#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

	Document Number Overrid	de	1			Agency Crash Number Investigating Office 21-11316 DEPUTY I. GALN				
35	Crash Date 11/24/2021		Crash Time 05:57 PM		Date Arrived 11/24/2021		Time Arrived 06:11 PM			
Š Š	Date Notified 11/24/2021		Time Notified 05:58 PM		Total Units 02		Total Injured 00	Total Killed 00		
60	On Emergency Hit		and Run Lane Closu		ure Work Zone		Trailer or	Towed		Reporting Threshold
6TL	Government Property		Active School Zone		School Bus Related NO		Tags			
	Crash Type DT4000 (ST			NDARD CRASH	)		Amended			Secondary Crash

**Description** Diagram Reconstruction By Photos By I. GALVAN **USH 12** Additional Information **PHOTOS** STH 33 not to scale

, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 TRAVELING EASTBOUND ON ROUND ABOUT. UNIT 2 FAILED TO YIELD AND STRUCK UNIT 1 ON THE PASSENGER SIDE. UNIT 2 CONTINUED AND DID NOT STOP. UNIT 1 CONTINUED EASTBOUND OUT OF THE LANE OF TRAFFIC, PULLED OVER AND CONTACTED LAW ENFORCEMENT. UNIT 1 REMOVED BY OPERATOR. NO INJURIES REPORTED. PHOTOS TAKEN OF UNIT 1 DAMAGE.

Crash Date 11/24/2021 Crash Time 05:57 PM

Location

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	ON STH33 EB 17 FT N OF STH33 EB			Latitude 43.514431 X Coordina		Y Coo		5509158	
	IN THE TOWN OF DELTON IN SAUK COUNTY			274856.3 Structure T			48217	14	
				NO STRU		Ē			
	Crash Scene								_
	First Harmful Event			FirstHarm		Location			
	MOTOR VEH IN TRANSPO	RT		ON ROAI					
	Manner of Collision 07 - SIDESWIPE/SAME DIR	PECTION		Light Cond					
	Road Surface Condition(s)	CEC 1 1014		Roadway					
	DRY			, coadway,	40101(3)				
	Environment Factor(s)								
	NONE			NONE					
	Weather Condition(s)								
	CLEAR								
	Animal Type			Relation To	Relation To Trafficway				
				TRAFFIC	WAY -	ON ROAD			
	Crash Classification - Location			1	ssification - Jurisdiction				
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION			Special Study	_
	Tiparcand			1	Access Control NO CONTROL		opecial of		
	Within Interchange Area .	Junction Location	Interse	ction Type				- <b>I</b>	_
	NO I	INTERSECTION-RELATE	D ROUN	IDABOUT					
- 1	Unit Summary								
	Unit Status		Vehicle Operating A	s Classification		UnitType	5 E		
	IN TRANSIT Vehicle Type		D CLASS	D CLASS AUTOMOBILE Operating As Endorse				ements	
-	PASSENGER CAR		operating to a transfer that			erriens			
	Total Occs			ued	d Total Trai		TotalHa	zMat Types	_
	2		0		0		0		
	Insurance?	Direction Of Travel	Pre CrashT	ire	SpeedL	_imit	TotalLa	nes	
•	YES  Most Harmful Event: Collision W	EASTBOUND	Special Function		N/A	Emergency	1 (Motor)/e	hicle Hee	
5	MOTOR VEH IN TRANSPO		NO SPECIAL FU	NCTION	TION		NOT APPLICABLE		
	Traffic Way		Traffic Control	7.4		Traffic Control Inoperative/Missing		ative/Missing	_
	ONE-WAY TRAFFIC		NO CONTROL				NO Bood Crade		
	Surface Type BLACKTOP (BITUMINOUS)	)	Road Curvature  CURVE LEFT				Road Grade LEVEL		
	Truck Bus or HazMat	r							_
	NO								
	··· Vehicle	TESTS ESTEEMENT ESTEEMENT			*****			S STATES IS STATES IN A STATE OF THE STATES IN A STATES IN A STATE OF THE STATES IN A STA	
	License Plate Number	License Plate Number			St		suance	AMARIARARARARARARARARARARARARARARARARARA	ansansa
	DEX393		AUT - AUTOMO	BILE	MN	UNITED STATES			
5	Vehicle Identification Num  1C3CCBBB1CN13168	Make CHRYSLER		Year 2012	Model 2 200 Bus Use				
	Color	Body Style							
	BLK - BLACK				SD - SEDAN				
	Initial Contact Point		1, ( , , , , ,	Vehicle Damage					_
	initial Contact Point	=	Vehicle Damage				J	7 8 9 10 11	
•	03 - RIGHT SIDE MIDE	DLE		E EDONT 112	ב פופטי	T QINE MINNI	_	7 8 9 10 11 6 12	
5			02 - RIGHT SIDI	E FRONT, 03	- RIGHT	T SIDE MIDDI	-E		

