WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash I	Document#	Agency 22-059	Crash Number 197		Investigating Officer/Deputy DEPUTY J. MACASKILL				
Crash Date	Crash Time	I .		rived		Time Arrived				
06/25/2022	05:05 AM		06/25/		06:28 AM					
Date Notified 06/25/2022	Time Notified 06:23 AM		Total ∪ 01	nits	Total Injured		Fotal Killed)2	Killed		
Crash Date 06/25/2022 Date Notified 06/25/2022 On Emergency Government Property	Hit and Run	and Run Lane Close		ure Work Zone		Trailer or Towed		Reporting Threshold		
Government Property	Active Sc	chool Zone	School NO	School Bus Related NO						
▼ Reportable		Amend	ded		Secondary Crash					
Description										
Diagram						Reco	nstruction os By	Ву		
								Additional Information		
Unit 1						FAIA	AL CRAS	SH SUPPLEMENT		
South Ave	Unit 17	Unit 1 III ACC	ilian	South Ave	Unit 1					
				Unit 17	nit 1					
	Not D	rawn to S	Scale							
I, a sworn law enforcer										
ON 6/25/22 BETWEEN 0505 AND INDICATED UNIT 1 CROSSED TI ROADWAY INTO THE DITCH ON	HE CENTER LINE O	F THE ROAD AND	OVER CO	RRECTED BACK TOW	ARDS ITS DESIGNA	TED LA	ANE. UNIT	1 GOES OFF THE		

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	Location ===											
Ì	ON SOUTH AVE						Latitude			Longitud	te	
	0.37 MI W						43.57642			571211		
	OF COON BLUFF RD						X Coordin	ate		Y Coord	inate	
	IN THE TOWN OF DELLO	DNA					267895.59375 4828844.5			4.5		
	IN SAUK COURT						Structure					
							NO STR	JCTURE				
(Crash Scene -											
	First Harmful Event							ful Event Lo	ocation			
	DITCH				ON ROADWAY							
	Manner of Collision						Light Cond					
	00 - NO COLLISION W/VI				DARK/UI							
	Road Surface Condition(s) DRY							Factor(s)				
	Environment Factor(s)						-					
	NONE						NONE					
	Weather Condition(s)											
	CLOUDY											
	Animal Type						1	o Trafficway	,			
	Crash Classification - Location	n							Jurisdiction			
	PUBLIC PROPERTY				NO SPEC	CIAL JURI	BDICTION					
	Tribal Land				Access Control Special Study NO CONTROL							
	Within Interchange Area	•				Intersection Type NOT AN INTERSECTION						
	Closure Type				Reas	ns for Clos						
	FULL CLOSURE											
	Date Initial Lane/Rd Closed 06/25/2022		Time Initial Lane/Rd Closed		LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS							
	Date All Lanes Open		Time All Lanes Open		Date S	Scene Clea	red		ne Scene Clea	red		
	06/25/2022		09:14 AM		06/25	5/2022		09	:14 AM			
	Unit Summary											
	Unit Status			1		erating As C	lassification		UnitType	=		
	IN TRANSIT			ם ני	LASS				AUTOMOE		monto	
	Vehicle Type PASSENGER CAR									Operating As Endorsements		
	Total Occs	Tra	ain/Bus#Recorded	Tota	Total#Citations Issued			Total Trail	ers Total HazMat Types		Mat Types	
	2			0				0		0		
	Insurance? YES		ection Of Travel ESTBOUND	~	Pre	CrashTire		Speed Lin	.		es	
	Most Harmful Event: Collision		E9 I BUUNU		cial Fur	Mark		40	Emergency	2 Motor Veh	icle I Ise	
	TREE			IAL FUNC	TION		NOT APPL		1010 030			
	Traffic Way	Traffic Way				rol			Traffic Control Inoperative/Missing			
	·	r				ROL			NO			
					d Curva				Road Grade			
BLACKTOP (BITUMINOUS) Truck Bus or HazMat					RAIGH	1			DOWNHIL	<u> </u>		
	NO											
of motor contract	Vehicle											
Country Country	License Plate Number						_	St	Country of Iss		TO THE STATE OF TH	
and and and a	ARA4960					TOMOBIL	.E	WI	UNITED ST	ATES		
Seminary Seminary	Vehicle Identification No 5NPEB4AC7EH9215			Make HYUNDAI				Year 2014	Model SONATA			
1	- July 2017/01/21/02/10	JINF ED4ACTER921310				•			-0.17			

