# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrid	de Primary Crash (		gency Crash Numb		vestigating Of		
			1-12526		DEPUTY H. VOLZ Time Arrived 04:43 PM Total Injured 00 Total Killed		
Crash Date 12/30/2021	Crash Time 04:00 PM		Pate Arrived 2/30/2021	I .			
Date Notified 12/30/2021	Time Notified 04:09 PM		otal Units 1				d
On Emergency	Hit and Run	Lane Closure	Work 2	Zone	Trailer or	Towed	Reporting  Threshold
Government Property	I ACTIVA SCHOOL ZONA I			ags		•	
Reportable	Crash Type DT4000 (STA	Crash Type DT4000 (STANDARD CRASH)			Amended	Secondary Crash	
Description =							
Bett	Free Contract of the Contract	To the state of th		Not To Sci	Ac	iditional Info	mation

Location

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Crash Date 12/30/2021

Crash Time 04:00 PM

								_	
	ON BEIER RD			Latitude	-	Longitude -90.246153595			
	OF FROG HOLLOW RD			43.557710125	,			_	
	IN THE TOWN OF WOODLA	AND		X Coordinate 237809.73437	<b>7</b> 5	Y Coor <b>48278</b>			
				Structure Type NO STRUCTU	JRE				
	Crash Scene			•				_	
	First Harmful Event			First Harmful Ev	ent Location			_	
	DOMESTICATED ANIMAL -	ALIVE		ON ROADWA	Υ				
	Manner of Collision  00 - NO COLLISION W/VEH	ICLE IN TRANSPORT		Light Condition <b>DUSK</b>					
	Road Surface Condition(s)			Roadway Facto	r/s)			_	
	SNOW, ICE			7.000, 7.00.0	.(=)				
	Environment Factor(s)			-					
	NONE			NONE					
	Weather Condition(s)			4					
	CLOUDY								
	AnimalType			Dolotica To Treat	<b>1</b> 6			_	
	Anmarrype			Relation To Traf	•				
	Crash Classification - Location PUBLIC PROPERTY				ition - Jurisdiction JURISDICTION				
	Tribal Land			Access Control Special Study					
	N. C.		T	NO CONTROL	<u> </u>			_	
	1	Junction Location NTERSECTION		tion Type RSECTION					
	Unit Summary							_	
	Unit Status		Vehicle Operating As	Classification	UnitType			=	
	IN TRANSIT		D CLASS	AUTOMOBILE					
Ξ	Vehicle Type PASSENGER CAR		•	Operating As Endorsements					
_	Total Occs	Train/Bus#Recorded	Total#Citations Issue	ed I Tota	l Trailers	railers Total HazMat Types		_	
	2		0	0		0			
	Insurance?	Direction Of Travel	Pre CrashTi	,	ed Limit	TotalLa	nes		
	YES  Most Harmful Event: Collision Wi	WESTBOUND	Special Function	45	I Emergeno	2 :v Motor Ve	hicle Use	_	
5	DOMESTICATED ANIMAL -			NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way TWO-WAY, NOT DIVIDED	•			<b>I</b>	Traffic Control Inoperative/Missing NO			
	Surface Type		NO CONTROL  Road Curvature			Road Grade		_	
	BLACKTOP (BITUMINOUS)	1	STRAIGHT	1			LEVEL		
	Truck Bus or HazMat  NO								
	Vehicle								
	License Plate Number 429SWX		Plate Type	St	Country of	Country of Issuance			
			AUT - AUTOMOB			UNITED STATES			
5	Vehicle Identification Numb  2FMTK4J80FBC16534	Make FORD	Year 2015	1	Model FDGF				
	Color		Body Style		Bus Use			_	
	BLU - BLUE								
⊨	Initial Contact Point  O1 - RIGHT FRONT CO	PRNER		Vehicle Damage			7 8 9 10 11		
	Extent Of Damage			O1 - RIGHT FRONT CORNER, 02 - RIGHT SI FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRO			6 12 5 4 3 2 1		
	FUNCTIONAL DAMAG	Ε	,		•		2 7 2 4 1		

