### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash E	locument#	Agency Crash Number 22-05444		ımber	Investigating Officer/Deputy DEPUTY K. RENZ				
138	Crash Date 06/10/2022	Crash Time 04:08 PM		Date Arrived 06/10/2022			Time Arrived 04:21 PM				
2	Date Notified 06/10/2022	Time Notified 04:08 PM		Total Ui	nits		Total Injured		Total Killed	d	
<b>6TLOBNZM3S</b>		t and Run	Lane Close	l	Wo	rk Zone	Trailer	or T			Reporting Threshold
OTE	Government Property	Active Sc	hool Zone	School NO	Bus Relat	ed	Tags			•	
	Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)			Amend	ed			Secondary Crash
	Description <b>———</b>										
	STOP impe	ting place un							tos By		
	resting place unit 2		point of	impact	2)			Add PHO	itional Infor OTOS	rmation	
	STH 154					stopped ar proceeded roadway					
		Solf Course F				STOP					
	i, a sworn law enforceme	ent officer, agre	e that I have no	ot added	d any CJ	IS data in this	report.				
	ON 6/10/2022, AT APPROXIMATELY INTERSECTION AFTER NOT SEEIN THEM TO ENTER THE DITCH. UN. CAME TO REST IN THE DITCH. S' TO REEDSBURG AREA HOSPITAL	NG UNIT 2 DRIVIN IT 1 STRUCK A ST TEVES TOWING RI	G WESTBOUND ON OP SIGN ON THE EMOVED BOTH VE	N STH 154 OPPOSITE HICLES F	I. UNIT 1 E SIDE OF ROM THE	STRUCK THE FRO THE INTERSECT SCENE. THE DR	ONT DRIVER S TON. UNIT 1 C	IDE A CAME	REA OF UNTO A REST	NIT 2, CAU T IN THE I	JSING BOTH OF DITCH. UNIT 2

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Crash Date 06/10/2022

Crash Time 04:08 PM

Location											
ON GOLF COURSE RD					Latitude			Longitude			
157 FT N						43.48967766 -89.964415539					
OF STH154 WB					X Coordinate Y Coordinate			finate			
IN THE TOWN OF REEDS IN SAUK COUNTY	BURG				260297.203125 4819464.5						
IN SACK COOK!				Structure Type							
					NO STRUCTURE						
Crash Scene											
First Harmful Event					Circt Uarm	ful Event L	acation				
MOTOR VEH IN TRANSPORT						DWAY	ocation				
Manner of Collision											
01 - ANGLE						Light Condition  DAYLIGHT					
Road Surface Condition(s)					Roadway Factor(s)						
DRY					, readinay	, 40101(0)					
Environment Factor(s)											
NONE					NONE						
Weather Condition(s)											
CLOUDY											
Animal Type					Relation T	o Trafficwa	y				
					TRAFFIC	WAY - O	N ROAD				
Crash Classification - Location					Crash Classification - Jurisdiction						
PUBLIC PROPERTY					NO SPECIAL JURISDICTION						
TribalLand					Access Control Special Study PARTIAL CONTROL						
						CONTR	OL				
Within Interchange Area YES	Junction Location INTERSECTION			Intersection FOUR-W	n Type <b>AY INTER</b>	SECTION	1				
Closure Type			Reas	ons for Clos	ure						
LANE CLOSURE											
Date Initial Lane/Rd Closed 06/10/2022	Time Initial Lane/Rd Close 04:08 PM	∍d	LAW	ENFORCE	EMENT, TOW TRUCK, FIRE/EMS						
Date All Lanes Open	Time All Lanes Open		Date 8	Scene Clear	ared Time Scene Cleared						
06/10/2022	05:12 PM		06/10	/2022							
Unit Summary =						•					
Unit Status		Vehi	cle Ope	erating As C	Classification Unit Type						
IN TRANSIT		D CI	LASS				AUTOMOBILE				
Vehicle Type					Opera			ating As Endorsements			
(SPORT) UTILITY VEHICL	E										
Total Occs	Train/Bus#Recorded	Total	l#Citat	ions Issued	t Total Traile		ilers Total Haz		azMat Types		
Insurance?	Direction Of Travel	+	Dro.	CrashTire	Speed Lim				otalLanes		
YES	NORTHBOUND			Ciasii ille Mark	45		2		20,100		
Most Harmful Event: Collision \	_ I Vith	Spec	cial Fur				Emergency Motor Vehicle Us		nicle Use		
MOTOR VEH IN TRANSPO	ORT	NO	SPEC	IAL FUNC	TION		NOT APPLICABLE				
Traffic Way		Traff	ic Cont	rol		Traffic Control Inoperative/Missing					
TWO-WAY, NOT DIVIDED STOP SIGN					NO						
Surface Type Road Cu				ture			Road Grade				
BLACKTOP (BITUMINOUS) STRA				Т			DOWNHIL	L			
Truck Bus or HazMat		'					•				
NO											
Vehicle											
License Plate Number		- 1	е Туре			St	Country of Issuance				
AHM7147				TOMOBIL	.E	E WI UNITED STATES					
Vehicle Identification Nur		Mak				Year	Model				
GM 1GKKNXLS9HZ166187						2017	ACADIA				

