## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Over	ride	Primary Crash D	ocument#	Agency 22-064	Crash Number 1 <b>92</b>		Investigating <b>DEPUTY B</b>			
Crash Date 07/08/2022		Crash Time 06:15 AM		Date Ar 07/08/			Time Arrived <b>06:34 AM</b>	d		
Date Notified 07/08/2022		Time Notified 06:17 AM		Total U 02	nits		Total Injured <b>02</b>	Total	Killed	
O7/08/2022  Date Notified 07/08/2022  On Emergency  Government Property	Hit	and Run	Lane Close	ıre	☐ Work Zone		Trailer	or Tower	1	Reporting Threshold
Government Property		Active Sci	hool Zone	School <b>NO</b>	Bus Related		Tags			
Reportable		Crash Type DT4000 (STA	NDARD CRASH	)			Amend	ed	**************************************	Secondary Crash
Description ■										
Diagram								Reconstru Photos By	·	
						-0	<u> </u>	Additional	Information	
	STH 23		▁ <u>╙</u> ▂ ᡔ┓	Jī]				NONE		
	•	' — [ ] <u>U</u>		([] j	2 [ [ [ ] ]		<u>(</u>			
***************************************	akalankalankalankalankalankalankalankal						takalakalakalakalakalakalakalakalakalaka			
			Venenanan	•						
				СТН	G.					
DRAWING NO	T TO S(	CALE	-t-constraints							
I, a sworn law en	N/B ON S	TH 23. UNIT 2 WA	AS TRAVELING N/B	ON STH	23 AND STOPPED IN	I THE LA	NE OF TRAV			
UNIT 1 REAR ENDED UN FORWARD ONTO THE N THE PASSENGER SIDE I	B SHOULE	DER WHERE IT CA	ME TO REST FAC	ING NOR						

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Crash Date 07/08/2022

Crash Time 06:15 AM

Location <b>—</b>									
ON PRAIRIE VIEW RD/	STH23 WB			Latitude			Longit	ude	
56 FT S					43.193116706			73832946	
OF CTHG NB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY					X Coordinate			rdinate	
					250235.28125 478			348.5	
	Structure 1	Гуре		•					
Crash Scene									
First Harmful Event				FiretHarm	ful Event L	ocation			
MOTOR VEH IN TRANS	PORT			ON ROA		0081011			
Manner of Collision				Light Con-					
03 - FRONT TO REAR				DAYLIGI					
Road Surface Condition(s)				Roadway	Factor(s)				
DRY									
Environment Factor(s)				-					
NONE				NONE					
Weather Condition(s)				]					
CLOUDY									
Animal Type				Relation T		-			
Consist Ols 15 to 1					WAY - O				
Crash Classification - Locati PUBLIC PROPERTY	on			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
TribalLand				Access Control Special Study NO CONTROL					
Within Interchange Area	- I				tion Type				
NO	INTERSECTION-RELAT	ED	T-INTER	SECTION					
Unit Summary 💻									
Unit Status		Vehicle Ope	-	lassification		Unit Type			
IN TRANSIT		D CLASS				AUTOMO			
Vehicle Type PASSENGER CAR						Operating As Endorsements			
Total Occs	Train/Bus#Recorded	Total#Citat	tions Issued	ł	Total Trai	lers	TotalHa	azMatTypes	
1		1		•	0		0	••	
Insurance?	Direction Of Travel	Pre	CrashTire		Speed Li	mit	TotalLa	ines	
YES	NORTHBOUND		Mark	,	55		2		
Most Harmful Event: Collisio	on With	Special Fur	nction		I	Emergency	Motor Ve		
MOTOR VEH IN TRANS	PORT	NO SPEC	IAL FUNC	TION		NOT APPLICABLE		E	
Traffic Way		Traffic Conf				Traffic Control Inoperative/Missing		rative/Missing	
TWO-WAY, NOT DIVIDE	D	NO CONT	ROL			NO Road Grade			
Surface Type		Road Curva							
BLACKTOP (BITUMINO	US)	STRAIGH	Т			LEVEL			
Truck Bus or HazMat <b>NO</b>									
Vehicle		enere enere enere enere en		te e e e e e e e e e e e e e e e e e	**************************************		55555555		
License Plate Number		Plate Type	)		St	Country of Is	suance		
891YZU		1	томови	.E	WI	UNITED S			
Vehicle Identification	Number	Make			Year	Model			
<b>a</b> JTDKB20U150127	199	TOYOTA	ı		2005	PRI			
Color TAN - TAN		Body Style	CHBACK	4 DOOR		Bus Use			
		Vehicle Da		. 5001		L	1		
12 - FRONT								7 8 9 10 11	
Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMA	12 - FRO	12 - FRONT					6 12		
DISABLING DAMA							5 4 3 2 1		

