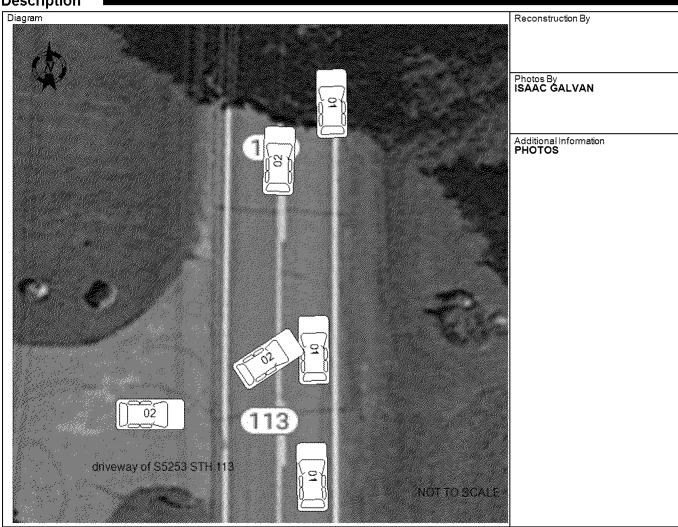
#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

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	Document Number Override		1		Agency Crash Number 22-05200		Investigating Officer/Deputy DEPUTY I. GALVAN			
44	Crash Date 06/04/2022		0.00		Date Arrived 06/04/2022		Time Arrived 04:21 PM			
אָל ע	Date Notified 06/04/2022		Time Notified 04:09 PM		Total Units 02		Total Injured 01	Total Killed 00		
60. 0-	On Emergency Hi		t and Run Lane Closu		ure Work Zone		Trailer or	Fowed	· · · · · · · · · · · · · · · · · · ·	Reporting Threshold
٦ 1	Government Property		Active School Zone		School Bus Related NO		Tags			
	Reportable		Crash Type DT4000 (STA	rash Type T4000 (STANDARD CRASH)			Amended			Secondary Crash

Description



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

UNIT 1 WAS TRAVELING NORTH ON STH 113 NEAR FIRE NUMBER \$5253. UNIT 2 LEFT THE DRIVEWAY OF FRANKIE'S BAR AT \$5253. STH 113 BARABOO, WI, UNIT 2 STRUCK UNIT 1 AND CONTINUED NORTH, UNIT 1 PULLED OVER AND AWAITED LAW ENFORCEMENT. TO RESPOND. UNIT 1 WAS REMOVED AND TOWED BY CRIAGS TOWING, UNIT 1 REPORTED MINOR INJURIES AND STATED SHE WOULD GET CHECKED OUT AT LATER TIME. UNIT 2'S FRONT BUMPER WITH A LICENSE PLATE WAS LEFT AT THE SCENE OF THE ACCIDENT. UNIT 2 WAS LATER FOUND UNOCCUPIED SEVERAL MILES AWAY, AFTER SPEAKING WITH THE REGISTERED OWNER OF UNIT 2 SHE WAS CITED WITH OWNER'S LIABILITY FOR FAILING TO STOP AT A SCENE OF AN ACCIDENT. UNIT 2 WAS LEFT WHERE IT WAS LOCATED. OPERATOR WAS NOT LOCATED AND IS UNKNOWN.

