6TL097RB78 22-02550

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash (Document#	Agency 22-02	y Crash Number 550	Investigating DEPUTY (g Officer/Deput C. BRATZ	у
2	Crash Date 03/18/2022	Crash Time 08:30 PM		Date A:		Time Arrived	đ	
LUY/ KB/8	Date Notified 03/18/2022	Time Notified 08:30 PM		Total U 01	nits	Total Injured	t Total Kil	led
ñ O	On Emergency Hi	t and Run	Lane Closu		☐ Work Zone	Trailer	or Towed	Reporting Threshold
= 0	Government Property	13	chool Zone	School NO	Bus Related	Tags		
	▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amend	ded	Secondary Crash
	Description Diagram						Reconstructi	on By
	Jugani.	v v ar \	(T-T)	,			1/46011341404	on <i>a</i> y
		7						
	13/	-1	h r				Photos By	
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			(T^{-1})				Additional Int	formation
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	# # # # # # # # # # # # # # # # # # #) (CTHg					

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

ON THE ABOVE DATE AND TIME I WAS NOTIFIED BY SAUK COUNTY DISPATCH TO RESPOND TO CTH G NEAR BARREAU RD, FOR A ONE VEHICLE ACCIDENT. DISPATCH ADVISED THAT THE VEHICLE WAS TOTALED AND NO INJURIES REPORTED. WHEN I ARRIVED UNIT ONE DRIVER ID THROUGH WI DL. UNIT ONE VEHICLE BEARED WI LICENSE PLATE TM4965. DRIVER STATED THEY WERE TRAVELING SOUTH ON CTH G WHEN A VEHICLE TRAVELING NORTH ON CTH G ENTERED THERE LANE. DRIVER OF UNIT ONE SWERVED TO DIVERT HITTING VEHICLE AND AS A RESULT STRUCK GUARDRAIL. VEHICLE SUSTAINED DISABLING DAMAGE TO FRONT OF VEHICLE AND CAME TO A REST OFF OF ROADWAY. GUARDRAIL WAS ALSO DAMAGED IN THE COLLISION. DRIVER OF UNIT ONE STATED THAT THE OTHER VEHICLE DID NOT STOP AND KEPT TRAVELING NORTH ON CTH G. DRIVER OF UNIT ONE UNABLE TO GIVE A DESCRIPTION OF VEHICLE THAT CAME INTO THEIR LANE OR LICENSE PLATE. UNIT ONE TOWED BY SHEILDS TOWING.

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	Location —										
•	ON CTHG SB 0.87 MI S				Latitude 43.49671	851		Longit	ude 8881711		
	OF BARREAU RD IN THE TOWN OF IRONT IN SAUK COUNTY	ON				X Coordinate 244601.53125			Y Coordinate 4820825.5		
	IN SAUR COUNTY				Structure Type NO STRUCTURE						
	Crash Scene				ı						
	First Harmful Event				FirstHarm	fulEventi	ocation				
	GUARDRAIL END				ON ROA						
	Manner of Collision				Light Condition						
	00 - NO COLLISION W/VE	HICLE IN TRANSPORT			DARK/UI						
	Road Surface Condition(s)			Roadway Factor(s)							
	WET, SNOW, SLUSH										
	Environment Factor(s)				BOAD SI	IDEACE	COMPITION	AMET H	CY, SNOW, SLUSH,		
	WEATHER CONDITIONS				ETC), OT		CONDITION	(44€ 1, 8	C1, 3NOW, 3LU3N,		
	Weather Condition(s)				1						
	RAIN, SNOW										
	Animal Type						Relation To Trafficway TRAFFICWAY - ON ROAD				
	Crash Classification - Location PUBLIC PROPERTY	3			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
	TribalLand				Access Control Special S NO CONTROL			Special Study			
	Within Interchange Area	Junction Location		Intersection Type			··				
	NO	NON-JUNCTION		NOT AN	INTERSE	CTION					
	Unit Summary 💻						_				
	Unit Status IN TRANSIT		Vehicle Ope	erating As C	Classification Unit Type TRUCK						
	Vehicle Type				Operating As Endorsements						
5	UTILITY TRUCK/PICKUP	TRUCK									
	Total Occs 1	Train/Bus#Recorded	Total#Citat	nations issued		Total Trailers 0		Total HazMat Types 0			
	Insurance?	Direction Of Travel	Pre	CrashTire	I				nes		
=	YES	SOUTHBOUND		Mark		55			2		
5	Most Harmful Event: Collision GUARDRAIL END	Special Fun NO SPECI					mergency Motor Vehicle Use IOT APPLICABLE				
	Traffic Way	Traffic Cont	Traffic Control			Traffic Con	trol Inope	ative/Missing			
	,			NO CONTROL			NO				
	Surface Type BLACKTOP (BITUMINOU	e)		Road Curvature STRAIGHT			Road Grade LEVEL				
	Truck Bus or HazMat		STRAIGH								
	NO										
	Vehicle										
	License Plate Number	1	Plate Type		St Country of less K WI UNITED ST						
	TM4965		LTK - LIGHT TRUCK Make		Year	UNITED STATES Model					
5	Color			FORD 2 Body Style		2013	F150				
						Bus Use					
	RIII-RIIIE		DK DICE	(IIP							
	BLU - BLUE		PK - PICH Vehicle Da					<u> </u>			
=	Initial Contact Point	CORNER	PK - PICF Vehicle Da						7 8 9 10 11		
	Initial Contact Point		Vehicle Da	mage	CORNER	k, 12 - FR	ONT		7 8 9 10 11 6 12 5 4 3 2 1		