# 6TL0BFKDG8

21-12526

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		Towed Due To Damage		Vehicle Removed By				
				OPERATOR				
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions						
	H	NO CONTRIBUTING ACT	ON					
N	2							
⋾	VEHICLE							
		Owner Name		Owner Address				
_		DALE J OLSON		1410 WALNUT S				
5	5	(608) 415-2572		BARABOO, WI 5	3913 , US			
	5	Event DOMESTICATED ANIMAL	- ALIVE					
	8	Event						
		Event						
	8	E 4 € 1 It						
	3	Event						
╘		Policy Holder						
N		Insurance Company  ERIE-INS-CO		Individual  DALE OLSON				
				SAZZ GZGGA				
				Tobal and a second of the seco				
		Driver DALE J OLSON		Citations Issued  0	Sex MALE			
	3	(608) 415-2572		Date of Birth	Race			
⊨	INDIVIDUAL				WHITE			
EN C	2	Address		Driver License Numb	er I			
_	Ī	1410 WALNUT ST APT 12 BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES				
		,						
		L On Duty	Crash	Safety Equipment				
	Sai	fety Equipment						
		Row	Seat Position	SHOULDER & LAP BELT				
		01 - FRONT ROW	07 - LEFT					
		HelmetUse		Helmet Compliance				
		Eye Protection		Tint Compliance				
2	B	Injury Se	PARENT INJURY	Airbag NON DEPLOYED				
		Ejected	Ejection Path	HON DE! EO!ED		Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT API	PLICABLE		NOT TRAPPED		
		Medical Transport		EMS Agency Identifier		EMS Run#		
		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
		L Distract	ed By Source			1		
		Distracted By NOT A	PPLICABLE (NOT DISTR	ACTED)				
		Distracted By Action NOT DISTRACTED						

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Striking Non Motorist	Unit#	Location					
		Prior Action							
		Action							
	4								
LIND	INDIVIDUAL								
_	2								
		Action Other						To/From School	
	ı	Drug & Alcohol NO	ted Alcohol U	ise	Suspected Drug Use NO			l .	
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
01	Ē	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		ndividual							
		Passenger AUTUMN R OLSON	68486848684868		Citations ssued	Sex FEMALE			
	Ę	(608) 415-2572		Date of Birth	Race WHITE				
N	INDIMIDUA	Address 1410 WALNUT ST APT 12			Driver License Number				
	2	BARABOO, WI 53913 , U							
	Sai	On Duty ety Equipment	Crash		Safety Equipment				
		Row Seat Position			BOOSTER SEAT				
		02 - SECOND ROW 07 - LEFT HelmetUse		Helmet Compliance					
		Eye Protection			Tint Compliance				
٦	700	Injury Severity			Airbag				
	5	NO APPARENT INJURY Ejected Ejection Path			NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED  Medical Transport	NOT EJE	CTED/NOT APP	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run#		
		NOT TRANSPORTED			Date of Death Time of Death				
		Hospital	• 4 D.: Co :		D8/4 0: D48/8		, and or Death		
		Distracted By	ed By Source	•					
		Distracted By Action							
		Non Motorist Striking	Unit#	Location					

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		Prior Action							
		Action							
	4								
,	3								
<del> </del>									
LIND	2								
	INDIVIDUAL								
		Action Other						To/From School	
		Action Other						10/2101113011001	
	Į		Cuanacted Machali	laa	Suspected Drug Use				
	Suspected Alcohol Use  Drug & Alcohol NO				NO				
	1			I	1				
		Alcohol Test Give		Alcohol Test Type	pe		Alcohol Test Results		
		TEST NOT GIV							
		Drug Test Given TEST NOT GIV	ven Drug Test Type		Drug Test Result				
			, LIK						
01	200	Drug Type							
	0								
	Individual Condition								
		APPEARED NO	ORMAL						
	Pro	perty Owne	er 💻						
		idual AH E MILLER			Address				
10					Address E2854 COUNTY ROAI	O G			
유류	(608	(608) 985-8046 EXT. 1			LAVALLE, WI 53941 , US				
PROP OWNER									
	Fiye	d Objects S	truck						
	5	Striking Unit Struck Object  O1 DOMESTICATED ANIMAL - ALIVE					Structure Number [	Damage Tag Number	
	_	01	DOMES HOATED AN	HIVIAL - ALIVE					

Wisconsin Motor Vehicle Crash

Form DT4000