WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Do	cument#	Agency Crash Number 22-08138		Investigating Officer/Deputy DEPUTY A. JAHNKE			
קא	Crash Date 08/17/2022	Crash Time 09:14 PM		Date Arrived 08/17/2022		Time Arrived 09:28 PM			
OILUCEGOG	Date Notified 08/17/2022	Time Notified 09:20 PM			Total Units 02		Total Injured Total Killed 00		ed
UCE	On Emergency Hit	and Run	Run		ure Work Zone		Trailer or Towed		Reporting Threshold
) I L	Government Property	Active Sch	ool Zone	School NO	Bus Related		Tags		•
)	▼ Reportable	Crash Type DT4000 (STAN	IDARD CRASH	· ·			Amend	ed	Secondary Crash
	Description	•					•		
	Diagram	010		No	ot to	Sca	ale	Reconstruction Photos By	on By ARAH ELLICKSON 9167
								DEPUTY SA	ARAH ELLICKSON 9167
		(6)						Additional Info	ormation
		8		N.	Reed	burg	Rd		
	Sign			Hwy 23	1				
	I, a sworn law enforceme								22 LINIT 2 THONES LEET
	ONTO HWY 23 AFTER DEALING W	ITH WESTBOUND V	EHICLE WITH BE	RIGHTS O	n. Unit 2 unae	BLE TO VIEW	ROADWAY A	ND REMAINED	IN SOUTHBOUND TRAFFIC

HEAVY DAMAGE. MINOR INJURIES SUSTAINED. VEHICLES TOWED BY STEVE'S.

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Crash Date 08/17/2022

Lo	ocation ====									
_	ON STH23 WB					Latitude			Longitud	de
	36 FT S					43.53958	3099		-89.892	065647
_	F N REEDSBURG RD					X Coordin	ate		Y Coord	inate
	N THE TOWN OF EXCEL N SAUK COUNTY	SIOR				266340.4	6875		482480)1
						Structure Type NO STRUCTURE				
\sim	rash Scene									
	irst Harmful Event					Eiret Warm	ful Event Lo	cation		
1	NOTOR VEH IN TRANSPO	ORT				ON ROA		Jeauon		
	fanner of Collision					Light Cond				
0	2 - FRONT TO FRONT					DARK/UI	NLIT			
R	load Surface Condition(s)					Roadway	Factor(s)			
D	PRY									
Ε	nvironment Factor(s)					1				
٧	ISUAL OBSTRUCTION (S), GLARE				NONE				
W	Veather Condition(s)					1				
С	CLEAR									
Α	nimal Type					1	o Trafficwa	•		
	101 15 11 11						WAY - OI			
_	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
Т	ribal Land					Access Control Special Study			Special Study	
	IBAL See Leader and a see a Asses	1			I	NO CONTROL				
	Vithin Interchange Area IO	Junction Location INTERSECTION-RELATE	D		Intersection FOUR-W	AY INTER	SECTION	l		
	losure Type ANE CLOSURE			Reas	ons for Clos	ure				
		Time tribials and /Bd Class	1	E:DE	/EMS					
0	ate Initial Lane/Rd Closed 8/17/2022	Time Initial Lane/Rd Close 09:30 PM	∍α	FIRE	EWIS					
	Pate All Lanes Open 8/17/2022	Time All Lanes Open 10:45 PM		1	Scene Clear 7/2022	red		ne Scene Clear : 45 PM	red	
Ш	nit Summary 💻									
	Init Status		Veh	icle Ope	erating As C	lassification		UnitType		
	N TRANSIT			LASS	3			TRUCK		
V	ehicle Type							Operating As	s Endorse	ments
U	TILITY TRUCK/PICKUP	TRUCK								
T 1	otal Occs	Train/Bus#Recorded	Tota 0	al#Citat	tions Issued	ł	Total Trail	ers	Total Haz 0	Mat Types
In	nsurance?	Direction Of Travel		Pre	CrashTire		Speed Lin	nit	TotalLanes	
	'ES	SOUTHBOUND	***************************************		Mark		55		2	
	flostHarmfulEvent: Collision \ FOTOR VEH IN TRANSPO			cial Fur SPEC	iction IAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing		
	raffic Way		- 1	fic Cont						
l	WO-WAY, NOT DIVIDED			CONT d Curva				NO Road Grade		
l	BLACKTOP (BITUMINOU:	S)	- 1	RAIGH				LEVEL		
ı	ruck Bus or HazMat									
L * *	Vehicle									
	License Plate Number		Tola	te Type		T	St	Country of lss	wance	
	NG9611				SHT TRUC	:K	WI	UNITED ST		
	Vehicle Identification Nu		Ma				Year	Model		
E	1C6RR7PT1DS63291	11	DC	DGE			2013	RAM		

