WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Crash Date Crash Time		21010397				Number Investigating Officer/Deputy DEPUTY J. MACASKILL			
]			Date Ar 10/29/2		Time Arrive					
61 L0BJ1GL	1		Total Ur 03	Total Units Total Ir 00		red Total Killed				
n O	On Emergency	Hit an	ıd Run	Lane Closu		Work Zone	Traîle	or Towed	Reporting Threshold	
2	Government Property	0000000	Active Scl	hool Zone	School: NO	Bus Related	Tags			
	Reportable	Cr D	rash Type T4000 (STA	NDARD CRASH)		Amend	ied	Secondary Crash	
	Description 💻									
	Φ							Photos By		
	Unit 3			nit 1		Unit 1	Unit 2 2	Additional Info	ormation	
	I, a sworn law enfo ON 10/29/21 AT APPROXIN ALMOST HITS UNIT 2 HEA	ATELY 1810	, UNIT 1 WAS	DRIVING EASTBO	UND ON	I any CJIS data in STH 33 NEAR STH 136	UNIT 1 CROSSED			

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L	_ocation 💳									
·	ON STH23 WB				Latitude			Longi	tude	
	OF STH136 WB					19272		-89.9	-89.955212782	
						ate			rdinate	
	IN SAUK COUNTY	261211.0)15625		4824	211				
					Structure 1	Туре				
(Crash Scene 💻									
T	First Harmful Event				FirstHarm	ful Event Lo	cation			
	MOTOR VEH IN TRANSF	PORT			ON ROA	DWAY				
- 1	Manner of Collision				Light Cond	dition				
L	06 - SIDESWIPE/OPPOS	ITE DIRECTION			DUSK					
	Road Surface Condition(s)				Roadway	Factor(s)				
	DRY									
ŀ	Environment Factor(s)				1					
	NONE				NONE					
-	Weather Condition(s)				1					
- 1	• •									
	CLEAR									
ľ	AnimalType				1	o Trafficway				
L						10 - YAW				
	Crash Classification - Location	n			1	ssification -				
ļ	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION Access Control Special Study					
	Iribai Land				Access Control Special Study NO CONTROL					
- 1	Within Interchange Area	Junction Location		Intersection	tion Type N INTERSECTION					
L	NO	NON-JUNCTION		NOT AN	INTERSE	CTION				
ι	Jnit Summary 💻									
Ī	Unit Status			erating As C	lassification		UnitType			
L	NON-CONTACT D CLASS				AUTOMOBILE					
	Vehicle Type PASSENGER CAR						Operating As Endorsements			
L	Total Occs	Train/Bus#Recorded	T-4-1# C#-	tions Issued	d Total Traile		 ers		a z Mat Turana	
	1 tai Occs	Hall#Bus#Recolded	0	tions issued	i	0	315	0	aziviat i ypes	
ŀ	Insurance?	Direction Of Travel		C	nTire Speed Lin				ines	
	UNKNOWN	UNKNOWN	Fie	Mark			2		.unes	
L	Most Harmful Event: Collision		Special Fur	nction		l	Emergency	Motor V	ehicle Use	
	OTHER NON-COLLISION	1	UNKNOW	/N			UNKNOW	N		
ľ	Traffic Way		Traffic Con				Traffic Control Inoperative/Missing		rative/Missing	
	UNKNOWN		UNKNOW	'N			UNKNOWN			
	Surface Type		Road Curv				Road Grade			
ļ	UNKNOWN		UNKNOW	N			UNKNOW	N		
	Truck Bus or HazMat NO									
	Vehicle				acase kacase kac	e conservation (0000000		
	License Plate Number		Plate Type)		St	Country of Is:	suance		
2000	UNKNOWN		AUT - AL	JTOMOBIL			UNITED STATES			
	Vehicle Identification N	lumber	Make			Year	Model			
	E UNKNOWN						UNKNOWN			
Newspiego	Color		Body Style			Ţ	Bus Use			
		SIL - SILVER (ALUMINUM)		4D - 4DR				-		
	Initial Contact Point 99 - UNKNOWN		Vehicle Da	arnage					7 8 9 10 11	
STATE OF THE PARTY.	Eytent Of Damage			IICLE NOT	AT SCEN			6 12		
	99 - UNKNOWN Extent Of Damage VEHICLE NOT AT SCENE					5 4		5 4 3 2 1		
- 4										