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		Color BED BED		ody Style		BusUse					
		RED - RED		D - 4DR							
_	ш	Initial Contact Point  11 - LEFT FRONT CORNER  Extent Of Damage DISABLING DAMAGE  Towed Due To Damage		Vehicle Damage  7 8 9 10  02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE,							
UNIT	≌			2 - RIGHT SIDE FRO 4 - RIGHT SIDE REA			6 12				
⋾	VEHICLE			4 - RIGHT SIDE REA 6 - REAR, 07 - LEFT	,	,	5 4 3 2 1				
	7			ehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE		STEVES AUTO SERVICE							
		What Driver Was Doing	Ve	Vehicle Factors							
		GOING STRAIGHT	N	OT APPLICABLE							
		Driver Prior Action Other	"	NOT APPLICABLE							
		Driver Actions									
١.	Щ	FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE									
INN	VEHIC										
⋽	T T										
	>										
		Owner Name		Owner Address							
01	5	ABIGAIL LYNN VAN OOYEN (815) 403-3002		321 N WALNUT ST REEDSBURG, WI 53959 , US							
0	0	(615) 405-5002									
		Saguance SES vante									
		Sequence Of Events Event									
	5	MOTOR VEH IN TRANSPORT									
	62										
	63	Event TRAFFIC SIGN POST	POST								
	2	Event									
		Policy Holder									
NE NE		Insurance Company		Individual							
>		PROGRESSIVE-CLASSIC-INS-CO									
		Individual									
		Driver ABIGAIL LYNN VAN OOYEN (815) 403-3002		Citations Issued	Sex						
	_			1	FEMALE						
	DUA.			Date of Birth	Race WHITE						
늘	Ħ			Driver License Number							
N	NON	Address 321 N WALNUT ST REEDSBURG, WI 53959 , US									
				STATE: WISCONSIN COUNTRY: UNITED STATES							
	Ç.	On Duty Crash  [ety Equipment		Safety Equipment							
	oa.			SHOULDER & LAP BELT  Helmet Compliance							
		Row Seat Position 01 - FRONT ROW 07 - LEFT									
		HelmetUse									
		Eye Protection		Tint Compliance							
01	8	Injury Severity		Airbag							
٦	0	Injury POSSIBLE INJURY		DEPLOYED-COMB	NATION	Iz ne					
		Ejected Ejection Path NOT EJECTED NOT EJECTED/	NOT APPLI	CAR! F		Trapped/Extricated NOT TRAPPED					
		Medical Transport		EMS Agency Identifier		EMS Run#					
		EMS GROUND		6001024		221087					

Crash Date 06/10/2022 Crash Time 04:08 PM

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		Hospital REEDSBURG AREA	A MED CTR			Date of Death			Time of Dea	th	
Distracted By Distracted By Source UNKNOWN											
		Distracted By Action UNKNOWN									
		Non Motorist Striking Unit # Location									
		Prior Action		<b>'</b>							
		Action									
_	INAL										
UNIT	NDIVIDUAL										
	Ī										
		Action Other									To/From School
			Suspected Ale	cohol Use		Suspected Drug Use					
	ı	Drug & Alcohol No				NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test 1	Гуре	e		Alcohol Tes		t Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Typ	Drug Test Type D		Drug T	Prug Test Results			
10	001	Drug Type									
		Individual Condition									
		APPEARED NORM	AL								
	,	Violations	8 8 8 8 8 8 8 8 8 8 8 8 8	TENNING NONE OF THE STATE OF TH	14141414		ananan	81818181818181818	SSSSSSSSS		
	6	UTC Number <b>BD756471</b>	Issue To? 001	Statute Number 346.18(3)		Description FAIL/YIELD RIGHT/V	NAY F	ROM STO	P SIGN		
		t Summary $lacktriangle$			1						
		Unit Status IN TRANSIT				ehicle Operating As Class CLASS		UnitType AUTOMOBILE			
02		Vehicle Type PASSENGER CAR			<u> </u>				Operating A	s Endorsen	nents
	Tota	al Occs Train/Bus#Re		s#Recorded	T (	otal#Citations Issued		Total Traile	lers Total Hazi		1at Types
<b>—</b>	Insu YES	nsurance? Direction Of Travel YES WESTBOUND			1 10 Cidshillo		Speed Limit		Total Lanes 2		
LIND		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way TWO-WAY, NOT DIVIDED				Traffic Control NO CONTROL Road Curvature STRAIGHT			Traffic Cont	rol Inoperati	ve/Missing
	Surface Type				Road Grade DOWNHILL						
		k Bus or HazMat	-						ı		
		Vehicle									
		License Plate Number 691SVV			- 1	Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES		
									J 1 _ D   D		