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22-08138

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		Color BLK - BLACK		Body Style PK - PICKUP		Bus Use			
	ш			Vehicle Damage					
I≡	đ		R	09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT,			7 8 9 10 11		
NS NS	VEHICLE	Extent Of Damage DISABLING DAMAGE			LEFT FRONT CORNER 5 4 9 2 3				
		Towed Due To Damage TOWED DUE TO DISABLE	NG DAMAGE	Vehicle Removed By STEVES AUTO SERVICE					
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions NO CONTRIBUTING ACT	ON						
 ⊢	VEHICLE	NO CONTINUES TIME ACT	O.1.						
	Ĭ								
_	3								
		OwnerName		Owner Address					
_		DARIN P HILL		235 S GROVE S					
2	5	(608) 393-0257		REEDSBURG, W	n 53959 , US				
		Sequence Of Events							
	10	Event MOTOR VEH IN TRANSPO							
	8	Event							
	03	Event							
	8	Event							
 -		Policy Holder							
		Insurance Company		Individual					
_		STATE-FARM-GENERAL- Individual		DARIN HILL					
		Driver		Citations Issued	l Sex				
		DARIN P HILL		0	MALE				
	DUAL	(608) 393-0257		Date of Birth	of Birth Race WHITE				
F	8	Address							
□	NON	235 S GROVE ST		Drivert icense Number					
		REEDSBURG, WI 53959	US	STATE: WISCONSIN COUNTRY: UNITED STATES					
	Ça	On Duty	Crash	Safety Equipment					
		Row	SeatPosition	SHOULDER & LAI	PBELT				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use	•	Helmet Compliance					
		Eye Protection		Tint Compliance					
2	8	Injury Se		Airbag					
ີ	•	<i>Injury</i> suspe	CTED MINOR INJURY Ejection Path	DEPLOYED-FROM	IT	Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifie	er	EMS Run#			
		NOT TRANSPORTED							

Crash Date 08/17/2022
Crash Time 09:14 PM

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Crash Date 08/17/2022

		Hospital			Date of Death		Time of Death			
		Distracted By No.	racted By Source T APPLICABL	E (NOT DISTRA	ACTED)					
Distracted By Action NOT DISTRACTED Striking Unit # Location										
		Non Motorist								
		Prior Action								
		Action								
⊨	NDWIDUAL									
LIND	DIVII									
	N									
		Action Other								To/From School
	-	Sus Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Typ				Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given TEST NOT GIVEN	Given Drug Test Typ		e Drug Test Results			s		
01	001	Drug Type								
)	Individual Condition								
		APPEARED NORMAL								
	Uni	t Summary ====								
		Status 'RANSIT			/ehicle Operating As Class D CLASS	sification		Unit Type AUTOMOE	BILE	
05		cle Type SSENGER CAR						Operating A	s Endorsem	ents
	Tota	lOccs	Train/Bus#Red	corded 1	Fotal # Citations Issued		Total Traile	lers Total HazMat Types 0		1atTypes
—	Insu	rance?	Direction Of Tra	,	Pre CrashTire Mark		Speed Lim	nit	Total Lanes	5
LINO		tHarmfulEvent: Collision W TOR VEH IN TRANSPOI			Special Function NO SPECIAL FUNCTIO	ON .		Emergency NOT APPL		le Use
	Traffic Way TWO-WAY, NOT DIVIDED				Fraffic Control			Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT			Road Grade LEVEL		
	Truc NO	k Bus or HazMat						•		
	1	Vehicle License Plate Number					St T	Country of lss		
		ALG9543			Plate Type AUT - AUTOMOBILE		WI	UNITED ST		
05	02	Vehicle Identification Numl 1G2HY54K824179988	ber		Make PONTIAC		Year 2002	Model BONNEVIL	LE	
		Color RED - RED	Body Style SD - SEDAN			Bus Use				

