WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overric	le Primary Crash I	Primary Crash Document#		Crash Number	Investigating Officer/Deputy DEPUTY B. ZIBELL		
Crash Date 02/06/2022	Crash Time 10:15 PM		Date Arrived 02/06/2022 Total Units 01		Time Arrived 10:35 PM		
Date Notified 02/06/2022	Time Notified 10:30 PM				Total Injured		
On Emergency	Hit and Run	Lane Clos		Work Zone	Traîler or	Towed	Reporting Threshold
Government Property	L	hool Zone	School Bus Related NO		Tags		
Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amended		Secondary Crash
escription =					15		- D.
Diagram					K	econstructio	n By
N	ON REPORTABLE				P	hotos By	
					A	dditional Info	ormation
					I		
↓ I, a sworn law enfo							

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Crash Time 10:15 PM

Location										
ON LIME RIDGE R	D/ CTH	K WB			Latitude			Longita	ıde	
0.32 MI E					43.51714	4008		-90.08	6909994	
OF THOMAS RD					X Coordinate			Y Coor	dinate	
IN THE TOWN OF IRONTON IN SAUK COUNTY								48228	75	
					Structure NO STRI			•		
Crash Scene					<u> </u>					
First Harmful Event					I =:		.,			
DITCH					1	nful Event Lo D ER LEFT	cation			
Manner of Collision										
	N W/VE	HICLE IN TRANSPORT			1 ~	Light Condition DARK/UNLIT				
Road Surface Condit		INOLL III TIONIOI OILI			Roadway					
SNOW, ICE	011(3)				, todaway	, 40101(3)				
Environment Factor(s)				1					
WEATHER CONDI	,				NONE					
Weather Condition(s)					1					
SLEET/HAIL										
AnimalType					Relation T	o Trafficwa	/			
·					1	CWAY - O	•			
Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
Tribal Land					Access Control NO CONTROL				Special Study	
Within Interchange A	Within Interchange Area Junction Location Intersecti					ion Type				
NO	- I					INTERSECTION				
Unit Summary	,									
Unit Status			Vehicle Or	perating As C	lassification	1	UnitType			
IN TRANSIT				D CLASS				AUTOMOBILE		
Vehicle Type							Operating As Endorsements			
PASSENGER CAR	1									
TotalOccs		Train/Bus#Recorded	Total#Cita	ations Issued	ł	Total Trail	ers	TotalHa	zMat Types	
1			0			0		0		
Insurance?		Direction Of Travel	Pre	CrashTire	Speed Line 55		2 Emergency Motor Vehicle Use NOT APPLICABLE		nes	
YES		WESTBOUND		Mark						
Most Harmful Event: 0	Collision \	With		pecial Function		•				
DITCH				CIAL FUNC	HON					
Traffic Way				Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
TWO-WAY, NOT D	IVIDED									
Surface Type	AAIAIOI ''	2)	Road Curv				Road Grade	•		
BLACKTOP (BITU Truck Bus or HazMat) -	CURVE F	RIGH I			LEVEL			
NO										
Vehicle			********	****						
License Plate N	umber		Plate Typ	e		St	Country of Is	suance		
AFX4730	AUT - A	AUT - AUTOMOBILE		WI	UNITED STATES					
Vehicle Identification Number			Make	1		Year	Model			
► KMHDU46D6	9U7993	86	HYUND		2009					
Color BLU - BLUE				ody Style D - 4DR		Bus Use				
Initial Contact P	oint									
Initial Contact P	oint								7 8 9 10 11	
	ıge		Vehicle D						7 8 9 10 11 6 12 5 4 3 2 1	

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		Towed Due To Damage TOWED BUT NOT DUE TO	O DISABLING DAMAG	Vehicle Removed By STEVES AUTO SERVICE							
		What Driver Was Doing			Vehicle Factors						
		NEGOTIATING CURVE		NO.	T APPLICABLE						
		Driver Prior Action Other			APPLICABLE						
UNIT	VEHICLE	Driver Actions SPEED TOO FAST/COND		•							
٦	5	Owner Name APRIL MAY BRANDT			Owner Address 32420 COUNTY HV CAZENOVIA, WI 53						
		l Sequence Of Events		Yesyresyre							
	5	Event MOTOR VEH IN TRANSPO									
	Event CROSS CENTERLINE										
	8	Event DITCH									
	3	Event									
_		Policy Holder									
N		Insurance Company WISCONSIN-MUTUAL-INS-CO			Individual APRIL BRANDT						
		Individual									
		Driver		STREET, STREET	Citations ssued						
	7	GRACY MAY GREENWOOD				FEMALE					
⊨	8			Đ	ate of Birth	Race WHITE					
LIND	INDIVIDUAL	Address 32420 COUNTY HWY V CAZENOVIA, WI 53924 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment			Safety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT							
		HelmetUse		Helmet Compliance							
		Eye Protection			TintCompliance						
5	8	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED						
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT API			ABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#				
		Hospital			Date of Death		Time of Death				
		Distracte	ed By Source								
		Distracted By NOT AI Distracted By Action	PPLICABLE (NOT DISTR	RACT	ED)						
		NOT DISTRACTED									

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	Non Motorist	# Location				
	Prior Action	·				
	Action					
UNIT						
	Action Other					To/From School
	Drug & Alcohol NO	Icohol 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	3	
94	Drug Type					
	Individual Condition					
	APPEARED NORMAL					