WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document# Crash Time 09:14 AM Time Notified 09:15 AM | | Agency Crash Number 22-09476 | | 1 - | Investigating Officer/Deputy DEPUTY B. TRAGER | | | |
|--|--|--|---------------|------------------------------|------------------------|-----------------------|---|-------------|---------|------------------------|
| | Crash Date 09/22/2022 | | | Date A 09/22/ | | Time Arrived 09:22 AM | | | | |
| 3 | Date Notified 09/22/2022 | | | Total Units 02 | | Total Injured | Total Injured Total Killed 00 00 | | d | |
| ממי | On Emergency Hi | t and Run | Lane Clos | ure | Work Zone | Trailer | or To | owed | | Reporting Threshold |
| ֓֞֜֞֜֜֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֓֡֓֡֓֡֓֡֓֜֜֡֓֡֓֡֓֡֡֡֡֡֡ | Government Property | Active Sci | nool Zone | School NO | Bus Related | Tags | | | | |
| 9 | ▼ Reportable | Crash Type DT4000 (STA | NDARD CRASI | H) | | Amend | led | | | Secondary Crash |
| Ì | Description | | | | | | | | | |
| | On the frontage road beta | | | | e village of West Ba | | | tional Info | rmation | |
| | ON 9/22/22 AT APPROXIMATELY 9 | | | | | | ST ONT | TO THE FF | RONTAGE | ROAD WHEN IT |
| | STRUCK UNIT 2. UNIT 2 WAS DRI' OPERATORS. THIS OCCURRED C | VING SOUTH ON T | HE FRONTAGE F | ROAD WHE | EN UNIT 1 STUCK IT. NO | INJURIES AND E | BOTH V | VEHICLES | WERE RE | |

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Crash Date 09/22/2022

| Location === | | | | | | | | | |
|--|---------------------|------------------------|--|--|--|--|-----------|---------------------|--|
| PARKING LOT | | | | Latitude | | | Longitu | ıde | |
| CTHBD WB LOT IN THE VILLAGE OF WEST BARABOO | | | | | 43.476186564 -8 | | | -89.76908865 | |
| IN THE VILLAGE OF WE | ST BARABOO | | | X Coordinate Y Coordinate 276042.15625 4817422 | | | | | |
| | | | | | | | | | |
| Crash Scene | | | | | | | | | |
| First Harmful Event | | | | | ıful Event l | | | | |
| MOTOR VEH IN TRANSPORT | | | | | | E OR ZONE | | | |
| Manner of Collision 01 - ANGLE | | | | | dition | | | | |
| | | | | DAYLIG | | | | | |
| Road Surface Condition(s) DRY | | | | | Factor(s) | | | | |
| Environment Factor(s) | | | | 1 | | | | | |
| NONE | | | | NONE | | | | | |
| Weather Condition(s) | | | | 1 | | | | | |
| CLEAR | | | | | | | | | |
| Animal Type | | | | Relation T | | • | CLOT | | |
| Crash Classification - Locatio | n | | | | | AY - PARKIN | G LUI | | |
| PRIVATE PROPERTY | | | | | Crash Classification - Jurisdiction PRIVATE PROPERTY | | | | |
| Tribal Land | | | | Access Control Special Study NO CONTROL | | | | | |
| Within Interchange Area NO | - I | | | | on Type I INTERSECTION | | | | |
| Unit Summary = | | | | | | | | | |
| Unit Status | | Vehicle Ope | erating As C | lassification | | UnitType | | | |
| IN TRANSIT | | D CLASS | _ | TRUCK | | | | | |
| Vehicle Type | | | | | | Operating As Endorsements | | | |
| UTILITY TRUCK/PICKUF | | | | | | | | | |
| Total Occs 1 | Train/Bus#Recorded | Total#Cita | Total # Citations Issued O Pre CrashTire | | 0 | | TotalHa | | |
| Insurance? | Direction Of Travel | Pre | | | | | TotalLa | | |
| YES | EASTBOUND | | Mark | N/A NCTION | | 0 | | | |
| Most Harmful Event: Collision MOTOR VEH IN TRANSF | | Special Fur NO SPEC | | | | Emergency Motor Vehicle Use NOT APPLICABLE | | | |
| Traffic Way | | | Traffic Control NO CONTROL | | | Traffic Control Inoperative/Missing NO | | | |
| PARKING LOT OR PRIVA | ATE PROPERTY | | | | | | | | |
| Surface Type | 10) | Road Curva | | | | Road Grade | | | |
| BLACKTOP (BITUMINOL Truck Bus or HazMat | JS) | STRAIGH | 1 | | | LEVEL | | | |
| NO | | | | | | | | | |
| Vehicle | | | | | | | | | |
| License Plate Number | 1 | Plate Type | | St | Country of Issuance | | | | |
| Z390599 | | | LTK - LIGHT TRUCK | | | UNITED STATES | | | |
| Vehicle Identification N 3GCUKREC5FG120 | | | | | Model 010000 | | | | |
| Color GRY - GRAY | | 1 | | | | | Bus Use | | |
| | | Vehicle Da | | | | | | | |
| Initial Contact Point 12 - FRONT Extent Of Damage MINOR DAMAGE | | | | MIDDLE, 1 | 2 - FRON | т | | 7 8 9 10 11 6 12 | |
| MINOR DAMAGE | TO CLUSTIFICATION | | , \\ | | | | 5 4 3 2 1 | | |