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

	Location ===									
	ON WATER ST/ STH113	NB			Latitude			Longi	tude	
	913 FT N OF CTHW NB				43.45518	86598		-89.7	15114152	
	IN THE TOWN OF GREEK	NFIELD				X Coordinate 280331.59375		Y Coordinate		
	IN SAUK COUNTY							4814	945.5	
					Structure NO STR	UCTURE				
	Crash Scene									
	First Harmful Event				FirstHarm	nful Event Lo	ocation			
	MOTOR VEH IN TRANSP	PORT			ON ROA	DWAY				
	Manner of Collision				Light Con-					
	01 - ANGLE			DAYLIG						
	Road Surface Condition(s)  WET			Roadway	ractor(s)					
	Environment Factor(s)				1					
	NONE				NONE					
	Weather Condition(s)				1					
	RAIN									
	Animal Type				1	o Trafficwa CWAY - OI	•			
	Crash Classification - Location	n			Crash Cla	ssification -	Jurisdiction			
	PUBLIC PROPERTY						SDICTION			
	TribalLand			Access Control Special Study NO CONTROL						
	Within Interchange Area	Junction Location		Intersection		••				
	NO	NON-JUNCTION		NOT AN	INTERSE	CTION				
	Unit Summary									
		Unit Status Vehicle Operating As C				Classification UnitType AUTOMOBILE				
	IN TRANSIT D CLASS  Vehicle Type				Operating As Endorsements					
5	PASSENGER CAR				operating / to Endorsollion					
	Total Occs	Train/Bus#Recorded	Total#Cita	tions Issued	ł	Total Trail	ers	TotalH	azMat Types	
	1		0			0		0		
⊨	Insurance? YES	Direction Of Travel NORTHBOUND	Pre	CrashTire Mark	•	Speed Lin	nit	Total L	anes	
LINO	Most Harmful Event: Collision		Special Fur	nction IAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE			
	MOTOR VEH IN TRANSP Traffic Way	ORI	Traffic Con				Traffic Control Inoperative/Missing			
	TWO-WAY, NOT DIVIDED	<b>o</b>	NO CONT				NO			
	Surface Type		Road Curv	ature			Road Grade			
	BLACKTOP (BITUMINOL	JS)	STRAIGH	Т			LEVEL			
	Truck Bus or HazMat  NO									
	Vehicle		energia en		and a contract to the	eccessors		- S. S. S. S. S. S.		
	License Plate Number		Plate Type	•		St	Country of Is	suance		
	144VER		JTOMOBIL	LE WI		UNITED STATES				
5	Vehicle Identification Nu  5 2FMDK49C48BA539	1	Make FORD		Year 2008		Model EDGE Bus Use			
	Color	Body Style								
	RED - RED		4D - 4DR				Dus Ose			
	MI Initial Contact Point		Vehicle Da				<u> </u>			
LNN	10 - LEFT SIDE FRO	TAC	09-LFF	T SIDE MI	DDLE. 10	- LEFT SI	DE FRONT,	11 -	7 8 9 10 11 6 12	
5	10 - LEFT SIDE FROE Extent Of Damage DISABLING DAMAGE			RONT COF		01		- •	5 4 3 2 1	

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22-05200

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Towed Due To Damage TOWED DUE TO DISABLE	NG DAMAGE	Vehicle Removed By CRAIGS TOWING							
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors							
		Driver Prior Action Other		NOT APPLICABLE							
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ON								
٦	01	Owner Name AMY LYNN STATZ (608) 434-1400		Owner Address 414 ELDRED ST MAZOMANIE, WI	53560 , US						
		Sequence Of Events		<u> </u>							
	5	Event MOTOR VEH IN TRANSPO	ORT								
	8	Event									
	60	Event									
	75	Event									
_		Policy Holder									
HNO		Insurance Company AMERICAN-FAMILY-INS-0		Individual SHIRLEY TURNIPSEED							
		Individual									
		Driver		Citations Issued	Sex						
		SHIRLEY ANN TURNIPSE	ED	0	FEMALE						
<b>-</b>	DUA	(608) 434-1400		Date of Birth	Race WHITE						
IND	INDIVIDUAL	Address \$5675 DEVILS CROWN DI BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sai	On Duty ety Equipment	Crash	Safety Equipment							
		Row 01 - FRONT ROW	Seat Position	SHOULDER & LAP BELT							
		HelmetUse	12	Helmet Compliance							
		Eye Protection		Tint Compliance							
_	<b>5</b>	Injury Se		Airbag							
2	ĕ	injury <sub>SUSPE</sub>	CTED MINOR INJURY	NON DEPLOYED							
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT API	PLICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#					
		Hospital		Date of Death		Time of Death					
		Distracted By NOT A	ed By Source	ACTED)		I					
		Distracted By Action NOT DISTRACTED		,							

