WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Crash Date Crash Time 07/10/2022 04:41 AM | | Primary Crash Document# | | Agency Crash Number 22-06579 | | DEPUTY C. BRATZ | | |
|---------------|--|--|--|---|--|---|---|--|------------------------|
| ┙ | | | | Date Arriv | | Time Arrived 04:46 AM | | | |
| Date Notified | | | Time Notified | | Total Unit | | Total Injured | Total Kille | ed |
| ב ע | 07/10/2022 | | 04:41 AM | | 01 | | 00 | 00 | _ |
| 01 LU3/ KD | On Emergency | ☑ Hit | t and Run | Lane Closu | | Work Zone | L | or Towed | Reporting Threshold |
| ا 5 | Government Property | | Active Sci | nool Zone | NO NO | us Related | Tags | | |
| | Reportable | | Crash Type DT4000 (STA | NDARD CRASH | i) | | Amende | ed | Secondary Crash |
| ļ | Description = | | | | | | | | |
| | Diagram | ************************************** | 1 | | | | | Reconstruction Photos By | n By |
| | | | | | | | | Additional Info | ormation |
| | | manama de de desergio de desergio de desergio de de desergio de desergio de desergio de desergio de desergio d | Birnamwood \ Rd | Noods | | | | NONE | |
| | | *************************************** | | | | | | | |
| | | | | | | lmage not to | Scale | | |
| | Fox Hill Ro | d. | | нанинен | | | | | |
| | I, a sworn law enfo | orceme | ent officer, agre | e that I have no | ot added | any CJIS data in thi | s report. | | |
| • | ON THE ABOVE DATE AND VEHICLE APPEARED TO H BE COVERED IN MUD AND MARIJUANA COMING FRO | D TIME V HAVE BEI D HAD GI DM INSIDI | /EHICLE BEARING EN INVOLVED IN / RASS STUCK IN F E OF VEHICLE. NU | WI LICENSE PLAT A CRASH AS IT HA RONT GRILL. NO JMEROUS PROPER | E AMX2212 D NUMERO OCCUPANT RTY DAMAG | WAS FOUND ABANDO US DAMAGE AROUND S FROM VEHICLE WEF GE OBSERVED IN AREA | NED ON BIRNHA ENTIRE VEHICLE RE PRESENT. VE A. AREAS WHERI | E. ENTIRE VEH HICLE HAD ST E DAMAGE WA | IICLE ALSO APPEARED TO |

BY CRAIGS TOWING. CURRENTLY NO KNOWN SUSPECTS.

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| Loca | ation === | | | | | | | | | |
|--|-----------------------------------|---------------------|---------------------|-----------------------|---|---|-------------------------------------|-----------------------------|--|--|
| | OX HILL RD | | | | Latitude | | | Longita | ıde | |
| 0.29 MI N | | | | | | 43.500648514 | | | 3591965 | |
| OF GOERKS RD IN THE TOWN OF BARABOO | | | | | | X Coordinate Y | | | dinate | |
| IN THE TOWN OF BARABOO | | | | | | 276577 482 | | | 24 | |
| | | | | | Structure NO STR | Type UCTURE | | | | |
| Cras | h Scene 💳 | | | | | | | | | |
| | larmful Event | | | | Eiret Harm | nful Event Lo | cation | | | |
| DITC | | ON ROA | | Caucis | | | | | | |
| | er of Collision | | | | Light Cond | | | | | |
| 00 - N | NO COLLISION W/VE | DARK/U | | | | | | | | |
| Road | Surface Condition(s) | | | | Roadway | Factor(s) | | | | |
| DRY | , , | | | | | , , | | | | |
| Enviro | onment Factor(s) | | | | 1 | | | | | |
| NONE | E | | | | NONE | | | | | |
| Weath | ner Condition(s) | | | | 1 | | | | | |
| CLEA | \ R | | | | | | | | | |
| Anima | аГТуре | | | | 1 | o Trafficway | | | | |
| | | | | | | CWAY - ON | | | | |
| | Classification - Location | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | | |
| TribalLand | | | | | | Access Control Special Study NO CONTROL | | | | |
| Within Interchange Area Junction Location Intersection NO NON-JUNCTION NOT AN | | | | | ion Type NINTERSECTION | | | | | |
| Unit | Summary = | | | | | | | | | |
| UnitS | | | Vehicle On | erating As C | lassification | | UnitType | | | |
| | AND RUN | | D CLASS | _ | AUTOMOBILE | | | | | |
| | le Type | | | | Operating As Endorsements | | | | | |
| PASS | SENGER CAR | | | | | | ' | | | |
| Total | Occs | Train/Bus#Recorded | Total#Cita | itions Issued | 1 | Total Traile | ers | TotalHa | zMat Types | |
| 1 | | | 0 | | | 0 | | 0 | | |
| Insura | ince? | Direction Of Travel | Pre | CrashTire | | Speed Lim | rit | TotalLa | nes | |
| UNK | NOWN | UNKNOWN | | Mark | | 55 | | 2 | | |
| | Harmful Event: Collision | With | Special Fu | | | , , , , , , , , , , , , , , , , , , , | | Emergency Motor Vehicle Use | | |
| DITC | | UNKNOV | | | | | UNKNOWN | | | |
| Traffic | | | Traffic Cor | | | | Traffic Control Inoperative/Missing | | ative/Missing | |
| | NOWN | | UNKNOW | | | | UNKNOWN Road Grade UNKNOWN | | | |
| | ce Type NOWN | | Road Curv UNKNOW | | | | | | | |
| | Bus or HazMat | | 3.41(10) | *** | | | 3111110771 | •• | | |
| NO | | | | | | | | | | |
| V | ehicle e | | | | | | | | | |
| | License Plate Number | | | Plate Type | | St Country of | | | | |
| | AMX2212 | | | AUT - AUTOMOBILE | | | UNITED STATES | | | |
| | Vehicle Identification Number | | | Make | | Year 2012 | Model G25 | | | |
| _ | | | | INFINITI | | | | | | |
| 2000 BB | GRY - GRAY | | | Body Style SD - SEDAN | | | Bus Use | | | |
| Щ | Initial Contact Point | | | amage | | | | | 5000 Mark 12 20 Million 12 20 Million 13 10 Million 13 | |
| | 99 - UNKNOWN | | | 15 - ALL AREAS | | | | | 7 8 9 10 11 6 12 | |
| | Extent Of Damage DISABLING DAMAGE | | | | | | | | | |
| | | _ | | | | | | l l | S 4 3 2 1 | |

