WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Do			/ Crash Number 145	Investigating Officer/Deputy DEPUTY W. NEUBAUER			
XX	Crash Date 12/28/2021	Crash Time 01:45 PM		Date At 12/28/		Time Arrived 02:04 PM	:		
61L0B6555X	Date Notified 12/28/2021	Time Notified 01:48 PM		Total U 02	nits	Total Injured	red Total Killed		
.0B 0.	On Emergency Hi	t and Run	Lane Closi	ure	☐ Work Zone	Trailer	or Towed	Reporting Threshold	
<u> 1</u> 9	Government Property	Active Sch	ool Zone	School NO	Bus Related	Tags			
	▼ Reportable	Crash Type DT4000 (STAN	IDARD CRASH	l)		Amend	ed	Secondary Crash	
ĺ	Description						D		
	Diagram		a .	STH	1 23		Reconstruction	on By	
	*	2					Photos By		
							Additional Inf NONE	ormation	
	SCOTT LN								
			1 ~						
	NOT TO S	CALE			2				
	I, a sworn law enforceme	ent officer, agree	e that I have no	ot adde	d any CJIS data in thi	s report.			
	UNIT 1 WAS TRAVELING N/B ON S SCOTT LN AND STH 23. UNIT 2 SV THE FAST SIDE DITCH	STH 23. UNIT 2 WAS	TRAVELING S/B	ON STH	23. AN UNINVOLVED MO	FORIST FAILED			

Location

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•	ON STH23 EB 404 FT S OF SCOTT LN		Latitude 43.578507411 X Coordinate				gitude B23294744 ordinate	
	IN THE TOWN OF DELTON IN SAUK COUNTY			272043.	875		48289	
				Structure NO STR	Type UCTURE			
(Crash Scene							
	FirstHarmfulEvent MOTOR VEH IN TRANSPOR	RT		FirstHarn ON ROA	nfulEventLo I DWAY	ocation		
	Manner of Collision 01 - ANGLE			Light Con				
	Road Surface Condition(s)			Roadway	Factor(s)			
	WET, SNOW, SLUSH							
	Environment Factor(s)						==	
	WEATHER CONDITIONS			ETC)	URFACE	NOIT ION	(VV E I, IC	CY, SNOW, SLUSH,
	Weather Condition(s)							
	CLOUDY, SNOW							
	AnimalType			l l	To Trafficway			
	Crash Classification - Location				ssification -			
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION			To
				Access C NO CON				Special Study
	·	Junction Location NON-JUNCTION		section Type TAN INTERSE	CTION			
	Unit Summary	ton-bone non	NO	I AR IR IEROE	CHOR			
T	Unit Status		Vehicle Operating	g As Classification	1	Unit Type		
	IN TRANSIT		D CLASS			AUTOMOI		
5	Vehicle Type PASSENGER CAR					Operating A	s Endors	ements
	Total Occs	Train/Bus#Recorded	Total # Citations Is	ssued	Total Trail	ers	Total Ha	zMat Types
_	Insurance? YES	Direction Of Travel NORTHBOUND	Pre Crash		Speed Lin	nit	Total Lai	nes
;	Most Harmful Event: Collision W MOTOR VEH IN TRANSPOR		Special Function NO SPECIAL F	UNCTION	TION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing NO		
	TWO-WAY, NOT DIVIDED		NO CONTROL			NO		· ·
	Surface Type		Road Curvature			Road Grade	•	
	Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat)					·	
	Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO)	Road Curvature			Road Grade	•	<u> </u>
	Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number		Road Curvature STRAIGHT		St	Road Grade LEVEL	suance	
	Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number 481YYN		Road Curvature STRAIGHT Plate Type AUT - AUTOM	OBILE	WI	Road Grade LEVEL Country of Is UNITED ST	suance	
-	Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number	ber	Road Curvature STRAIGHT	IOBILE		Road Grade LEVEL	suance ATES	
-	Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number 481YYN Vehicle Identification Num	ber	Plate Type AUT - AUTOM Make SUBARU Body Style	OBILE	Year 2016	Road Grade LEVEL Country of Is UNITED ST	suance ATES	
-	Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number 481YYN Vehicle Identification Num JF2GPABCXG8299016 Color BLU - BLUE	ber 3	Plate Type AUT - AUTOM Make SUBARU Body Style	ITILITY VEHIC	Year 2016	Country of Is UNITED ST	suance ATES	
	Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number 481YYN Vehicle Identification Num JF2GPABCXG8299016 Color BLU - BLUE	ber 3	Plate Type AUT - AUTOM Make SUBARU Body Style UT - SPORT U	ITILITY VEHIC	Year 2016	Country of Is UNITED ST	suance ATES	7 8 9 10 11 6 12 5 4 5 2 1