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		Towed Due To Damage	ING DAMAGE	Vehicle Removed By SHIELDS TOWING				
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing		Vehicle Factors				
		What Driver Was Doing GOING STRAIGHT Driver Prior Action Other		Venicle Factors				
				NOT APPLICABLE				
		Driver Actions						
	щ	NO CONTRIBUTING ACT	ION					
Ì≒	<u>o</u>							
\ S	VEHICLE							
	>							
		Owner Name JOSEPH DAVID GRONEMYER		Owner Address				
٦	5			126 CENTER ST LIME RIDGE, WI	53942 119			
•	•			Lime Mose, W	33342 , 03			
		 Seguence Of Events						
		Event						
	5	GUARDRAIL END						
	ខ	Event						
		Event						
	03							
	2	Event						
		Policy Holder	10101010101010101010101010101010101					
NS.		Insurance Company	Individual					
_	BIERMEIER'S INSURANCE			AMANDA GRONEMYER				
		Individual						
	NDIVIDUAL	Driver AMANDA LYNN GRONEMYER		Citations issued Sex 0 FEMALE				
				Date of Birth	Race			
l <u>⊨</u>				WHITE				
EN S	ã	Address 126 CENTER ST LIME RIDGE, WI 53942, US		Driver License Number				
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES				
	Ç ⊴i	On Duty Crash ety Equipment		Safety Equipment				
	Ĭ	Row Seat Position		SHOULDER & LAP BELT				
		01 - FRONT ROW	07 - LEFT	ONOGEDEN G EAR	OLL!			
		HelmetUse		Helmet Compliance				
		Eve Protection	Tint Compliance					
		_,-,		The Compliance				
2	5	Injury Severity Injury NO APPARENT INJURY Ejected Ejection Path		Airbag				
	9			NON DEPLOYED Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT A		PLICABLE		NOT TRAPPED		
		Medical Transport		EMS Agency Identifier		EMS Run#		
		NOT TRANSPORTED		Barra (Barri				
		Hospital		Date of Death Time of Death				
		Distract	ted By Source	1		l		
		Distracted By NOT A		A C-T-C-D-L				
		Distracted By Action	APPLICABLE (NOT DISTR	ACTED)				

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			Striking Unit#	Location						
		Non Motor	ist							
		Prior Action	998899H							
TIND	INDIVIDUAL	Action								
		Action Other						To/From School		
	Drug & Alcohol NO				Suspected Drug Use NO					
	AlcoholTestGiven TEST NOT GIVEN Drug TestGiven TEST NOT GIVEN Drug TestType			Alcohol Test Type			Alcohol Test Results			
					Drug Test Results					
01	004	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	Pro∣	perty Owne	r							
PROP 01					Address 290 MAIN ST LAVALLE, WI 53941 ,	US				
	Fixe	ed Objects St	truck		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***********	********	STATES AND		
	5	Striking Unit 01	Struck Object GUARDRAIL END					amage Tag Number 37950		

Form DT4000