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A.		Vehicle Identification Number		Make	Y	ear	Model				
02		1G1BE5SM0H7106855		CHEVROLET 2017		017	CRUZE				
		Color		Body Style		Bus Use					
		81		4D - 4DR							
	ш			Vehicle Damage							
_	VEHICLE	01 - RIGHT FRONT CORNER		7 C. MOIO D'AIRINGS				7 8 9 10 11			
N	<b>=</b>			01 - RIGHT FRONT CO	ORNER, (	02 - RIG	HT SIDE	5 12			
⋾		Extent Of Damage		FRONT, 11 - LEFT FR	ONT CO	RNER, 1	2 - FRONT	5 4 8 2 1			
	7	DISABLING DAMAGE						CONTRACTOR OF THE STATE OF THE			
		×1		Vehicle Removed By							
		TOWED DUE TO DISABL	STEVES AUTO SERVICE								
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		BODY, DOORS, HEAD	LAMPS,	STEER	ING, TURN SIGNA	LS, WHEELS			
		Driver Actions									
	ш	NO CONTRIBUTING ACT	ION								
$\vdash$	7										
N	Ŧ										
$\supset$	VEHICLE										
		0		I O A d doc							
		Owner Name LILLIAN GRACE MARTEN		Owner Address E6097 COUNTY R	OAD CH						
07	8			REEDSBURG, WI 53959 , US							
_			1								
		Sequence Of Events									
		Event									
	5	MOTOR VEH IN TRANSPORT									
	N	Event									
	S DITCH										
		Event									
	8										
		Event									
	2										
		Policy Holder									
╘											
N		· · ·	Individual JUSTIN MARTEN								
_		STATE-FARM-GENERAL	-1873-CO	JUSTIN MARTEN							
		Individual									
		Driver	Citations Issued	Sex							
		LILLIAN GRACE MARTEN	1	0	FEMALE						
	4			Date of Birth	Race						
<b>—</b>	NDIVIDUA		WHITE								
LNO	5	Address		Driver License Number							
$\neg$	O	E6097 COUNTY ROAD CI		STATE: WISCONSIN COUNTRY: UNITED STATES							
		REEDSBURG, WI 53959	, US								
		On Duty	Crash	Safety Equipment							
	Sai	fety Equipment									
		Row	Seat Position	SHOULDER & LAP	RF: T						
		01 - FRONT ROW	07 - LEFT	Onocepen a en	,						
			VI - LEF I	Helmot Co							
		HelmetUse		Helmet Compliance							
		To Destroy		 							
		Eye Protection	Eye Protection		Tint Compliance						
			- v- sib.	I Aidage							
07	8	Injury So Injury NO AP		Airbag	LIA TICLE						
_			PARENT INJURY	DEPLOYED-COMBI	NAHON		I <del></del>				
		Ejected	Ejection Path				Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APP	LICABLE			NOT TRAPPED				

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		Medical Transport		EMS Agency Identifier		EMS Run#		
	NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death		
		Distracted By NOT APPLICABLE	(NOT DISTRA	CTED)				
		Distracted By Action NOT DISTRACTED						
		Non Motorist Striking Unit#						
		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other					To/From School	
	1	Suspected Alcohol U Drug & Alcohol NO	Se	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results		
		DrugTestGiven TEST NOT GIVEN	Drug Test Type					
05	005	Drug Type						
		Individual Condition						
		APPEARED NORMAL						
	Pro	perty Owner						
PROP 01		emment JK COUNTY HWY DEPT B) 356-3855		Address 620 STH 136 PO BOX 26 BARABOO, WI 53913	, us			
		ed Objects Struck	I					
	Section 1	Striking Unit Struck Object 01 TRAFFIC SIGN POST					Damage Tag Number 338451	
'	Wit	ness 🕳 🕳						
WITN 01 ESS 01	EUC	vidual GENE WILLIAM UNDERWOOD 8) 393-1374		Address 33224 STATE HWY 15 HILLPOINT, WI 53937		D	ate of Birth	
		ness						
WITN 02 ESS 02	CAF	vidual ROLINE P JUDD 8) 393-6188		Address S6909 SEELY CREEK RD LOGANVILLE, WI 53943 , US				