WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override		•		Agency Crash Number 22-09961		0 0	Investigating Officer/Deputy DEPUTY K. RENZ			
147	10/06/2022		Crash Time 04:53 PM		Date Arrived 10/06/2022		Time Arrived 05:12 PM				
Ž N N	Date Notified 10/06/2022		Time Notified 04:55 PM		Total Units 02		Total Injured 01	Total Killed 00			
00	On Emergency	Hit	and Run	✓ Lane Closu	re	☐ Work Zone	Trailer or	Towed		orting shold	
eTL	Government Active		Active Sc	School Zone School NO		Bus Related	Tags				
	Reportable Crash Type DT4000 (ST			NDARD CRASH)	DARD CRASH)					ondary rash	

Diagram

Reconstruction By

Photos By RENZ 9148

Additional Information PHOTOS

Point of impact

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 10/6/2022 AT APPROXIMATELY 4:53 P.M, UNIT 1 WAS TRAVELING NORTH ON HWY G NEAR SUGAR MAPLE ROAD. UNIT 1 WAS TURNING LEFT INTO A DRIVEWAY AT \$5651 HWY G. UNIT 2 WAS TRAVELING SOUTH ON HWY G AND CRESTED A HILL AND COLLIDED WITH UNIT 1 WHO WAS ATTEMPTING TO TURN INTO THE DRIVEWAY. UNIT 1 DID NOT SEE UNIT 2 COMING OVER THE HILL. UNIT 1 SPUN AROUND AND REMAINED IN THE ROADWAY. UNIT 2 COLLIDED WITH UNIT 1 AND TURNED RIGHT INTO THE DITCH AND CAME TO REST IN A FIELD TO THE WEST OF THE ROAD. UNIT 1 DRIVER SUSTAINED INJURIES AND WAS TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER BY REEDSBURG AMBULANCE. UNIT 2 DRIVER WAS NOT INJURED. BOTH VEHICLES SUSTAINED DISABLING DAMAGE. UNIT 1 WAS REMOVED FROM THE SCENE BY SHIELDS TOWING AND UNIT 2 WAS REMOVED FROM THE SCENE BY ARNESON'S TOWING.

Not drawn to scale

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Loc	ation									
	CTHG NB				Latitu	ude		Longitud	le	
342	FT S				43.4	37721225		_	542453	
	SUGAR MAPLE RD				X Co	ordinate		Y Coord	inate	
	HE TOWN OF WASHING	IGTON				244865.8125		481425		
IIN S	AUK COUNTY				Struc	cture Type		1		
						,,				
Cra	sh Scene				l e					
_	Harmful Event				Eiret	Harmful Event	Location			
	MOTOR VEH IN TRANSPORT					ROADWAY	Location			
	ner of Collision	/IVI			_	Light Condition				
01 -	ANGLE					LIGHT				
Road	d Surface Condition(s)				Road	dway Factor(s)				
DRY	. ,					, (,				
Envir	ronment Factor(s)									
	UAL OBSTRUCTION (S	5)			VISA	ABILITY OBS	CURED			
Wea	ther Condition(s)									
CLE	AR									
Anim	nal Type				Relat	tion To Trafficw	av			
	<i>71</i>					FFICWAY -	•			
	h Classification - Location					h Classification				
	BLIC PROPERTY			NO SPECIAL JUR						
TIDA	al Land					Access Control Special Stud FULL CONTROL			Special Study	
With	in Interchange Area	Junction Location		Inte	ersection Type	ion Type				
NO		DRIVEWAY ACCESS-RELA	TED	NO	OT AN INTE	RSECTION				
Clos	ure Type		Rea	Reasons for Closure						
FUL	L CLOSURE									
	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed	LAV	N ENF	FORCEMEN	CEMENT, TOW TRUCK, FIRE/EMS				
	6/2022 All Lanes Open	05:02 PM Time All Lanes Open	Dete	Date Scene Cleared Time Scene Cleared						
	6/2022	05:58 PM						5:59 PM		
			1.0							
	t Summary Status		Vehicle O	neratino	ng As Classific	cation	Unit Type			
	RANSIT		D CLAS		.g / 10 O.u.co		AUTOMOE	BILE		
	cle Type		1				Operating As Endorser			
PAS	SENGER CAR									
Total	Occs	Train/Bus # Recorded	Total # Cit	tations	Issued	Total Tr	ailers	Total Haz	Mat Types	
1			0			0	0			
	rance?	Direction Of Travel	Pre CrashTire			Speed L			es	
YES		NORTHBOUND	Mark Special Function			55		2		
	: Harmful Event: Collision V TOR VEH IN TRANSPO				FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
	ic Way	/K1	Traffic Co			Traffic Control Inoperative/Missing		tive/Missina		
	1 · · · · · · · · · · · · · · · · · · ·				O CONTROL		NO			
•				Road Curvature			Road Grade			
BLA	BLACKTOP (BITUMINOUS) STRA						UPHILL			
	Truck Bus or HazMat						•			
NO	Vehicle									
	License Plate Number		Plate Typ	oe		St	Country of Iss	suance		
	AKX6113				MOBILE	WI	UNITED ST			
	Vehicle Identification Num	ber	Make			Year	Model			
0					2004	LESABRE				