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		Towed Due To Damage		Vehicle Removed By				
		TOWED DUE TO DISABLE What Driver Was Doing	NG DAMAGE	PLATTS WRECKER Vehicle Factors				
		GOING STRAIGHT		Versicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTI	ON					
٦	5	OwnerName BENJAMIN F KIMMEL (608) 239-7598		Owner Address N384 MARIPOSA WISCONSIN DEL		s		
		Sequence Of Events						
	8	Event MOTOR VEH IN TRANSPO						
	8	Event DITCH						
	63	Event						
	3	Event						
_		Policy Holder						
IN		Insurance Company STATE-FARM-GENERAL-		Individual	Individual BENJAMIN KIMMEL			
		Individual						
		Driver BENJAMIN F KIMMEL		Citations issued	Sex MALE	омена изначена не на предоставна на н		
	NDIVIDUAL	(608) 239-7598		Date of Birth Race WHITE				
LNO		Address		Driver License Numbe				
_	2	N384 MARIPOSA LN WISCONSIN DELLS, WI 53965, US		STATE: WISCONSIN COUNTRY: UNITED STATES				
		l On Duty fety Equipment	Crash	Safety Equipment				
	941	Row	SeatPosition	SHOULDER & LAP BELT				
		01 - FRONT ROW	07 - LEFT					
		HelmetUse		Helmet Compliance				
		Eye Protection		Tint Compliance				
2	8	Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-FRON*	т			
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT AP	PLICABLE		Trapped/Extricated NOT TRAPPED		
	Medical Transport		EMS Agency Identifier	r	EMS Run#			
				Date of Death		1		
		NOT TRANSPORTED Hospital		Date of Death		Time of Death		
		Hospital Distract	ed By Source			Time of Death		
		Hospital	ed By Source PPLICABLE (NOT DISTR			Time of Death		

Crash Date 12/28/2021 Crash Time 01:45 PM

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Crash Date 12/28/2021

		Non Motorist	ing Unit#	Location						
		Prior Action								
TINO	INDIVIDUAL	Action								
		Action Other							To/From School	
	L	Orug & Alcohol NO	pected Alcohol U	se	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 Resu	lts			
7	001	Drug Type								
	Individual Condition									
		APPEARED NORMAL								
		Summary ===								
		Status RANSIT			Vehicle Operating As Classification Unit Type D CLASS AUTOMO			BILE		
05	Vehi	cle Туре		<u> </u>			Operating As Endorsements			
0		PORT) UTILITY VEHICLE tal Occs Train/Bus#Recorded			otal#Citations Issued	ailers	Total Haz	MatTypes		
	2		Direction Of Tra	0		0 Speed L		0 Total Lan	••	
LIND	YES		SOUTHBOUN	ND [Mark			2		
Ś	MO	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			pecial Function O SPECIAL FUNCTION	NOT APPL	ICABLE			
	TWO	ic Way D-WAY, NOT DIVIDED		N	raffic Control O CONTROL	Traffic Control Inoperative/Missing NO				
		ace Type .CKTOP (BITUMINOUS)	ļ		oad Curvature TRAIGHT	Road Grade LEVEL				
	Truc NO	k Bus or HazMat		'			'			
	1	/ehicle								
		License Plate Number 576YBS			Plate Type AUT - AUTOMOBILE	St WI	1	Country of Issuance UNITED STATES		
02	02	Vehicle Identification Number 1GNSKCE04BR350735		1	Make CHEVROLET	Year 2011	Model TAHOE			
		Color BLK - BLACK	-	Ε	Body Style JT - SPORT UTILITY V		Bus Use			
	Щ	Initial Contact Point			/ehicle Damage		I		7 8 9 10 11	
HNO		12 - FRONT Extent Of Damage			12 - FRONT				6 12	
_	VE	FUNCTIONAL DAMAG Towed Due To Damage	E	\	/ehicle Removed By				5 4 3 2 1	
		NOT TOWED		I	OWNER					