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22-08138

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Crash Date 08/17/2022

UNIT	VEHICLE	Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE		/ehicle Damage			7 S 9 10 N 6 12 5 4 3 2 3	
		Towed Due To Damage TOWED DUE TO DISABLING		/ehicleRemovedBy STEVES AUTO SER\	VICE			
		What Driver Was Doing		/ehicle Factors				
		LEFT TURN Driver Prior Action Other	<u> </u>	NOT APPLICABLE				
UNIT	VEHICLE	Driver Actions IMPROPER TURN, WRONG	SIDE OR WRONG WAY					
03	62	OwnerName ARTHUR G PARCHEM		Owner Address E9450A DELLWO REEDSBURG, W				
		i Sequence Of(Events	3555555555					
	5	Event MOTOR VEH IN TRANSPOR	₹Т					
	2	Event						
	8	Event						
	8	Event						
		Policy Holder						
N		Insurance Company		Individu al				
_		DAIRYLAND-NATIONAL-INS Individual	S-CO	ALESHA KOWALK	Œ			
		Driver		Citations Issued	Sex			
	7	ALESHA M KOWALKE (608) 393-7802		1	FEMALE Race			
⊨	DIVIDUAL			Date of Birth Race WHITE				
	ā	Address E9450A DELLWOOD CT # 3		Driver License Number				
	=	REEDSBURG, WI 53959 , U	is .	STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sai	On Duty C	rash	Safety Equipment				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAF	BELT			
		HelmetUse	•	Helmet Compliance				
		Eye Protection		TintCompliance				
05	85	Injury Seve Injury POSSIBL	erity .E INJURY	Airbag DEPLOYED-FRONT				
		Ejected E	jection Path	1		Trapped/Extricated NOT TRAPPED		
		Medical Transport	O EVECTED/NOT APPL	EMS Agency Identifier	r	EMS Run#		
		NOT TRANSPORTED				The safe and		
		Hospital		Date of Death		Time of Death		

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		Distracted By NOT	cted By Sourc APPLICABL	e .E (NOT DISTRAC	CTED)						
		Distracted By Action NOT DISTRACTED									
		Non Motorist	g Unit#	Location							
		Prior Action									
		Action									
	7										
LND :											
5	INDIVIDUAL										
		Action Other						To/From School			
		Suspe	cted Alcohol (Jse	Suspected Drug Use						
	1	Drug & Alcohol No			NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Resul	ts				
02	3	Drug Type									
		Individual Condition									
300000		Individual Condition APPEARED NORMAL									
7,011,011,011											
		Individual Passenger			Citations Issued	Sex					
2000 2000 2000 2000 2000 2000 2000 200	_	ALYANAIH K HEFTY (608) 393-7802			0	FEMALE Race					
ь		(008) 393-7802			Date of Birth						
	INDIVIDUA	Address E9450A DELLWOOD CT	#3		Driver License Number						
	2	REEDSBURG, WI 53959 , US									
		On Du	ty Crash		Safety Equipment						
	sai	fety Equipment	SeatPo	nsition	SHOULDER & LA	P BELT					
		02 - SECOND ROW HelmetUse	09 - R								
					Helmet Compliance						
		Eye Protection		Tint Compliance							
02	3	Injury Severity Injury NO APPARENT INJURY			Airbag DEPLOYED-FROM	NТ					
500 510 510 510 510 510 510 510 510 510		Ejected	Ejection Pa	ath.	1	• •	Trapped/Extricated				
555 555 551 551 551 551		NOT EJECTED Medical Transport	NOTEJE	CTED/NOT APPL	.ICABLE EMS Agency Identifi	97	NOT TRAPPED EMS Run#				
		NOT TRANSPORTED			Date of Death		Time of Death				
		Hospital			Date of Death		Hite of Degin				
300000		Distracted By	cted By Sourc	e							

