FEMALE            |                      |                |  |  |
|     | <b>T</b>    |   |                       |                   | Date of Birth         | Race<br>WHITE     |                      |                |  |  |
| E S | INDIVIDUA   | Address<br>2135 SUNSET DR<br>REEDSBURG, WI 53959 , US |                       |                   | Driver License Number | l                 |                      |                |  |  |
|     | Z           |   |                       |                   |                       |                   |                      |                |  |  |
|     | <b>S</b> 31 | On Duty Crash  Fety Equipment                         |                       |                   | Safety Equipment      |                   |                      |                |  |  |
|     |             | Row   | 888888888888 <u> </u> |                   | SHOULDER & LAP I      | BELT              |                      |                |  |  |
|     |             | 06 -UNKNOWN ROW HelmetUse                             | OWN ROW 09 - RIGHT    |                   | Heimet Compliance     |                   |                      |                |  |  |
|     |             |   |                       |                   |                       |                   |                      |                |  |  |
|     |             | Eye Protection  |                       |                   | Tint Compliance       |                   |                      |                |  |  |
| 2   | 8           | Injury Severity NO APPARENT INJURY                    |                       |                   | Airbag NON DEPLOYED   |                   |                      |                |  |  |
|     |             | Ejected   | Ejection Pa           | ath.              | 1                     |                   | Trapped/Extricated   |                |  |  |
|     |             | NOT EJECTED NOT EJECTED/NOT APP  Medical Transport    |                       |                   | EMS Agency Identifier |                   | NOT TRAPPED EMS Run# |                |  |  |
|     |             | NOT TRANSPORTED                                       |                       |                   |                       |                   |                      |                |  |  |
|     |             | Hospital  |                       |                   | Date of Death         |                   | Time of Death        |                |  |  |
|     |             | Distracted By   | ed By Source          | e                 |                       |                   |                      |                |  |  |
|     |             | Distracted By Action                                  |                       |                   |                       |                   |                      |                |  |  |
|     |             | Non Motorist Striking                                 | Unit#                 | Location          |                       |                   |                      |                |  |  |
|     |             | Prior Action  |                       |                   |                       |                   |                      |                |  |  |

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| LIND | INDIVIDUAL | Action                            |                   |                          |                   |                      |                |
|------|------------|-----------------------------------|-------------------|--------------------------|-------------------|----------------------|----------------|
|      |            | Action Other                      |                   |                          |                   |                      | To/From School |
|      | Ĺ          | Drug & Alcohol NO                 | d Alcohol Use     | Suspected Drug Use<br>NO |                   |                      | •              |
|      |            | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type |                          |                   | Alcohol Test Results |                |
|      |            | Drug Test Given<br>TEST NOT GIVEN | Drug Test Type    |                          | Drug Test Results | 3                    |                |
| 9    | 003        | Drug Type                         | ·                 |                          |                   |                      |                |
|      |            | Individual Condition              |                   |                          |                   |                      |                |
|      |            | APPEARED NORMAL                   |                   |                          |                   |                      |                |