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		Towed Due To Damage	NG DAMAGE	Vehicle Removed By OPERATOR					
		TOWED DUE TO DISABLING DAMAGE							
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Prior Action Ciner			•				
		Driver Actions NO CONTRIBUTING ACTI	ON						
_	VEHICLE	NO CONTRIBOTATO ACT	O.A						
N	¥								
$\supset$	Ü								
		Owner Name		Owner Address					
_		MIRANDA NICOLE FLORE	S	203 2ND ST SE					
2	5	(507) 413-2497		MEDFORD, MN 55049 9516, US					
		Sequence Of Events							
	8	Event MOTOR VEH IN TRANSPO	ORT						
	8	Event							
		Frank							
	ន	Event							
	3	Event							
╘									
N		Insurance Company STATE-FARM-GENERAL-INS-CO		Individual MIRANDA FLOR	Ee				
			R43-CO	MINANDATEON	.20				
		Individual							
		Driver MIRANDA NICOLE FLORE	s	Citations Issued  0	Sex FEMALE				
	₹	(507) 413-2497		Date of Birth	Race				
_	INDIVIDUAL			Date of Billi	HISPANIC				
EN C	2	Address		Driver License Number					
_	9	203 2ND ST SE	40.110	STATE MINUSCOTA COUNTRY HANTED STATES					
		MEDFORD, MN 55049 9516, US		STATE: MINNESOTA COUNTRY: UNITED STATES					
	Sai	ety Equipment On Duty	Crash	Safety Equipment					
		Row Seat Position		SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT						
		HelmetUse		Helmet Compliance					
		Eva Broto otion		TintOnnetion					
		Eye Protection		Tint Compliance					
2	8	Injury Se	everity	Airbag					
0	ō	(20)(01)))(20)2(02)(02)(02)(02)(02)(02)(02)(02)	PARENT INJURY	NON DEPLOYED	)				
		Ejected	Ejection Path			Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT AF			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identi	TIEF	EMS Run#			
		Hospital		Date of Death		Time of Death			
		-				sane os Deass			
		Distracte	ed By Source			•			
		Distracted By NOT A	PPLICABLE (NOT DIST	RACTED)					
		Distracted By Action NOT DISTRACTED							

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		Non Motorist	Unit#	Location						
		Prior Action								
		Action								
		Actions								
	INDIVIDUAL									
TINO.	9									
-	ģ									
		Action Other						To/From School		
					10 10					
	i	Drug & Alcohol NO	ted Alcohol t	Jse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	9		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	<u> </u>			
2	8	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		ndividual								
		Passenger			Citations Issued	Sex				
	7	KURT ÄUSTIN-VITA HAUGEN (605) 670-9373			0 MALE Date of Birth Race					
⊨	8				Date of Birth	WHITE				
Ž	INDIMIDUAL	Address 901 GREENHAVEN LN NE	Address 901 GREENHAVEN LN NE		Driver License Number					
	7	OWATONNA, MN 55060 2165, US			STATE: MINNESOTA COUNTRY: UNITED STATES					
		On Duty Crash			Safety Equipment					
	Sai	fety Equipment								
		Row   Seat Pos   01 - FRONT ROW   09 - Ri0		I						
		HelmetUse	<u> </u>		Helmet Compliance					
		Eye Protection			TintCompliance					
	~	Injury Se	everity		Airbag					
2	8	<b>injury</b> no ap	PARENT I		NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Pa	ith CTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
			- 4 Du C							
		Distracted By	ed By Source	<del>.</del>						
		Distracted By Action								
		Non Motorist	Unit#	Location						
				1						