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		Distracted By Action									
		Striking U	Init#	Location							
		Non Motorist									
		Prior Action									
		Action									
	3										
E S	₫										
⊃	INDIVIDUAL										
	=										
		Action Other						To/From School			
		Suspecte	d Alcohol U	lse	Suspected Drug Use						
	1	Suspected Alcohol Use Drug & Alcohol NO			NO						
		Alcohol Test Given		Alcohol Test Type)		Alcohol Test Results				
		TEST NOT GIVEN		Drug Test Type		Drug Test Results					
		Drug Test Given TEST NOT GIVEN		B.og root type		Drug Festivesuis					
8	800	Drug Type		•		•					
	9										
		Individual Condition									
		APPEARED NORMAL									
	5333334333										
		walistatian									
					Citations Issued	and the same of th					
	ı	Individual Passenger ALIVIAH A SCHRANK			Citations issued	Sex FEMALE					
	ı	Passenger			Citations Issued	Sex FEMALE Race					
LN.	ı	Passenger ALIVIAH A SCHRANK Address			Citations Issued 0	Sex FEMALE Race WHITE					
UNT	ı	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR	TMENT		Oitations Issued Date of Birth	Sex FEMALE Race WHITE					
TNU	INDIVIDUAL	Passenger ALIVIAH A SCHRANK Address	TMENT		Oitations Issued Date of Birth	Sex FEMALE Race WHITE					
UNT	INDIVIDUAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L	TMENT JS		Oitations Issued Date of Birth Driver License Number	Sex FEMALE Race WHITE					
LN O	INDIVIDUAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L	TMENT JS Crash		Date of Birth Driver License Number Safety Equipment	Sex FEMALE Race WHITE					
ŢNO	INDIVIDUAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L ety Equipment Row	TMENT JS Crash	osition	Oitations Issued Date of Birth Driver License Number	Sex FEMALE Race WHITE					
TNO	INDIVIDUAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L	TMENT JS Crash	osition	Date of Birth Driver License Number Safety Equipment	Sex FEMALE Race WHITE					
UNT	INDIVIDUAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L On Duty C ety Equipment Row 02 - SECOND ROW Helmet Use	TMENT JS Crash	osition	Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance	Sex FEMALE Race WHITE					
LNO	INDIVIDUAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , t Cety Equipment Row 02 - SECOND ROW	TMENT JS Crash	osition	Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	Sex FEMALE Race WHITE					
	INDINIDNAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , t On Duty C Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection	TMENT JS Crash Seat Po 08 - MI	osition IDDLE	Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance	Sex FEMALE Race WHITE					
	INDIVIDUAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Sev NO APP	Crash Seat Po 08 - MI	osition IDDLE	Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	Sex FEMALE Race WHITE					
	INDINIDNAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Sev NO APP Ejected	TMENT JS Crash Seat Po 08 - MI	osition IDDLE	Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	Sex FEMALE Race WHITE	Trapped/Extricated				
	INDINIDNAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport	TMENT JS Crash Seat Po 08 - MI	osition IDDLE NJURY th	Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	Sex FEMALE Race WHITE					
	INDINIDNAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	TMENT JS Crash Seat Po 08 - MI	osition IDDLE NJURY th	Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier	Sex FEMALE Race WHITE	Trapped/Extricated NOT TRAPPED EMS Run#				
	INDINIDNAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport	TMENT JS Crash Seat Po 08 - MI	osition IDDLE NJURY th	Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag DEPLOYED-FRONT	Sex FEMALE Race WHITE	Trapped/Extricated NOT TRAPPED				
	INDINIDNAL	Passenger ALIVIAH A SCHRANK Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	TMENT JS Crash Seat Po 08 - MI	osition IDDLE NJURY th CTED/NOT APPL	Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier	Sex FEMALE Race WHITE	Trapped/Extricated NOT TRAPPED EMS Run#				
	INDINIDNAL	Address 618 LINN ST UPPER APAR JANESVILLE, WI 53548 , L Fety Equipment Row 02 - SECOND ROW HelmetUse Eye Protection Injury NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Crash Seat Po 08 - MI Verity ARENT IN	osition IDDLE NJURY th CTED/NOT APPL	Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier	Sex FEMALE Race WHITE	Trapped/Extricated NOT TRAPPED EMS Run#				

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Crash Date 08/17/2022

	Г	Non Motorist	Striking Unit#	Location				
		Prior Action						
UNIT		Action						
		Action Other						To/From School
	Ĺ)rug & Alcohol	Suspected Alco NO	phol Use	Suspected Drug Use NO			
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02		Drug Туре						
		Individual Condition						
		APPEARED NORM	IAL					
	١		18888888888888					
2	5	UTC Number BG944544	Issue To? 002	Statute Number 346.31(3)	Description IMPROPER LEFT TO	URN		