WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document#	Agency Crash Number 22-10612	1 .	Officer/Deputy . MESSNER	
MM	Crash Date 10/24/2022	Crash Time 01:54 PM	Date Arrived 10/24/2022	Time Arrived 02:05 PM		
6TLOD1PTMM	Date Notified 10/24/2022	Time Notified 01:54 PM	Total Units 02	Total Injured 00	Total Kille	d
.0D.	On Emergency Hit	and Run Lane Clos		Trailer	or Towed	Reporting Threshold
6 I L	Government Property	Active School Zone	School Bus Related NO	Tags		
•	▼ Reportable	Crash Type DT4000 (STANDARD CRASH	- 1)	Amend	ed	Secondary Crash
	Description Diagram				Reconstruction	
		HTER AV	Not to scale	\$	Photos By DEP. S. MES	
		Unit 2 backs out of parking	Parking		Additional info PHOTOS	rmation
	01	point of impact	Init 1 traveling eastbound			
	CYH B					
	d	nt officer, agree that I have n			ION DECISE	TION DIATE HOSPITA VALLE
	BEING DRIVEN BY LUENA D. MEIS EXPLORER WITH WISCONSIN LAW SPACE WHEN THE REAR DRIVER'S	OXIMATELY 1:54 PM, UNIT 1, A 201 TER. UNIT 1 WAS WESTBOUND ON / ENFORCEMENT PLATE #E7754. S SIDE CORNER STRUCK THE REA NITS WERE REMOVED BY OPERAT	I CTH B. UNIT 2, A RICHLAND CO /AS DRIVEN BY ON-DUTY DEP. H R PASSENGER SIDE CORNER P	UNTY SHERIFF'S C IAYDN RING. UNIT	OFFICE SQUAD 2 WAS BACKING	CAR, A 2018 BLACK FORD G OUT OF A PARKING

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Location										
ON MAIN S	T/ CTHB WB				Latitude			Longi	tude	
62 FT E					43.27884	43.278840358		-90.0	43786607	
IN THE VILLAGE OF PLAIN					X Coordin	ate		Y Coo	ordinate	
IN SAUK COUNTY						253023.640625 4796280				
						Type UCTURE				
Crash So	ene 💻									
First Harmfu					FiretHarm	ıful Event L	ocation			
					ON ROA		ocado:			
Manner of Co					Light Cond					
01 - ANGLI	E				DAWN					
Road Surfac	e Condition(s)				Roadway	Factor(s)				
DRY										
Environmen	t Factor(s)				1					
NONE					NONE					
Weather Cor	ndition(s)				1					
CLOUDY										
Animal Type					Relation T	o Trafficwa	у			
						WAY - O				
Crash Classi PUBLIC PF	ification - Location ROPERTY						Jurisdiction ISDICTION			
Tribal Land	Tribal Land				Access Control Special Study NO CONTROL					
	Within Interchange Area Junction Location Intersection			••						
NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
<u>Unit Sun</u>	nmary 💳									
Unit Status	_			perating As C	lassification		UnitType			
IN TRANSI			D CLASS	3	AUTOMOBILE					
Vehicle Type PASSENGI							Operating As Endorsements			
Total Occs		Train/Bus#Recorded	Total#Cita	ations Issued	ł	Total Trai	lers	TotalH	azMat Types	
1			0			0		0		
Insurance?		Direction Of Travel	Pre	CrashTire)	Speed Lir			anes	
YES		WESTBOUND		Mark		25		2		
	l Event: Collision		Special Fu		TION	Emergency Mot				
	EH IN TRANSPO	ORT		CIAL FUNC	TION					
Traffic Way	NOT DUEDED		Traffic Cor				Traffic Control Inoperative/Missing NO Road Grade LEVEL			
Surface Type	, NOT DIVIDED		Road Curv							
	P (BITUMINOU:	S)	STRAIGH							
Truck Bus or		_,	1000000				1			
NO	•									
Vehic										
License Plate Number 620VZV		Plate Typ	e UTOMOBII	_	St WI	Country of Is				
	Vehicle Identification Number			OTOMOBII	-E	Year	UNITED STATES			
			l	Make CHEVROLET Body Style		1 ear 2010	MALIBU 1LT Bus Use			
						<u> </u>				
	BRO - BROWN			4D - 4DR						
Initial C	Contact Point		Vehicle D	amage					7 8 9 10 11	
04 - R	IGHT SIDE REA	AK	04 510	OA BICUT CIDE DEAD					6 12	
	Of Damage TIONAL DAMA	GE	V4 - RIG	04 - RIGHT SIDE REAR 5, 4, 3, 2, 1			5 4 3 2 1			
% () () () () () () () () () (== == == == == = = = = = = = = = = = = =									

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		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT Driver Prior Action Other		NOT APPLICABLE				
		Univer Prior Action Other		NOTAL ELOADE				
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ON					
5	Б	Owner Name LUENA DELORES MEISTI	ER	Owner Address 1070 MAIN ST PLAIN, WI 53577	, US			
		Sequence Of Events		1				
	5	Event MOTOR VEH IN TRANSPO			<u> </u>	no en		
	8	Event						
		Event						
	63							
	3	Event						
⊨								
IND		Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		Individual LUENA MEISTER				
		Individual						
		Driver		Citations Issued Sex				
	4	LUENA DELORES MEISTI	≛K	0 FEMALE Date of Birth Race				
⊨	NDIVIDUAL			Date of Birth	WHITE			
LNS	2	Address 1070 MAIN ST		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Z	PLAIN, WI 53577 , US						
	Ç2	On Duty fety Equipment	Crash	Safety Equipment				
	•			SHOULDER & LAP BELT				
		Row 01 - FRONT ROW	07 - LEFT		221,			
		Helmet Use		Helmet Compliance				
		Eye Protection		TintCompliance				
5	8	Injury Severity NO APPARENT INJURY		Airbag				
_	•	Ejected NO API	PARENT INJURY Ejection Path	NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT APP			NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#		
		Hospital		Date of Death		Time of Death		
		Distracte	ed By Source			<u> </u>		
		Distracted By NOT A	PPLICABLE (NOT DISTRA	ACTED)				
		Distracted By Action NOT DISTRACTED						