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1										
		Prior Action								
TIND	INDIVIDUAL	Action  Action Other								To/From School
	1	Suspected Alcohol Use  Drug & Alcohol NO			Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	oe .			Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug 1	Test Results			
10	002	Drug Type								
		Individual Condition  APPEARED NORMAL								
	Uni	t Summary								
	Unit	Status AND RUN		I	Vehicle Operating As Class  D CLASS	sification	ı	Unit Type	BILE	
~		icle Type		L				Operating As Endorsements		
02	PAS	SSENGER CAR								
	Total Occs Train/Bus # Recorded			<b>I</b>	Total#Citations Issued 0		Total Traile	ers	Total Ha	azMat Types
Ш	UNF	Insurance? Direction Of Travel UNKNOWN UNKNOWN			Pre CrashTire Mark		Speed Lim		Total La	
TNU TNU	MO.	tHarmfulEvent: Collision Wi TOR VEH IN TRANSPOF			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way ONE-WAY TRAFFIC Surface Type BLACKTOP (BITUMINOUS)			Traffic Control YIELD SIGN			Traffic Control Inoperative/Missing NO		
					Road Curvature  CURVE RIGHT			Road Grade LEVEL		
	-	k Bus or HazMat		•				•		
	1	Vehicle		www.coccecec	0.50,0.0.50,0.0.50,0.0.50,0.0.50,0.0.50,0.0.50,0.0.50	eccece:	ecceccecc			STARKER BESTER BEST
		License Plate Number			Plate Type		St	Country of Issuance		
05	20	Vehicle Identification Numb	per		Make		Year	Model		
		Color			Body Style			Bus Use		
⊨	H G	Initial Contact Point 99 - UNKNOWN			Vehicle Damage					7 8 9 10 11
INN	VEHICLE	Extent Of Damage VEHICLE NOT AT SCE	NE		16 - VEHICLE NOT AT	T SCEN	<b>√E</b>			5 4 3 2 1
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR					
		What Driver Was Doing								

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				Vehicle Factors				
				LINICNIOWN				
		Driver Prior Action Other		UNKNOWN				
		Driver Actions						
	ш	DISREGARDED OTHER T	RAFFIC CONTROL , OPE	RATED MOTOR VEHIC	LE IN INATTENT	IVE, CARELESS OR ERRAT	ΓIC MANNER,	
⊨	VEHICLE	UNKNOWN						
UNIT	Ī							
_	5							
		Owner Name		Owner Address				
02	8			, ,				
		Sequence Of Events						
		Event						
	9	MOTOR VEH IN TRANSPO	ORT					
	23	Event						
	•							
	8	Event						
	_							
	40	Event						
		Individual Driver		Citations Issued	Sex			
		Duver		0	Sex			
	M			Date of Birth	Race			
⊢	ď							
LINO	INDIVIDUAL	Address		Driver License Number				
_	Ħ							
		, ,						
		On Duty	· Crash	Safety Equipment				
	Sai	fety Equipment		Carety Equipment				
		Row	Seat Position	NONE USED - VEHI	CLE OCCUPANT	•		
		01 - FRONT ROW	07 - LEFT					
		Helmet Use		Helmet Compliance				
		5 5 4 6						
		Eye Protection		TintCompliance				
~	69	l Injury Se	everity	Airbag				
02	603	<i>injur</i> y <sub>no ap</sub>	PARENT INJURY	NOT APPLICABLE				
		Ejected	Ejection Path			Trapped/Extricated		
		NOT APPLICABLE	NOT EJECTED/NOT API			NOT APPLICABLE		
		Medical Transport		EMS Agency Identifier		EMS Run#		
		NOT TRANSPORTED  Hospital		Date of Death		Time of Death		
		Hospital		Date of Death		I lille of Death		
		L Distract	ed By Source					
		Distracted By	-					
		Distracted By Action						
		•						
		Non Motorist Striking	Unit# Location					
		Prior Action	L					
		1 doirtoads						
		1						

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LIND	INDIVIDUAL	Action					
<del>-</del>		Action Other					To/From School
	Ĺ	Drug & Alcohol	Jse	Suspected Drug Use			
		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	003	Drug Type					
		Individual Condition  NOT OBSERVED					