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22-09961

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		Color	Body Style		Bus Use					
		RED - RED	SD - SEDAN							
	Щ	Initial Contact Point	Vehicle Damage							
LIND	⊇	12 - FRONT Extent Of Damage	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 10 - LEFT SIDE							
\supset	VEHICL	DISABLING DAMAGE	FRONT, 11 - LEFT F			5 4 3 2 1				
		Towed Due To Damage	Vehicle Removed By							
		TOWED DUE TO DISABLING	SHIELDS TOWING							
		What Driver Was Doing	Vehicle Factors							
		LEFT TURN Driver Prior Action Other		NOT APPLICABLE						
		Briver i noi Addon Other								
		Driver Actions	L							
	쁘	LOOKED BUT DID NOT SEE								
UNIT	VEHICL									
\supset	中									
		Owner Name		Owner Address	/ F					
5	2	BARBARA HINES (608) 963-0027	114 W MAPLE AVE LIME RIDGE, WI 53942, US							
		. ,								
	;	Sequence Of Events								
	5	Event MOTOR VEH IN TRANSPOR	T							
	0		.1							
	8 Event									
	Event									
	94	Event								
UNIT		Policy Holder Insurance Company		In all datures						
5		WADENA-INSURANCE-CO		Individual BARBARA HINES						
	1	Individual								
		Driver	Citations Issued	Sex						
	7	BARBARA HINES (608) 963-0027	0	FEMALE						
	DUAL	(000) 000 00=	Date of Birth	Race WHITE						
L	₹	Address	Address			Driver License Number				
_	INDIN	114 W MAPLE AVE	STATE: WISCONSIN COUNTRY: UNITED STATES							
	=	LIME RIDGE, WI 53942 , US		STALE. WISCONSIN COUNTRY. UNITED STATES						
		On Duty Cr	Safety Equipment							
	Sat	fety Equipment		Calcty Equipment						
		Row	Seat Position	SHOULDER & LAF	BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							
7	001	Injury Seve SUSPECT	Airbag NON DEPLOYED							
			ection Path	1301122120120		Trapped/Extricated				
			OT EJECTED/NOT APP			NOT TRAPPED				
		Medical Transport EMS GROUND		EMS Agency Identifier		EMS Run # 221963				
		LING GROUND		6001024		22 1303				