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		Non Motorist	Striking Unit#	Location						
		Prior Action								
UNIT	INDIVIDUAL	Action								
	2	Action Other								To/From School
	l	Drug & Alcohol	Suspected Alcohol U NO		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test F	Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test F	Results			
01	100	Drug Type								
		Individual Condition								
		APPEARED NORM	AL 							
		t Summary Status		LV	ehicle Operating As Class	ification	1	Unit Type		
		RANSIT		l l	CLASS	illoadois		TRUCK		
02		cle Type ORT) UTILITY VEHIC	CLE					Operating As Endorsements		
		lOccs	Train/Bus#Re	corded To	otal#Citations Issued	Tota	al Traile	rs T		Mat Types
_		Insurance? Direction Of Travel YES SOUTHBOUND			Pre CrashTire Mark		Speed Limit 25		Total Lanes 2	
TINO		tHarmfulEvent: Collision TOR VEH IN TRANSI		1 '	Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		fic Way D-WAY, NOT DIVIDE	D		Traffic Control NO 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 E7754		C	Plate Type DFF - MUNICIPAL OFF		1	Country of Issuance UNITED STATES		
05	62	l l		Make FORD	- 1	Year Model 2018 EXPLORER				
		Color BLK - BLACK		Į	Body Style Bus Use UT - SPORT UTILITY VEHICLE					
_	Щ	Initial Contact Point 07 - LEFT REAR CO	ORNER		Vehicle Damage					7 8 9 10 11
TINO	VEHICLE	Extent Of Damage MINOR DAMAGE			07 - LEFT REAR COR	NER				6 12 5 4 3 2 1
	-	Towed Due To Damage	e		/ehicle Removed By DPERATOR					

6TL0D1PTMM

22-10612

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		What Driver Was Doing BACKING		[Vehicle Factors				
		Driver Prior Action Other			NOT APPLICABLE				
		Driver Prior Action Curer							
		Driver Actions							
	Щ	LOOKED BUT DID NOT SEE							
¥	VEHICLE								
5	H								
	>								
		Owner Name			Owner Address				
	~	RICHLAND COUNTY SHE	RIFF'S OF	FICE	181 W SEMINARY				
05	8	(608) 647-2106			RICHLAND CENT	ER, WI 53581 , U	JS		
		Sequence Of Events							
	5	Event MOTOR VEH IN TRANSP	ORT						
		Event							
	8								
	en.	Event							
	8								
	8	Event							
⊨									
N		Insurance Company WISCONSIN-COUNTY-MUTUAL-INS-CORP		Government	v enebiese vei	EICE			
						CHLAND COUNTY SHERIFF'S OFFICE			
		Individual Driver			Citations issued Sex				
		HAYDN DELMAR RING (608) 647-2106			0 MALE				
	₹				Date of Birth	Race			
⊨	INDIVIDUAL					WH!TE			
FNS	⋛	Address 181 W SEMINARY ST RICHLAND CENTER, WI 53581 , US On Duty Crash			Driver License Number	•			
	Z			.	STATE: WISCONSIN COUNTRY: UNITED STATES				
					Safety Equipment				
	Sai	fety Equipment POLICE							
		Row Seat Position		sition	SHOULDER & LAP BELT				
		01 - FRONT ROW 07 - LEFT		EFT					
		HelmetUse			Helmet Compliance				
		Eye Protection		Tint Compliance					
				1osnip.iisiso					
62	8	Injury Severity		Airbag					
~	0	Injury _{NO AF}			NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pa	ith CTED/NOT APPI	I ICARI E		Trapped/Extricated NOT TRAPPED		
		Medical Transport	NOT EUE	CILDINOT ALL	EMS Agency Identifier		EMS Run#		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		200000000000000000000000000000000000000							
		Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED)							
		Distracted By Action			 ,				
		NOT DISTRACTED							
		I Striking	Unit#	Location					
		Non Motorist							

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1		Prior Action							
		Action							
١,	5								
LIND	9								
∣⊃	INDIVIDUAL								
	=								
		Action Other						To/From School	
			Suspected Alcohol U	Inc	Suspected Drug Use				
	i	Drug & Alcoi	hol NO	73 0	NO				
		Alcohol Test Given Alcohol Test Typ		<u> </u>		Alcohol Test Results			
		TEST NOT GIVEN							
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Results					
02	200	Drug Type				•			
		Individual Condition							
		APPEARED NORMAL							
Property Owner									
					Address				
0	RIC	HLAND COUNT 8) 647-2106	Y SHERIFF'S OFFICE		Address 181 W SEMINARY ST	W/ E2E04 110			
PROP	(00)	0) 047-2100			RICHLAND CENTER,	WI 55561 , US			
₽ 6			4						
	FIX	ed Objects S				·			
	5	Striking Unit	Struck Object OTHER OBJECT - No.	OT FIXED				Damage Tag Number NA	
	S 1	<u> </u>	1						