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Crash Date 09/22/2022

| | | Towed Due To Damage NOT TOWED | | Vehicle Removed By OWNER | | | | | |
|------|----------------|--|---|--|--------------------------------|--|------------------------------------|--|--|
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | GOING STRAIGHT | | | <u> </u> | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| ⊢ | 뫮 | Driver Actions FAILED TO YIELD RIGHT- | OF-WAY | L | | | | | |
| TIND | VEHICL | | | | | | | | |
| 9 | 5 | Owner Name KATELYNN BROUSSARD (318) 594-0446 | | Owner Address 802 HWY 150 COLUMBIA, LA 71 | 418 , US | | | | |
| | | Sequence Of Events⊪ | | | | | | | |
| | | Event | | | | | alitalitalitalitalitalitalitalital | | |
| | 9 | MOTOR VEH IN TRANSPO | ORT | | | | | | |
| | 8 | Event | | | | | | | |
| | 8 | Event | | | | | | | |
| | 2 | Event | | | | | | | |
| _ | | Policy Holder | | | | | | | |
| NS S | | Insurance Company SAFEWAY-INS-CO | | Individual KATELYNN BROUSSARD | | | | | |
| | | ndividual | | KATELINIV BROOS | SARD | | | | |
| 1 : | | | | | | | | | |
| | | | | Citations Issued | | | | | |
| | | Driver KATELYNN BROUSSARD | | Citations issued 0 | Sex FEMALE | | | | |
| _ | | Driver | | I | Sex | | <u>nunanunanunanunanunas</u> | | |
| FIN | | Driver KATELYNN BROUSSARD (318) 594-0446 Address | | 0 | Sex FEMALE | | | | |
| UNIT | INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 | | Date of Birth | Sex FEMALE Race | | | | |
| TINO | | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 | | Date of Birth Driver License Number | Sex FEMALE Race | | | | |
| TINO | INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 | s | Date of Birth Driver License Number | Sex FEMALE Race | | | | |
| TINO | INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U Coty Equipment Row | S Crash Seat Position | Date of Birth Driver License Number STATE: LOUISIANA | Sex FEMALE Race COUNTRY: UNIT | | | | |
| TIND | INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U | S Crash | Date of Birth Driver License Number STATE: LOUISIANA Safety Equipment | Sex FEMALE Race COUNTRY: UNIT | | | | |
| TINO | INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U Fety Equipment Row 01 - FRONT ROW Helmet Use | S Crash Seat Position | Date of Birth Driver License Number STATE: LOUISIANA Safety Equipment SHOULDER & LAP Heimet Compliance | Sex FEMALE Race COUNTRY: UNIT | | | | |
| TIND | INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U Fety Equipment Row 01 - FRONT ROW | S Crash Seat Position | Driver License Number STATE: LOUISIANA Safety Equipment SHOULDER & LAP | Sex FEMALE Race COUNTRY: UNIT | | | | |
| | S INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | S Crash Seat Position 07 - LEFT | Date of Birth Driver License Number STATE: LOUISIANA Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance | Sex FEMALE Race COUNTRY: UNIT | | | | |
| | INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | Seat Position | Date of Birth Driver License Number STATE: LOUISIANA Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance | Sex FEMALE Race COUNTRY: UNIT | | | | |
| | S INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED | Seat Position 07 - LEFT | Driver License Number STATE: LOUISIANA Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex FEMALE Race COUNTRY: UNIT | ED STATES Frapped/Extricated NOT TRAPPED | | | |
| | S INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO API Ejected NOT EJECTED Medical Transport | Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path | Driver License Number STATE: LOUISIANA Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex FEMALE Race COUNTRY: UNIT | ED STATES Trapped/Extricated | | | |
| | S INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED | Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path | Driver License Number STATE: LOUISIANA Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex FEMALE Race COUNTRY: UNIT | ED STATES Frapped/Extricated NOT TRAPPED | | | |
| | S INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U ety Equipment Row 01 - FRONT ROW HeimetUse Eye Protection Injury Se NO API Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | S Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT API | Driver License Number STATE: LOUISIANA Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier | Sex FEMALE Race COUNTRY: UNIT | ED STATES Trapped/Extricated NOT TRAPPED EMS Run# | | | |
| | S INDIVIDUAL | Driver KATELYNN BROUSSARD (318) 594-0446 Address 802 HWY 150 COLUMBIA, LA 71418 , U ety Equipment Row 01 - FRONT ROW HeimetUse Eye Protection Injury Se NO API Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT API | Driver License Number STATE: LOUISIANA Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier | Sex FEMALE Race COUNTRY: UNIT | ED STATES Trapped/Extricated NOT TRAPPED EMS Run# | | | |