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Crash Date 10/06/2022

Crash Time 04:53 PM

	Hospital			Date of Death	Time of	Time of Death					
		REEDSBURG AREA M									
		Distracted By NO	racted By Source T APPLICABL	E (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED									
Non Motorist Location											
		Prior Action									
		Action									
_	UA										
UNIT	INDIVIDUAL										
_	NDI										
	_										
		Action Other							To/From School		
	L	Orug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO						
		Alcohol Test Given		Alcohol Test Type	9		Alcohol	Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test F	Results				
		TEŠT NOT GIVEN									
01	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		APPEARED NORWAL									
		t Summary 💻									
		Status RANSIT			/ehicle Operating As Classi D CLASS		Unit Type TRUCK				
2		icle Type						ng As Endorsem	ents		
02		LITY TRUCK/PICKUP T		Tabal Tab			I -				
	Tota 1	otal Occs Train/Bus # Recorded			Total # Citations Issued Total Trail Total Trail			ilers Total HazMat Types 0			
		rance?	Direction Of Tra	_	Pre CrashTire		peed Limit Total La		s		
LINO		YES SOUTHBOUND Most Harmful Event: Collision With			Mark 55 Special Function			2	do I Iso		
'n		TOR VEH IN TRANSPO	NO SPECIAL FUNCTIO		Emergency Motor Vehicle Use NOT APPLICABLE						
		ic Way			raffic Control		Traffic Control Inoperative/Missing				
	TWO-WAY, NOT DIVIDED Surface Type				NO CONTROL Road Curvature			NO Road Grade			
	BLACKTOP (BITUMINOUS)				STRAIGHT		UPHILL				
		k Bus or HazMat		1			•				
	NO	Vehicle									
		License Plate Number		T	Plate Type	St	Country	of Issuance			
		TF8073			LTK - LIGHT TRUCK	WI		STATES			
02	02	Vehicle Identification Numl 3C6UR5CL7JG329728			Make RAM	Year 201					
		Color			Body Style	2011	Bus Use				
		GRY - GRAY			PK - PICKUP						

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	Щ	Initial Contact Point V		Vehicle Damage 7 8 9 10 11				
LIND	VEHICLE	11 - LEFT FRONT CORNE		6				
5	ᇤ	Extent Of Damage		11 - LEFT FRONT CORNER, 14 - UNDERCARRIAGE				
	>	FUNCTIONAL DAMAGE	1					
		Towed Due To Damage TOWED DUE TO DISABL		/ehicle Removed By ARNESON SERVICE				
		What Driver Was Doing		/ehicle Factors				
		GOING STRAIGHT						
		Driver Prior Action Other	<u> </u>	NOT APPLICABLE				
		Driver Actions NO CONTRIBUTING ACT	ION					
_	LE	NO CONTRIBUTING ACT	ION					
LNO	⊒C							
-	VEHICL							
		Owner Name		Owner Address				
05	02	CALEB SCALLON (608) 495-4288		S7435 STATE RO				
0	0	(000) 433-4200		THEEF OHTH, WI 30	1937 , 03			
		O						
		Sequence Of Events Event						
	01	MOTOR VEH IN TRANSP	ORT					
	02	Event DITCH						
	3	Event						
	03	Event						
	04	Event						
⊨	ļ	Policy Holder						
LIND		Insurance Company		Individual				
		ERIE-INS-CO		CALEB SCALLON				
		Individual						
		Driver CALEB SCALLON		Citations Issued 0	Sex MALE			
	AL	(608) 495-4288		Date of Birth	Race			
_	DO			24.6 6. 2	WHITE			
	IDINIDUAL	Address		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
_	IND	S7435 STATE ROAD 130 HILLPOINT, WI 53937, U	9					
	_	THEEL CHAI, WI 00007 , O	•					
		On Duty Crash		Safety Equipment				
	Sat	fety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
02	002	Injury Solon Injury Injury Injury Solon Injury Injury Solon Injury	everity PARENT INJURY	Airbag NON DEPLOYED				
		Ejected	Ejection Path	1		Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death		Time of Death		

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			Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTE						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNO	INDIVIDUAL							
_	INDI							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	l		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	1	
05	005	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					