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22-06492

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Crash Date 07/08/2022

Crash Time 06:15 AM

		Towed Due To Damage		Vehicle Removed By				
		TOWED DUE TO DISABLIN	NG DAMAGE	GEORGES AUTO BO	DY			
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT		NOT ADDITIONDE				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions						
	Ш	FAILURE TO CONTROL						
Ę	2							
$\neg$	VEHICLE							
		Owner Name		Owner Address				
2	5	JOSHUA CARTER SANDB (608) 588-5464	ERG	LONE ROCK, WI				
0		(000) 000 0101			, 55			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
		Event						
	5	MOTOR VEH IN TRANSPO	RT					
	8	Event						
	60	Event						
	0	Fuert						
	3	Event						
⊨		Policy Holder						
IN		Insurance Company PROGRESSIVE-CASUALT	V INS CO	Individual JOSHUA SANDBERG				
_			1-1NO-CO	JOSHUA SANDBER	<b></b>			
		Individual Driver		Citations Issued	Sex			
		JOSHUA CARTER SANDB	ERG	1 MALE				
	NDIVIDUAL	(608) 588-5464		Date of Birth	Race			
╘	₫			WHITE				
LNO	ā	Address E2511 PHYLANE RD		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Z	LONE ROCK, WI 53556 , L	is					
		On Duty (	Crash	Safety Equipment				
	341	fety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELI			
		HelmetUse	10	Helmet Compliance				
		Eye Protection		Tint Compliance				
2	8	Injury Se	verity	Airbag				
_	•	((2)))(1)))(1)))(1)	Ejection Path	DEPLOYED-FRONT	<u> </u>	Trapped/Extricated		
			NOT EJECTED/NOT API	PLICABLE		NOT TRAPPED		
		Medical Transport		EMS Agency Identifier		EMS Run#		
		EMS GROUND		6000554				
		Hospital SAUK PRAIRIE HOSP		Date of Death Time of Death				
	36500			1				
		Distracte	d By Source					
			d By Source HELD MOBILE PHONE					

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

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

_												
		Non Motorist	Striking	Unit#	Location							
		Prior Action										
<u> </u>												
		Action										
	4											
<b> </b>	Ž											
UNIT	INDIVIDUAL											
_	9											
		Action Other										To/From School
			Suspect	ted Alcohol	Jse	П	Suspected Drug Use					
	I	Drug & Alcohol	NO		_		NO					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty	/pe				Alcohol Test	:Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type	<del>-</del>		Drug 1	Test Results			
01	901	Drug Type										
		Individual Condition										
		APPEARED NORM	1AL									
	,	l Violations										7
		UTC Number	Issue T	o? Sta	tute Number		Description					<u>וועה עה ע</u>
	5	BG024612	001	34	6.89(1)		INATTENTIVE DRIVI	ING				
		t Summary   Status				1/0	niclo Operating As Class	ification		1 In it Tour		
		RANSIT				Vehicle Operating As Classification  D CLASS			Unit Type TRUCK			
02	Vehicle Type							Operating A	s Endorsem	nents		
0		LITY TRUCK/PICKL		<b>CK</b> ain/Bus#Re	a a wlad	7-	-1#04-4		Total Traile	T	Total HazN	Ant Types
	1 ota	lOccs	116	all#Bus#Re	scoided	0	al#Citations Issued		0	115	0	nat Types
		rance?	- 1	rection Of T		,	Pre CrashTire		Speed Lim	it	Total Lane	s
Ħ	YES			ORTHBOU	ND	L	Mark ecial Function		55	Emergency	2	
ā		tHarmfulEvent:Collisi TOR VEH IN TRANS					SPECIAL FUNCTION	N		NOT APPL	ICABLE	die Ose
		fic Way				ı	ffic Control			Traffic Contr	ol Inoperati	ive/Missing
		D-WAY, NOT DIVIDI			NO CONTROL				NO Book Crade			
		CKTOP (BITUMING	OUS)			ı	ad Curvature RAIGHT			Road Grade LEVEL		
		k Bus or HazMat										
	NO											
		Vehicle License Plate Numbe	-			Tai		I	St	Country of lss	uano.	
		MX8484	ſ				ate Type FK - LIGHT TRUCK		I .	UNITED ST		
05	N	Vehicle Identification Number					Make Year			Model		
0	8	1D7RW3BP1AS22	1149				ODGE			DAK		
		Color WHI - WHITE					ody Style K - PICKUP			Bus Use		
		Initial Contact Point				T						7 8 9 10 11
		05 - RIGHT REAR	CORNE	R								7