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| | | Non Motorist | triking Unit# | Location | | | | | | |
|------|------------|---|--------------------------|-------------------|--------------------------------------|-----------------|--|--|--|--|
| | | Prior Action | | | | | | | | |
| TINO | INDIVIDUAL | Action | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | <i>E</i> |)rug & Alcohol N | uspected Alcohol U IO | lse | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test R | esults | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Resul | ts | | | |
| 7 | 100 | Drug Type | | | | | | | | |
| | • | Individual Condition | | | | | | | | |
| | | APPEARED NORMA | L | | | | | | | |
| | | :Summary 💳 | | | | | | | | |
| | | Status RANSIT | | I | hicle Operating As Class CLASS | ification | Unit Type AUTOMOBIL | LE | | |
| 05 | | cle Type SENGER VAN | | | | | Operating As E | Endorsements | | |
| | | Occs | Train/Bus#Re | corded To | tal#Citations Issued | Total Tra | ilers To | otal HazMat Types | | |
| _ | | ance? | Direction Of Tra | avel | Pre CrashTire Mark | Speed Li | | otalLanes | | |
| LIND | | ost Harmful Event: Collision With DTOR VEH IN TRANSPORT | | | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | | fficWay RKING LOT OR PRIVATE PROPERTY | | | affic Control CONTROL | | Traffic Control Inoperative/Missing NO | | | |
| | | се Туре | | | oad Curvature | | Road Grade | | | |
| | | CKTOP (BITUMINOU Bus or HazMat | JS) | s ⁻ | STRAIGHT LEVE | | | /EL | | |
| | NO | | | | | | | | | |
| | | /ehicle | | Ta | 1 | T 64 | T.C to \$1 | | | |
| | | License Plate Number 820HEF | | Δ | late Type UT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | | | |
| 05 | 8 | Vehicle Identification Number 2C4RDGCGXFR749187 | | | Make Year 2015 | | Model GRAND CARA | | | |
| | | Color GRY - GRAY | | V | ody Style 'N - VAN | Bus Use | | | | |
| | Ш | Initial Contact Point | | | ehicle Damage | | | 7 8 9 10 11 | | |
| L N | VEHICL | 04 - RIGHT SIDE RE Extent Of Damage FUNCTIONAL DAMA | | | 04 - RIGHT SIDE REAI | ₹ | | 6 12 5 4 3 2 1 | | |
| | ^ | Towed Due To Damage NOT TOWED | | | Vehicle Removed By OWNER | | | | | |