Crash Date 06/04/2022 Crash Time 04:07 PM

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	king Unit#	Location						
		Prior Action								
!		Action								
	AL									
UNIT	INDIVIDUAL									
5										
	=									
		Action Other								To/From School
		Sus	pected Alcohol U	lse	Suspected Drug Use					
	1	Drug & Alcohol No			NO			[A] 1 1 <del>7</del> 4		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•			Alcohol Test	Kesults	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Te	est Results			
10	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		t Summary Status		V	ehicle Operating As Classi	ification		UnitType		
		AND RUN		D	CLASS			AUTOMOB Operating As		contr
05		SSENGER CAR								
	Tota	l Occs	Train/Bus#Re	corded T	otal#Citations Issued		Total Traile <b>0</b>		Total HazN <b>0</b>	/lat Types
L		rance? (NOWN	Direction Of Tra	avel	Pre CrashTire Mark		Speed Limit N/A		Total Lanes 2	
UNIT		t Harmful Event: Collision W			pecial Function IO SPECIAL FUNCTIO	N .		Emergency NOT APPL		cle Use
	Traf	fic Way	•••		Traffic Control			Traffic Control Inoperative/Missing		
		O-WAY, NOT DIVIDED ace Type			NO CONTROL  Road Curvature			Road Grade		
		ACKTOP (BITUMINOUS  k Bus or HazMat	)	S	TRAIGHT			LEVEL		
	NO	R B05 01 Haziviat								
	,	Vehicle		eccesses escesses T		Tè	St T	Caustriation		
		License Plate Number AMV3034			Plate Type AUT - AUTOMOBILE			Country of lss UNITED ST		
05	8	Vehicle Identification Num 1HGCG3252XA013440		<b>I</b>	Make H <b>ONDA</b>		Year Model 1999 ACCORD			
		Color RED - RED		<b>I</b>	Body Style			Bus Use		
	Щ	Initial Contact Point			/ehicle Damage					7 8 9 10 11
UNIT	VEHICLE	12 - FRONT Extent Of Damage			01 - RIGHT FRONT CO		11 - LEF	T FRONT		6 12
_ر	ЩX	FUNCTIONAL DAMAG	E		A CONTRACTOR OF THE PROPERTY O				5 4 3 2 1	
		Towed Due To Damage NOT TOWED			/ehicle Removed By					

Crash Date 06/04/2022
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		What Driver Was Doing  LEFT TURN		Vehicle Factors					
		Driver Prior Action Other		UNKNOWN					
		Differ for tollow out of							
		Driver Actions UNKNOWN							
E	VEHIOLE								
TNO LNO	Ĭ								
	VE								
		Owner Name		Owner Address					
05	02	ANN P CROM (608) 477-9535		717 1/2 OAK ST BARABOO, WI 53	913 US				
0	0	(000) 411 0000			0.00,00				
		Sequence Of Events							
	01	Event MOTOR VEH IN TRANSPO	)RT						
		Event							
	02								
	03	Event							
		Event							
	04								
		ndividual							
	•	Driver UNKNOWN UNKNOWN		Citations Issued  0	ued Sex				
	UAI			Date of Birth	Race	ace			
LIND	INDIWIDUAL	A status ==		Dukant ingga Magaha					
ā		Address UNKNOWN		Driver License Number					
	-	UNKNOWN, ,							
		On Duty (	Crash	Safety Equipment					
	Sat	ety Equipment		Calcty Equipment					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE U	NKNOWN				
		HelmetUse	U/ - LEF1	Helmet Compliance					
		Eye Protection		Tint Compliance					
05	200	Injury Se	verity	Airbag					
0	0		PARENT INJURY  Ejection Path	NOT APPLICABLE Trapped/Extricated					
			NOT EJECTED/NOT APP	PLICABLE		NOT APPLICABLE			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED  Hospital		Date of Death		Time of Death			
				Date of Dodg?		, and o, boda,			
		Distracted By Distracte	d By Source						
		Distracted By Action							
		Non Motorist Striking &	Jnit# Location						
		Prior Action	<u> </u>						

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		Action						
	4							
UNIT	NEWELA							
) 								
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alco	hol Use	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	<b>7</b> 00	Drug Type						
		Individual Condition						
		NOT OBSERVED						
		V 7 - 3 - 41						
3	U.I	Violations UTC Number AE757824	Issue To?	Statute Number <b>346.675(1)</b>	Description VEHICLE OWNER'S	LIABILITY FOR	FSA - ATTENDED VE	HICLE