6TL0BJ1GM7

22-05997

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Crash Time 05:05 AM

		Color E		Body St	Body Style		Bus Use				
		LBL - BLUE, LIGHT			DR						
	Ш	Initial Contact Point			Damage						
⊢	#	10 - LEFT SIDE FRONT			-			7 8 9 10 11			
	¥				15 - ALL AREAS			6 12			
⊃	VEHICLE	DISABLING DAMAGE		'	5 4 8 2 1						
		Towed Due To Damage		Vohiolo	Vehicle Removed By						
		TOWED DUE TO DISABL	ING DAMAGE	1	MIKES TOWING						
		What Driver Was Doing	MO DAMAGE		Vehicle Factors						
		GOING STRAIGHT		Versicie	venicle ractors						
		Driver Prior Action Other		UNKN	UNKNOWN						
		Driver Frior Action Care			VIRMIONA						
		Driver Actions									
	111	EXCEED SPEED LIMIT, S	PEED TOO FAST/COND.	FAILUR	E TO CONTROL	FAILED TO KE	EP IN DESIGNATE	D LANE, OPERATED			
l <u>⊢</u>	VEHICLE	MOTOR VEHICLE IN AGO						,			
	=										
🗆	T										
		0		Lou							
		OwnerName QUINN JOSEPH MUELLE	R		mer Address O VINEYARD DR	#7					
2	5	(608) 609-3347			800 VINEYARD DR # 7 CAMBRIDGE, WI 53523 , US						
_		, ,									
		Sequence Of Events		***********							
	5	Event CROSS CENTERLINE									
	8	Event DITCH									
		DITCH									
	8	Event MAILBOX									
		MALEGOX									
	Z	Event TREE									
l⊨		Policy Holder									
N N		Insurance Company		Indiv	idual						
٦,		AMERICAN-FAMILY-INS-	co	QUI	NN MUELLER						
		Individual									
		Driver			ions ssued	Sex	ex				
		QUINN JOSEPH MUELLE	R	0 MALE							
	₫	(608) 609-3347			of Birth	Race					
⊨					WHITE						
Š	5	Address			Driver License Number						
-	NON	800 VINEYARD DR # 7		STATE: WISCONSIN COUNTRY: UNITED STATES							
		CAMBRIDGE, WI 53523 ,	US								
		On Duty	Crash	Safety Equipment							
	Sai	fety Equipment									
		Row	Seat Position	RES	TRAINT USE U	KNOWN					
		01 - FRONT ROW	07 - LEFT								
		HelmetUse		Helmet Compliance							
		Eye Protection		TintO	Compliance						
-	Ξ	Injury Severity			Airbag						
2	8	İnjüry FATAL	. INJURY	DEP	LOYED-COMBI	NATION					
		Ejected	Ejection Path				Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT AP	PLICAB	PLICABLE TRA			EXTRICATED			
		Medical Transport		EMS	Agency Identifier		EMS Run#				
		NOT TRANSPORTED									

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		Hospital				Date of Death 06/25/2022		Time of Death 07:14					
			Distracted E			1		1					
Distracted By Action UNKNOWN													
		Striking Unit# Location											
		Non Motorist Prior Action											
		Files Actions											
		Action											
	4												
LNO	NDIVIDUAL												
_	á												
	=												
		Action Other							To/From School				
									767.101170011001				
		Orug & Alcohol	Suspected YES	Alcohol Use	e	Suspected Drug Use NO	•						
		Alcohol Test Given TEST GIVEN			Alcohol Test Type BLOOD	2		Alcohol Test Results PENDING					
_		Drug Test Given TEST GIVEN			Drug Test Type	Drug Testi		t Results					
	_	TEŠT GIVEN BLOOD PEŇDING Drug Type											
2	8	- Ab-											
		Individual Condition											
		NOT OBSERVED											
		l Individual											
		Passenger PEYTON LEE MUNCH (608) 477-3169			Citations Issued	Sex							
	Ħ				Date of Birth	MALE Race	ace						
LNO	DIVIDUAL				Drivert icense Numb	WHITE							
5		Address 325 KRISTA CT BARABOO, WI 53913 , US			STATE: WISCONSIN COUNTRY: UNITED STATES								
	٠.	ety Equipment	On Duty Cr	ash		Safety Equipment							
		Row		SeatPosi	tion	SHOULDER & LAP BELT							
		01 - FRONT ROW	• • • • • • • • • • • • • • • • • • •			Holmot Compliance							
		HelmetUse			Helmet Compliance								
		Eye Protection			TintCompliance								
5	88	Injury Severity			Airbag								
	•	FATAL INJURY Ejected Ejection Path			DEPLOYED-COM								
		NOT EJECTED			TED/NOT APPL			TRAPPED/NOT EXT	Trapped/Extricated TRAPPED/NOT EXTRICATED				
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifi	er	EMS Run#					
		Hospital				Date of Death		Time of Death					
					06/25/2022		07:15						

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		Distracted l	Distracted By Source	•						
		Distracted By Acti	on							
		Non Motor	Striking Unit#	Location						
		Prior Action								
UNIT	INDIVIDUAL	Action								
5	NON									
		Action Other						To/From School		
		Drug & Alcoh	Suspected Alcohol U YES	Jse	Suspected Drug Use NO					
		Alcohol Test Give	n	Alcohol Test Type BLOOD	•		Alcohol Test Results PENDING			
		Drug Test Given TEST GIVEN		Drug Test Type BLOOD		Drug Test Results PENDING				
10	002	Drug Type								
		Individual Condition	ED .							
	Pro	perty Owne	r 							
PROP OWNER 01	Indi	vidual CHARY JOSEPH 8) 604-8540			Address E8949A SOUTH AVE REEDSBURG, WI 5399	59 , US				
	Fix	ed Objects St	ruck							
	9	Striking Unit	Struck Object MAILBOX				Structure Number	Damage Tag Number		