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| | | Towed Due To Damage | NG DAMAG | I | hicle Removed By | | | | |
|-----------------------------------|------------|---|-----------------------|---------------|---|---------------------------------------|--|--|--|
| | | | | | Vehicle Factors | | | | |
| | UNKNOWN | | | | | | | | |
| | | Driver Prior Action Other | | UN | IKNOWN | | | | |
| UNIT | VEHICLE | Driver Actions UNKNOWN | | | | | | | |
| | V | Owner Name | | | Owner Address | | | | |
| 5 | 0.1 | STEPHANIE LYNN WHITI | EAGLE | | E11123 WYNSONG DR BARABOO, WI 53913 , US | | | | |
| | | Sequence Of Events Event | | ************* | | · se | | KURKURKKKKKKKKKKK | |
| | | | | | | | | | |
| | 02 | Event MAILBOX | | | | | | | |
| | 03 | Event | | | | | | | |
| | 04 | Event | | | | | | | |
| | | ndividual emergene en | | | | | | | |
| | | Driver | | | Citations Issued | Sex | akana kina kina kina kina kina kina kina | unkunkunkunkunkunkunkunkunkunkunkunkunku | |
| | JAL | | | L | Date of Birth | Race | | | |
| LNO | JOI | | | | | | | | |
| á | INDIVIDUAL | Address | | 1 | Driver License Number | | | | |
| | | , | | | | | | | |
| Safety Equipment Safety Equipment | | | | | | | | | |
| | | Row 01 - FRONT ROW | SeatPosi 07 - LEF | | RESTRAINT USE UN | NKNOWN | | | |
| | | Helmet Use | | | Helmet Compliance | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| 01 | 8 | Injury S Injury NO AP | everity PARENT INJ | IURY | Airbag NOT APPLICABLE | | | | |
| | | Ejected Ejection Path NOT APPLICABLE NOT EJECTED/NOT APPL | | | | | Trapped/Extricated NOT APPLICABLE | | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run# | | |
| | | NOT TRANSPORTED Hospital | | | Date of Death | | Time of Death | | |
| | | · | | | | | ,,,,,, | | |
| | | Distracted By | ed By Source | | | | | | |
| | | Distracted By Action | | | | | | | |
| | | Non Motorist Striking | Unit# | Location | | | | | |

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| | | Prior Action | | | | | |
|------|---|-----------------------------------|-------------------|--------------------|-------------------|----------------------|------------------|
| | ı | Action | | | | | |
| TINO | | | | | | | |
| ר | | | | | | | |
| | | Action Other | | | | | To/From School |
| | | Action outsi | | | | | POR TOTAL CONSOL |
| | i | Drug & Alcohol | 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 | : | |
| 01 | 8 | Drug Type | | | | | |
| | | Individual Condition | | | | | |
| | | NOT OBSERVED | | | | | |