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		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors							
		Driver Prior Action Other	UNKNOWN							
INI	VEHICLE	Driver Actions UNKNOWN								
		Owner Name		Owner Address						
9	5			, ,						
		Sequence Of Events	**************		SES SES SES SES SES SES	S S S S S S S S S S S S S S S S S S S				
	10	Event CROSS CENTERLINE								
	62	Event								
		Event								
	63									
	7	Event								
		l Individual (************************************								
		Driver	***************************************	Citations Issued	TSex					
		UNKNOWN UNKNOWN UNK	NOWN	0						
_	NDIVIDUAL			Date of Birth	Race					
L	M	Address		Driver License Number	1					
_	Z	UNKNOWN UNKNOWN, 00000 , US								
	Sai	On Duty Cr fety Equipment	ash	Safety Equipment						
		Row	Seat Position	RESTRAINT USE U	NKNOWN					
		01 - FRONT ROW	07 - LEFT							
		HelmetUse		Helmet Compliance						
		Eye Protection		TintCompliance						
_	m	 	rity	Airbag						
9	603	<i>Injury</i> NO APPA	RENT INJURY	NOT APPLICABLE						
		Ejected Ej	ection Path			Trapped/Extricated				
			OT EJECTED/NOT APP			NOT APPLICABLE				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death				
		Distracted	By Source							
		Distracted By UNKNOW Distracted By Action	'N							
		UNKNOWN	яш Іг. е							
		Non Motorist Striking Un	it# Location							

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		i								
		Prior Action								
TINO	INDIVIDUAL	Action								
		Action Other								To/From School
	I	Drug & Alcohol	pected Alcohol U	se	Suspected Drug Use					
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test T	уре			Alcohol Test	Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	•	Drug 7	Test Results			
10	003	Drug Type								
		Individual Condition								
		t Summary								
	Unit	Status			Vehicle Operating As Class	sification		UnitType		
	IN 7	RANSIT			D CLASS			AUTOMOB	ILE	
~	Veh	icle Туре						Operating As	Endorse	ments
02	PAS	SENGER CAR								
	Tota	Occs	Train/Bus#Re	corded	Total#Citations Issued		Total Traile	ers	Total Haz	zMat Types
	1				0		0	I	0	••
		rance?	Direction Of Tra		Pre CrashTire		Speed Lim	I	Total Lan	es
	YES		WESTBOUN	D	□ Mark		55		2	
INI		t Harmful Event: Collision Wi			Special Function NO SPECIAL FUNCTION	na:		Emergency in NOT APPL		
-		TOR VEH IN TRANSPOR	₹Т		NO SPECIAL FUNCTIO)N				
		fic Way			Traffic Control			Traffic Contr	ol Inopera	ative/Missing
		D-WAY, NOT DIVIDED			NO CONTROL			NO		
		ace Type ACKTOP (BITUMINOUS)			Road Curvature STRAIGHT			Road Grade UPHILL		
		k Bus or HazMat			STRAIGHT			OI THEE		
	NO	or or realistat								
	,	Vehicle	CANALAN SANAS	*********			*******	STATE OF STREET		
		License Plate Number			Plate Type		St	Country of Iss		
		AFY8419			AUT - AUTOMOBILE		WI	UNITED ST	ATES	
05	8	Vehicle Identification Numb 4T1SK12W7SU537028			Make TOYOTA		Year 1995	Model CAMRY LE		
		Color GRY - GRAY			Body Style SW - STATIONWAGO	N		Bus Use		
	Ш	Initial Contact Point			Vehicle Damage			<u> </u>		7 8 9 10 11
INN	<u>Q</u>	09 - LEFT SIDE MIDDL	E		07 - LEFT REAR COR	NER, 0	8 - LEFT :	SIDE REAR.	09 -	6 12
5	VEHICLE	Extent Of Damage DISABLING DAMAGE			LEFT SIDE MIDDLE,					5 4 3 2 1
		Towed Due To Damage TOWED DUE TO DISA	BLING DAMA	 GE	Vehicle Removed By REEDSBURG SALVAC	GE				
I		What Driver Was Doing GOING STRAIGHT								

