WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/05/2021

	Document Number Override	Primary Crash E	Oocument#	Agency 21-116	Crash Number 75	Investigating C			
-	Crash Date 12/05/2021	Crash Time 01:31 PM		Date Ar 12/05/2		Time Arrived 01:38 PM			
ひここりひひひひす	Date Notified 12/05/2021	Time Notified 01:31 PM		Total Ur 01	nits	Total Injured Total Killed		d	
֭֭֝֞֝֝֜֜֝֝֜֜֜֝	On Emergency Hit	and Run	Lane Close		Work Zone	Trailer o	r Towed	Reporting Threshold	
-	Government Property		hool Zone	School	Bus Related	Tags			
	Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amende	d	Secondary Crash	
	escription ingram						Reconstruction	n Rv	
						<u>.</u>	Photos By		
							dditional Info IONE	mauon	
	non-repor	table crash							
	i, a sworn law enforceme								
	UNIT #1 WAS SOUTHBOUND ON CTH CH APPROACHING PINE BLUFF ROAD WHEN DRIVER WAS NEGOTIATION A RIGHT CURVE AND SLID OF THE ROAD. DRIVER SAID THE VEHICLE HYDROPLANED OFF THE ROAD INTO THE DITCH. NO INJURY OR DAMAGE								

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	Location ——									
	ON CTHCH SB 45 FT W				Latitude 43.471193336		Long	tude 04173266		
	OF PINE BLUFF RD IN THE TOWN OF REEDS			X Coordin			Y Cod	Y Coordinate 4817527		
	IN SAUK COUNTY				Structure Type			1		
					NO STR	UCTURE				
(Crash Scene									
	First Harmful Event DITCH					nful Event L	ocation			
	Manner of Collision				ON ROADWAY Light Condition					
	00 - NO COLLISION W/VE	HICLE IN TRANSPORT		DAYLIG						
	Road Surface Condition(s)					Factor(s)				
	WET									
	Environment Factor(s)				1					
	WEATHER CONDITIONS				ROAD S	URFACE	CONDITION	(WET,	ICY, SNOW, SLUSH,	
	Weather Condition(s)	r Condition(s)								
	RAIN									
	Animal Type	al Type					y N BOAD			
	Crash Classification - Location	1				TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction				
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
	Tribal Land			Access Control NO CONTROL			Special Study			
	1				ction Type AN INTERSECTION					
	Unit Summary =									
1	Unit Status —		Vehicle Op	Vehicle Operating As Classification Unit Type						
	IN TRANSIT		D CLASS		AUTOMOBILE					
:	Vehicle Type PASSENGER CAR					Operating As Endorsements				
	Total Occs	Train/Bus#Recorded	Total#Cita	Total#Citations Issued		Total Traile		TotalH	azMat Types	
	2		0			0				
	Insurance?	Direction Of Travel	Pre	CrashTire	•	Speed Lir			anes	
	YES Most Harmful Event: Collision	With	Special Fur	Mark nction		45	Emergency	2 Motor V	ehicle Use	
				NO SPECIAL FUNCTION						
				Traffic Control			Traffic Control Inoperative/Missing		erative/Missing	
	TWO-WAY, NOT DIVIDED Surface Type	<u> </u>	NO CONT				NO Road Grade			
	BLACKTOP (BITUMINOU	S)	Road Curva				LEVEL			
	Fruck Bus or HazMat									
	NO									
- Constanting	Vehicle					St	Country of	elianoo		
To the second	License Plate Number ALM2522		Plate Type AUT - AL	: JTOMOBII						
	Vehicle Identification Nu	mber	Make			Year	Model			
	3FAHP08Z07R113691					2007	FUSION			
200	Color RED - RED		1	Body Style SD - SEDAN			Bus Use			
a dumper to the second				Vehicle Damage			ı		7 8 9 10 11	
-	00 - NON-COLLISION			00 80 00 00					6 12	
5	Initial Contact Point 00 - NON-COLLISION Extent Of Damage NO DAMAGE			00 - NO DAMAGE			5 4 3 2 1			
- 1			l .					J		

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		Towed Due To Damage NOT TOWED		Vehicle Removed By						
				M-1:-1- F1						
		What Driver Was Doing		Vehicle Factors						
		NEGOTIATING CURVE								
		Driver Prior Action Other		NOT APPLICABLE						
INI	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ON							
	_	OwnerName NICOLE MARIE MEUDT		Owner Address 504 WILLIAMS ST ARENA, WI 53503 , US						
	5	(304) 993-6936		AREITA, W. 33303 , 53						
		Sequence Of Events	Sequence Of Events							
	5	DITCH								
	8	Event								
	8	Event								
	8	Event								
⊨				namentanemanamanamanamanamanamana						
IND		Insurance Company GEICO-ADVANTAGE-INSURANCE-CO		Name NICOLE MEUDT						
		Individual								
		Driver HUNTER LEE WAYNE THORNTON (304) 993-6936		Citations issued 0	Sex MALE					
_	INDIVIDUAL			Date of Birth	Race WHITE					
FIND	5	Address		Driver License Numbe	·r					
_	2	504 WILLIAMS ST ARENA, WI 53503 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment		Safety Equipment						
		Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use		SHOULDER & LAP BELT						
				Heimet Compliance						
		Eye Protection		Tint Compliance						
		Injury Severity		Airbag						
Σ	8	Injury Severity NO APPARENT INJURY		NON DEPLOYED						
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT A		PPLICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport		EMS Agency Identifier	•	EMS Run#				
		NOT TRANSPORTED Hospital		Date of Death	Date of Death Time of Death					
			ad Du Cayraa							
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTR	ACTED)						
		Distracted By Action NOT DISTRACTED								

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l		Striking	linit#	Location						
		Non Motorist	OTHER!	Coodaon						
		Prior Action Prior Action								
 		Action								
		Action								
	7									
Ŀ	Ħ									
E E	INDIVIDUAL									
	9									
		A chica Other						I To/Fram Cabasi		
		Action Other						To/From School		
		Suspect	ed Alcohol t	Jse	Suspected Drug Use			1		
	1	Drug & Alcohol No			NO		I			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type)		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				
	INDIVIDUAL	NICOLÉ MARIE MEUDT		0	FEMALE					
.				Date of Birth	Race WHITE					
N		Address			Driver License Number	<u> </u>				
-	2	3131 S MAIN ST DODGEVILLE, WI 53533 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		,,	,							
		On Duty	On Duty Crash		Safety Equipment					
	Sai	ety Equipment			OUGUI DED A LAB DEL T					
		Row 01 - FRONT ROW	FRONT ROW 09 - RIGHT		SHOULDER & LAP	BELI				
		HelmetUse		HelmetCompliance						
		Eye Protection		Tint Compliance						
٤	602	Injury Severity		Airbag						
	5	INJURY NO APPARENT INJURY Ejected Ejection Path		NON DEPLOYED		I Torono di Cuticata d				
		Ejected NOT EJECTED	-	u. CTED/NOT APPL	LICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED					Time of Constitution			
		Hospital			Date of Death		Time of Death			
		Distracted By	ed By Source				1			
		Distracted By Action								
		Distracted by Action								
		Non Motorist	Unit#	Location						
	866233330	name and a substitution of the substitution of		1						

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		Prior Action					
		Action					
UNIT	INDIVIDUAL						
S	MON						
		Action Other					To/From School
	1	Drug & Alcohol NO	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	002	Drug Type					
		Individual Condition					
		APPEARED NORMAL					