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

Crash Date 07/08/2022

Crash Time 06:15 AM

	Ш		Γ	Vehicle Damage			
IN	VEHICLE	Extent Of Damage DISABLING DAMAGE		05 - RIGHT REAR C	ORNER		
		Towed Due To Damage TOWED DUE TO DISABLIN		Vehicle Removed By GEORGES AUTO BO	nnv		
		What Driver Was Doing		Vehicle Factors	<b>7</b> 03		
		STOP IN TRAFFIC		70,70,0 7 40,000			
		Driver Prior Action Other	[	NOT APPLICABLE			
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTIO	ON .				
03	02	Owner Name AMANDA LYNN GRONEMY (608) 393-5525	ER	Owner Address PO BOX 413 WONEWOC, WI	53968 , US		
		Sequence Of Events		1			
	5	Event MOTOR VEH IN TRANSPOR	***************************************				
	8	Event					
	8	Event					
	8	Event					
_	3 K I	l Policy Holder					
ΗN	3 K I	Insurance Company		Individu <b>al</b>			
UNIT	3 K I	\$34-10-00-04-02-00-00-00-00-00-00-00-00-00-00-00-00-		<del></del>		nuningan nuningan nuning	
LINO		Insurance Company BIERMEIER INSURANCE Individual		Individual AMANDA GRONEI	MYER		
LINO		Insurance Company BIERMEIER INSURANCE Individual Driver		Individual AMANDA GRONEI Citations Issued	MYER Sex		
INO		Insurance Company BIERMEIER INSURANCE Individual		Individual AMANDA GRONEI Citations Issued 0	Sex FEMALE		
		Insurance Company BIERMEIER INSURANCE INDIVIDUAL Driver AMANDA LYNN GRONEMY		Individual AMANDA GRONEI Citations Issued	MYER Sex		
		Insurance Company BIERMEIER INSURANCE Individual Driver AMANDA LYNN GRONEMY (608) 393-5525  Address		Individual AMANDA GRONEI Citations Issued 0	Sex FEMALE Race WHITE		
TINO		Insurance Company BIERMEIER INSURANCE Individual Driver AMANDA LYNN GRONEMY (608) 393-5525	ER	Individual AMANDA GRONEI  Citations Issued  Date of Birth	Sex FEMALE Race WHITE		
	INDMIDUAL	Insurance Company BIERMEIER INSURANCE Individual Driver AMANDA LYNN GRONEMY (608) 393-5525  Address PO BOX 413	ER 3	Individual AMANDA GRONEI  Citations Issued  Date of Birth  Driver License Number	Sex FEMALE Race WHITE		
	INDMIDUAL	Insurance Company BIERMEIER INSURANCE Individual Driver AMANDA LYNN GRONEMY (608) 393-5525  Address PO BOX 413 WONEWOC, WI 53968 , US	ER 3	Individual AMANDA GRONEI Citations Issued  Date of Birth Driver License Numbers STATE: WISCONS	Sex FEMALE Race WHITE er		
	INDMIDUAL	Insurance Company BIERMEIER INSURANCE Individual  Driver AMANDA LYNN GRONEMY (608) 393-5525  Address PO BOX 413 WONEWOC, WI 53968, US  fety Equipment Row	ER Strash	Individual AMANDA GRONEI Citations Issued Date of Birth Driver License Number STATE: WISCONS	Sex FEMALE Race WHITE er		
	INDMIDUAL	Insurance Company BIERMEIER INSURANCE Individual Driver AMANDA LYNN GRONEMY (608) 393-5525  Address PO BOX 413 WONEWOC, WI 53968 , US  Fety Equipment  Row 01 - FRONT ROW	ER Strash	Individual AMANDA GRONEI  Citations Issued  Date of Birth  Driver License Number  STATE: WISCONS  Safety Equipment  SHOULDER & LAF	Sex FEMALE Race WHITE er		