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				_					
					Vehicle Factors				
		Driver Prior Action Other			NOT APPLICABLE				
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION	1					
02	02	Owner Name TRACY STEWART (608) 647-0066			Owner Address 23430 ENGINE C HILLSBORO, WI				
		l Sequence Of Events							
	5	Event RUN OFF ROADWAY LEF	••••••••••••••••••••••••••••••••••••••						
	ន	Event CROSS CENTERLINE							
	8	Event MOTOR VEH IN TRANSP	ORT						
	8	Event							
<u> </u>		Policy Holder							
IN IN		Insurance Company ALLSTATE-INS-CO			Individual TRACY STEWART				
		Individual							
	J	Driver TRACY STEWART (608) 647-0066			Citations Issued 0	Sex MALE Race			
 -	3				Date of Birth	WHITE			
UNIT	INDIVIDUAL	Address 23430 ENGINE CREEK RD HILLSBORO, WI 54634 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sai	On Duty	Crash		Safety Equipment				
					SHOULDER & LAP BELT				
		HelmetUse	•		Helmet Compliance				
		Eye Protection			Tint Compliance				
05	B	Injury S	everity PARENT I	W.II IRV	Airbag NON DEPLOYED				
		Ejected	Ejection Pa	ith	<u> </u>		Trapped/Extricated		
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APP	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run#		
		NOT TRANSPORTED			EWO Agency Identifier		EWS Kun#		
		Hospital			Date of Death		Time of Death		
		Distracted By NOT A	ed By Source PPLICABL	E (NOT DISTRA	ACTED)				
		Distracted By Action NOT DISTRACTED							
		Non Motorist Striking	Unit#	Location					

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		Prior Action							
TINO	INDIVIDUAL	Action Other						To/From School	
	į	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN			pe		Alcohol Test Resu	ilts	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3		
05	001	Drug Type							
		Individual Condition APPEARED NORMAL							
		Summary ===							
		Status RANSIT			Vehicle Operating As Class D CLASS	ification	Unit Type AUTOMOBILE		
03	Vehi	cle Type SENGER CAR					Operating As End	orsements	
_		Occs	Train/Bus#Red	corded	Total#Citations Issued	TotalTrail	llers Total HazMat Types		
	1	rance?	Direction Of Tra	ivel	0 Bus Guash Time	0 Speed Lin	0 nit Total	Lanes	
E	YES		EASTBOUND		Pre CrashTire Mark	55	2		
LNO LNO	MO.	Harmful Event: Collision Wi			Special Function NO SPECIAL FUNCTIO	N	Emergency Motor	BLE	
		ic Way D-WAY, NOT DIVIDED			Traffic Control NO CONTROL		Traffic Control Ino	perative/Missing	
		ace Type			Road Curvature		Road Grade		
	Truc	.CKTOP (BITUMINOUS) k Bus or HazMat			STRAIGHT		DOWNHILL		
	NO	Vehicle	SESTISES IS	S 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			STORES STORES SESSESSESSESSESSESSES		
		License Plate Number 935ZYN			Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATE		
03	63	Vehicle Identification Numb 3FAHP0KC8AR205420			Make FORD	Year 2010	Model SEDAN		
		Color SIL - SILVER (ALUMINUM)			Body Style 4D - 4DR	I	Bus Use		
_	ZE	Initial Contact Point 10 - LEFT SIDE FRON	т		Vehicle Damage			7 8 9 10 11	
EN S	VEHICL	Extent Of Damage DISABLING DAMAGE	-		10 - LEFT SIDE FRON	T, 11 - LEFT FR	ONT CORNER	6 12 5 4 3 2 1	
		Towed Due To Damage TOWED DUE TO DISA	BLING DAMA	GE	Vehicle Removed By REEDSBURG SALVAG	SE			
		What Driver Was Doing GOING STRAIGHT							

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				_	/ehicle Factors				
		Driver Prior Action Other			NOT APPLICABLE				
		Diver From Addition office							
INI	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION						
03	63	Owner Name WALKER MACKENZIE M (608) 434-9816	LLER		Owner Address 140 S PINE ST REEDSBURG, W	1 53959 , US			
		l Sequence:Of Events							
	5	Event MOTOR VEH IN TRANSP							
	8	Event							
	8	Event							
	8	Event							
_		Policy Holder							
HNO		Insurance Company ERIE-INS-CO		Individual WALKER MILLER					
		Individual							
		Driver WALKER MACKENZIE MILLER (608) 434-9816		Citations Issued Sex MALE					
_				Date of Birth	Race WHITE				
TIND	INDIVIDUAL	Address 140 S PINE ST REEDSBURG, WI 53959 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Dut	y Crash		Safety Equipment				
					SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
03	200	Injury S Injury NO AF	everity	•JURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pa		ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	ī	EMS Run#		
		Hospital			Date of Death		Time of Death		
		Distracted By NOT A	ted By Source	E (NOT DISTRA	CTED)				
		Distracted By Action NOT DISTRACTED		_ (,	- · ,				
		Non Motorist	Unit#	Location					

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		Prior Action					
l I		Action					
		Action					
	M						
LIND	d						
5	INDIVIDUAL						
	2						
		Action Other					To/From School
		Suspected Alcohol \	lee	Suspected Drug Use			
	1	Drug & Alcohol NO	75 0	NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
03	002	Drug Type	•				
	0						
		Individual Condition					
		APPEARED NORMAL					