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		What Driver Was Doing		\	Vehicle Factors					
		GOING STRAIGHT								
		Driver Prior Action Other		•	NOT APPLICABLE					
		Driver Actions								
	Щ	NO CONTRIBUTING ACTION								
UNIT	VEHICLE									
S	Ŧ									
	5									
		Owner Name			Owner Address					
٠.		SHEENA ANN ANDERSO	N		207 WESTERN A					
05	8	(608) 698-7885			ELROY, WI 5392	9 , US				
		Sequence Of Events								
S MOTOR VEH IN TRANSPORT										
Event DITCH										
Event										
		Event								
	8									
⊨		Policy Holder								
INI		Insurance Company PROGRESSIVE-CASUALTY-INS-CO			Individual SHEENA ANDERSON					
			1 1-4NO-CO		SHEENA ANDERS	.0.4				
		Individual			Citations issued Sex					
		Driver SHEENA ANN ANDERSON (608) 698-7885		0 FEMALE						
	₹			Date of Birth	Race					
⊨	INDIVIDUAL				WHITE					
FIND	Ē	Address 207 WESTERN AVE ELROY, WI 53929 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z									
	٠.,	On Dut ety Equipment	/ Crash		Safety Equipment					
	941		1		SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	SeatPo 07 - LE		SHOULDER & EAR DEET					
		HelmetUse		• ·	Helmet Compliance					
		Henretose								
		Eye Protection			TintCompliance					
05	200	Injury S	everity		Airbag					
0	5	Injury _{NO AF}			NON DEPLOYED		1-			
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPL	-ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport			EMS Agency Identifie		EMS Run#			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distract	ted By Source	<u> </u>						
		Distracted By NOT A	PPLICABL	E (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Unit#	Location						

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		Prior Action								
		Action								
	NDIVIDUAL									
LNN	ğ									
_	9									
		Action Other						To/From School		
		Suspecte	d Alcohol U	Jse	Suspected Drug Use					
	1	Drug & Alcohol NO Alcohol Test Given		Alcohol Test Type	NO		Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	5			
05	8	Drug Type		'		'				
		Individual Condition								
		APPEARED NORMAL								
		ndividual								
		Passenger ALEENA ALEXANDRA ANDERSON Address 207 WESTERN AVE ELROY, W! 53929 , US			Citations Issued Sex					
	4				0 FEMALE Date of Birth Race					
╘	INDIVIDUAL					WHITE				
END N	ğ				Driver License Number					
	-				STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sal	On Duty C	rash		Safety Equipment					
		Row Seat Position			SHOULDER & LAF	BELT				
		01 - FRONT ROW HelmetUse	09 - Ri	GHT	Helmet Compliance					
		Eye Protection			Fint Compliance					
05	83	Injury Severity Injury NO APPARENT INJURY			Airbag NON DEPLOYED					
		Ejected E	jection Pa		ICAB! E		Trapped/Extricated NOT TRAPPED			
		Medical Transport	101 202	CILD/RICT ACT	EMS Agency Identifie	at"	EMS Run#			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted By Distracted	By Source	•						
		Distracted By Action								
		Striking U	nit#	Location						
		Prior Action								

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		Action					
	AL						
UNIT	2						
5							
	Z						
		A 6 - 00					I =
		Action Other					To/From School
	Ĺ	Drug & Alcohol NO	se	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	003	Drug Type					
		1.0.11.1000					
		Individual Condition					
		APPEARED NORMAL					