Crash Date 09/22/2022
Crash Time 09:14 AM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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Crash Date 09/22/2022

| | | What Driver Was Doing | | Vehicle Factors | | | | | |
|--|---------------------------------------|---|--------------------------|---------------------|---|-------------------|--------------------------------|--|--|
| | | GOING STRAIGHT | | | | | | | |
| | | Driver Prior Action Other | | , | OT APPLICABLE | | | | |
| | | Driver Actions | | | | | | | |
| | ш | NO CONTRIBUTING ACTION | | | | | | | |
| ╘ | VEHICLE | | | | | | | | |
| HICONIA | | | | | | | | | |
| | 3 | | | | | | | | |
| | | O N | | | I O A dalara | | | | |
| Owner Name Owner Address 745 ROSEMARY LN | | | | | | | | | |
| 05 | (608) 963-9050 BARABOO, WI 53913 , US | | | | | | | | |
| | | | | | | | | | |
| | | Sequence Of Events | Sign | | | | | | |
| | 5 | Event MOTOR VEH IN TRANSPO | DRT. | | | | | | |
| | | | | | | | | | |
| | 8 | Event | | | | | | | |
| | 8 | Event | | | | | | | |
| | • | Evert. | | | | | | | |
| | 8 | Event | | | | | | | |
| _ | | Policy Holder | | | | | | | |
| UNIT | | Insurance Company DONEGAL-MUTUAL-INS-CO | | | Individual SHANNON HILL | | | | |
| ⊃ | | | | | | | | | |
| | | Individual | | | | | | | |
| | | Driver SHANNON ROCHELLE HILL (608) 963-9050 | | | Citations Issued Sex | | | | |
| | 3 | | | O Date of Rivels | FEMALE te of Birth Race | | | | |
| _ | INDIVIDUAL | | | | Date of Birth | WHITE | | | |
| FIND | 3 | Address 745 ROSEMARY LN | | | Driver License Number | <u> </u> | | | |
| _ | 9 | | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | |
| | | BARABOO, WI 53913 , U | 5 | | STATE. WISCONS | IN CODIVINI. DIVI | TED STATES | | |
| | | | 0 | | | | | | |
| | Sai | ety Equipment On Duty | | Safety Equipment | | | | | |
| | | Row Seat Position | | sition | SHOULDER & LAF | | | | |
| | | 01 - FRONT ROW 07 - LEFT | | | | | | | |
| | | HelmetUse | | | Helmet Compliance | | | | |
| | | Eye Protection | | | TietCompliance | | | | |
| | | Eyericledion | | | Tint Compliance | | | | |
| 05 | 88 | Injury Severity NO APPARENT INJURY | | | Airbag | | | | |
| _ | | Ejected NO AP | PARENT IS Ejection Pa | | NON DEPLOYED | | | | |
| | | NOT EJECTED | - | ". CTED/NOT APPL | ICABLE | | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport | | | EMS Agency Identifie | r | EMS Run# | | |
| | NOT TRANSPORTED | | | | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | |
| | | Distracted By Source | | | | | | | |
| | | Distracted By NOT APPLICABLE (NOT DISTRACTED) | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | |
| | | L Strikina | Unit# | Location | | | | | |
| | | Non Motorist | | | | | | | |

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Crash Date 09/22/2022

| | | Prior Action | | | | | |
|------|-----------|--------------------------------|-------------------|--------------------------|-------------------|----------------------|----------------|
| | | Action | | | | | |
| | ı | | | | | | |
| | M | | | | | | |
| LIND | ō | | | | | | |
| 5 | NDIVIDUAL | | | | | | |
| | Z | | | | | | |
| | | | | | | | |
| | | Action Other | | | | | To/From School |
| | | | | | | | |
| | L | Drug & Alcohol NO | Jse | Suspected Drug Use NO | | | |
| | | Alcohol Test Given | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN | Drug Test Type | | D T | | |
| | | Drug Test Given TEST NOT GIVEN | Diag restrype | | Drug Test Results | | |
| 05 | 002 | Drug Type | • | | | | |
| | 0 | | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |
| | | | | | | | |