	INDMIDUAL	Insurance Company BIERMEIER INSURANCE Individual Driver AMANDA LYNN GRONEMY (608) 393-5525  Address PO BOX 413 WONEWOC, WI 53968 , US  Cety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection	ER  Crash  Seat Position 07 - LEFT	Individual AMANDA GRONEI  Citations Issued  Date of Birth  Driver License Number  STATE: WISCONS  Safety Equipment  SHOULDER & LAF	Sex FEMALE Race WHITE er		
TNO	S INDIVIDUAL	Insurance Company BIERMEIER INSURANCE Individual Driver AMANDA LYNN GRONEMY (608) 393-5525  Address PO BOX 413 WONEWOC, WI 53968 , US  ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sev SUSPEC	ER  Crash  Seat Position  07 - LEFT	Individual AMANDA GRONEI  Citations Issued  Date of Birth  Driver License Number  STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Heimet Compliance  Tint Compliance	Sex FEMALE Race WHITE er		
TNO	S INDIVIDUAL	Insurance Company BIERMEIER INSURANCE Individual Driver AMANDA LYNN GRONEMY (608) 393-5525  Address PO BOX 413 WONEWOC, WI 53968 , US  Following Transport of Tra	ER  Crash  Seat Position 07 - LEFT  Terity TETED MINOR INJURY	Individual AMANDA GRONEI  Citations Issued Date of Birth  Driver License Number STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED	Sex FEMALE Race WHITE er IN COUNTRY: UNI	TED STATES  Trapped/Extricated NOT TRAPPED	
TNO	S INDIVIDUAL	Insurance Company BIERMEIER INSURANCE Individual Driver AMANDA LYNN GRONEMY (608) 393-5525  Address PO BOX 413 WONEWOC, WI 53968 , US  ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sev SUSPEC Ejected	ER  Crash  Seat Position 07 - LEFT  Perity CTED MINOR INJURY Ejection Path	Individual AMANDA GRONEI  Citations Issued Date of Birth  Driver License Number STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  LICABLE  EMS Agency Identified 6001155	Sex FEMALE Race WHITE er IN COUNTRY: UNI	TED STATES  Trapped/Extricated NOT TRAPPED  EMS Run#	
LNO	S INDIVIDUAL	Insurance Company BIERMEIER INSURANCE Individual Driver AMANDA LYNN GRONEMY (608) 393-5525  Address PO BOX 413 WONEWOC, WI 53968 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sev SUSPEC Ejected NOT EJECTED Medical Transport	ER  Seat Position 07 - LEFT  Terity ETED MINOR INJURY Ejection Path NOT EJECTED/NOT APPI	Individual AMANDA GRONEI  Citations Issued Date of Birth  Driver License Number STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Heimet Compliance  Tint Compliance  Airbag NON DEPLOYED  LICABLE  EMS Agency Identifie	Sex FEMALE Race WHITE er IN COUNTRY: UNI	TED STATES  Trapped/Extricated NOT TRAPPED	

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

	To/From School
cted Drug Use	
Alcoho	ol Test Results
Drug Test Results	
pe	