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 Crash Number 22-04342			Investigating Officer/Deputy DEPUTY C. FRANK			
Crash Date 05/13/2022	Crash Time 03:43 PM		Date Arrived 05/19/2022			Time Arrived 04:11 PM			
Date Notified 05/19/2022	Time Notified 03:43 PM			Total Units 01		Total Injured Total Kille		∍d	
On Emergency H	and Run Lane Closu		ure Work Zone		е	Trailer or Towed		Reporting Threshold	
Government Property		hool Zone	School Bus Related NO		Tags				
Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)			Amend	led	Secondary Crash	
Description							D 1 1	D	
	ปรห 12				Not to	scale	Additional Info	ormation	
ON THE ABOVE DATE AND TIME	UNIT 1 AND OPER	ATOR WERE SOUT	THBOUND	ON USH 12 EB. E	BOTH SOU	THBOUND LA			
	Crash Date 05/13/2022 Date Notified 05/19/2022 On Emergency Hi Government Property Reportable Description Diagram I, a sworn law enforcement ON THE ABOVE DATE AND TIME HEAVE AND DEBRIS FROM HEAV	Crash Date 05/13/2022 Date Notified 05/19/2022 On Emergency Hit and Run Government Property Crash Time 03:43 PM Active Sc Crash Type DT4000 (STA Description Diagram USH 12	Crash Date 05/13/2022 03:43 PM Date Notified 05/19/2022 03:43 PM On Emergency Hit and Run Lane Clost Government Property Active School Zone Crash Type DT4000 (STANDARD CRASH Description Diagram USH 12 V I, a sworn law enforcement officer, agree that I have not on the Above Date And Time Unit 1 And Operator were sound HEAVE AND DEBRIS FROM HEAVE. UNIT 1 SUPFERED A FLAT REAR HAVE AND DEBRIS FROM HEAVE. UNIT 1 SUPFERED A FLAT REAR HAVE AND DEBRIS FROM HEAVE. UNIT 1 SUPFERED A FLAT REAR HAVE AND DEBRIS FROM HEAVE. UNIT 1 SUPFERED A FLAT REAR HAVE AND DEBRIS FROM HEAVE. UNIT 1 SUPFERED A FLAT REAR HAVE AND DEBRIS FROM HEAVE. UNIT 1 SUPFERED A FLAT REAR HAVE AND DEBRIS FROM HEAVE. UNIT 1 SUPFERED A FLAT REAR HAVE AND DEBRIS FROM HEAVE. UNIT 1 SUPFERED A FLAT REAR HAVE.	Crash Date Date Arc	Crash Date 05/13/2022 Date Notified 05/13/2022 Date Notified 05/19/2022	Crash Date Crash Time Date Arrived D5/13/2022 Date Notified Time Notified Total Units D5/13/2022 D3:43 PM D5/13/2022 D3:43 PM D5/13/2022 D3:43 PM D1 D1 D1 D1 D1 D1 D1 D	Crash Date Crash Time Date Arrived Time Arrived OS/19/2022 OS:43 PM OS/19/2022 OS:41 PM OS/19/2022 OS:41 PM OS/19/2022 OS:43 PM OI OI OI OI OI OI OI O	Crash Date Crash Date Crash Date Crash Date Crash Time Crash	

Location

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Crash Date 05/13/2022

Crash Time 03:43 PM

	0.31	USH12 EB 1 MI S			Latitude 43.4409	87639		Longitud		
		S GASSER RD THE TOWN OF BARABO	00		X Coordinate 275142.25 Structure Type			Y Coord		
		SAUK COUNTY					4813538		38	
						RUCTURE	=			
(Cra	sh Scene			'					
	First	Harmful Event			First Harr	mful Event	Location			
	_	HER OBJECT - NOT FIX	ED		ON ROA					
		ner of Collision NO COLLISION W/VEH	IICI E IN TRANSPORT		Light Cor					
		d Surface Condition(s)	IICLE IN TRANSPORT		_	DAYLIGHT Roadway Factor(s)				
	DR	. ,				Thousandy Factor(s)				
	Fnvi	ironment Factor(s)								
	NOI	` ,							Y, SNOW, SLUSH,	
					ETC), O	BSTRUC	TION IN ROA	DWAY, R	, ROUGH PAVEMENT	
		ather Condition(s)								
		EAR								
	Anin	nal Type				Relation To Trafficway TRAFFICWAY - ON ROAD				
		sh Classification - Location			-	Crash Classification - Jurisdiction				
	_	BLIC PROPERTY al Land			NO SPE	NO SPECIAL JURISDICTION			Consider Objects	
	THD	ai Land			NTROL			Special Study		
		· ·	Junction Location		tersection Type					
	NO		NON-JUNCTION	N	OT AN INTERSE	ECTION				
		t Summary -								
	I Init	Status		Vehicle Operati	ing Δs Classificatio	n	Unit Type			
		Status FRANSIT		Vehicle Operati D CLASS	ing As Classificatio	n	Unit Type AUTOMOI	BILE		
)1	IN T	TRANSIT icle Type	-	•	ing As Classification	n 			ments	
01	Vehi	TRANSIT icle Type ORT) UTILITY VEHICLE		D CLASS			AUTOMOI Operating A	s Endorser		
01	Vehi	TRANSIT icle Type	Train/Bus # Recorded	•		Total Tra	AUTOMOI Operating A	s Endorser	ments Mat Types	
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		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other							
				NOT APPLICABLE					
		Driver Actions							
	щ	NO CONTRIBUTING ACT							
LNO	\overline{c}								
5	VEHICLE								
	>								
		Owner Name		Owner Address					
	70	LEAH HARROP		509 PHEASANT (
	0	(608) 235-7911		MAZOMANIE, WI	55560 , US				
		Ocamora Of Francis							
		Sequence Of Events Event							
	01	OTHER OBJECT - NOT F	IXED						
	02	Event							
	3	Event							
	03	-							
	04	Event							
_	i	Policy Holder							
LINO		Insurance Company	00	Individual					
		AMERICAN-FAMILY-INS-		LEAH HARROP					
		Individual			To				
		Driver LEAH HARROP		Citations Issued 0	Sex FEMALE				
	A	(608) 235-7911		Date of Birth Race					
⊨	INDIVIDUAL				WHITE				
	<u> </u>	Address		Driver License Number					
_	Z	509 PHEASANT CT MAZOMANIE, WI 53560	US	STATE: WISCONSIN COUNTRY: UNITED STATES					
		,,							
		On Duty	y Crash	Safety Equipment					
	Saf	fety Equipment							
		Row	Seat Position	SHOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
2	00	Injury S	•	Airbag					
	0	Ejected NO AP	PPARENT INJURY Ejection Path	NON DEPLOYED Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death	Date of Death Time of Death				
		Distracted By	ed By Source			1			
		Distracted By NOT A	APPLICABLE (NOT DISTR	RACTED)					
		DIBLIAUTEU DY AUTON							

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Crash Date 05/13/2022

Crash Time 03:43 PM

		Non Motorist	Striking Unit #	Location				
		Prior Action						
TIND	INDIVIDUAL	Action						
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO	Jse	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		
٦	001	Drug Type						
		Individual Condition APPEARED NORM	AL					