#### **WISCONSIN MOTOR VEHICLE** CRASH PEDORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT

11044	OICA	OH ILLI OILI			(608) 356-489
Document Number Override	Primary Crash Document#	Agency Crash Number SC22-11044	Investigating Of DEPUTY M. P		
Crash Date 11/04/2022	Crash Time 10:26 PM	Date Arrived 11/04/2022	Time Arrived 10:36 PM		
Date Notified 11/04/2022	Time Notified 10:29 PM	Total Units 01	Total Injured 00	Total Kille	d
On Emergency	Hit and Run Lane Cl	osure Work Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active School Zone	School Bus Related NO	Tags		
Reportable	Crash Type DT4000 (STANDARD CRA	(SH)	Amended		Secondary Crash
Description -					
	СТН ОЪ.	55	Ac	notos By ditional Info ONE	rmation
MOT	TO SCALE				

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

UNIT 1 WAS TRAVELING NORTHBOUND ON STH 113 AND APPROACHED A RIGHT HANDED CURVE. UNIT 1 THEN ENTERED THE CURVE AND BEGAN TO SLIDE IN A CLOCKWISE ROTATION, DUE THE RAINY AND WET ROAD CONDITIONS. UNIT 1 THEN ENTERED THE EAST DITCH, TRAVELED UP AN EMBANKMENT AND BEGAN TURNING BACK COUNTER CLOCKWISE. AS UNIT 1 WAS DESCENDING THE EMBANKMENT, IT OVERTURNED DRIVER SIDE OVER PASSENGER SIDE. UNIT 1 CAME TO REST ON ITS ROOF FACING WEST. THERE WERE NO REPORTED INJURIES FROM ANY OF THE OCCUPANTS. THE OPERATOR AND PASSENGER 3 (P3) WERE BOTH WEARING SEATBELTS AT THE TIME OF THE CRASH. P2 SAID THEY WERE NOT WEARING THEIR SEATBELT AT THE TIME OF THE CRASH. THE OPERATOR, OPERATING UNDER GDL RESTRICTIONS OF ONLY 1 PASSENGER, WAS CITED FOR VIOLATING GDL RESTRICTIONS AND DRIVING TOO FAST FOR CONDITIONS, P2 WAS CITED FOR NOT WEARING A SEATBELT. ALL THE PARENTS OF THE OCCUPANTS WERE CONTACTED AND ADVISED. THE VEHICLE WAS REMOVED FROM THE SCENE BY CRAIG'S TOWING

Crash Time 10:26 PM

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Crash Date 11/04/2022

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/04/2022

Crash Time 10:26 PM

L	_ocation ====									
ſ	INTERSECTION				Latitude			Longi	Longitude	
	ON STH113 NB				43.43090741			-89.6	-89.696086526	
	AT CTHDL NB IN THE TOWN OF GREEN IN SAUK COUNTY	IFIELD			X Coordinate Y Coordinate 281783.78125 4812199					
	in onon occur,	Structure NO STR	Type UCTURE							
L f	Crash Scene				1					
ì					I =:		.,			
	First Harmful Event  OVERTURN/ROLLOVER	FirstHarmfulEventLocation								
ŀ	Manner of Collision				ON ROADWAY					
	00 - NO COLLISION W/VE	HICLE IN TRANSPORT			Light Cond					
ŀ	Road Surface Condition(s)	THOLE IN TRANSPORT			Roadway					
	WET				stoadway	s actor(s)				
ŀ	Environment Factor(s)				1					
	WEATHER CONDITIONS				NONE					
ŀ	Weather Condition(s)				1					
	RAIN									
ł	Animal Type				Relation T	o Trafficwa	ıy			
					TRAFFIC	CWAY - O	N ROAD			
	Crash Classification - Location PUBLIC PROPERTY				1	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
-	Tribal Land				Access Control Special Study NO CONTROL					
ŀ	Within Interchange Area	Junction Location		Intersection	on Type					
	NO	INTERSECTION		1	RSECTION					
i	Jnit Summary									
ì	Unit Status		Vehicle Ope	erating As C	lassification		UnitType			
	IN TRANSIT		D CLASS		AUTOMOBILE					
.	Vehicle Type		1		Operating As Endorsements					
	PASSENGER CAR						'			
ŀ	Total Occs	Train/Bus#Recorded	Total#Cita	Total#Citations Issued		d TotalTrail		TotalH	azMat Types	
	3		3			0	0			
ŀ	Insurance?	Direction Of Travel	Pre	CrashTire	,	Speed Li	mit	TotalLa	anes	
	YES	NORTHBOUND		Mark		55		2		
t	Most Harmful Event: Collision \	With	Special Fur				Emergency			
	OVERTURN/ROLLOVER		NO SPEC	NO SPECIAL FUNCT		TION		NOT APPLICABLE		
ſ	Traffic Way		Traffic Con				Traffic Control Inoperative/Missing NO			
ļ	TWO-WAY, NOT DIVIDED		NO CONT							
	Surface Type	<b>0</b> )	Road Curva					Road Grade		
	BLACKTOP (BITUMINOUS	>)	CURVE R	IGH I			DOWNHIL	.L		
	Truck Bus or HazMat <b>NO</b>									
	Vehicle		*************	eeeeeeeee.		******			· S S C S S C S B S C S B S C S B C S B B B B	
monopologica	License Plate Number			Plate Type		St		Country of Issuance		
	ARW6917	AUT - AL	AUT - AUTOMOBILE		WI	UNITED STATES				
	Vehicle Identification Nu	Make			Year	Model				
	5 INXBR30E27Z925681 TOYOTA					2007 COROLLA				
	Color Body Styl WHi - WHITE SD - SE				dy Style 4 - SEDAN		Bus Use			
ontoletate.	Initial Contact Point	- Contact Point			Vehicle Damage		•		7 8 9 10 11	
-	<mark>전 13 - TOP</mark>								6 12	
	Initial Contact Point 13 - TOP Extent Of Damage DISABLING DAMAGE		15 - ALL	15 - ALL AREAS					5 4 3 2 1	
	🗮 🛮 DISABLING DAMAGI	1								

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		Towed Due To Damage TOWED DUE TO DISABL	ING DAMAGE	- 1	icle Removed By AIGS TOWING				
		What Driver Was Doing			Vehicle Factors				
		NEGOTIATING CURVE		_ NO.	T APPLICABLE				
		Driver Prior Action Other		NO	TAPPLICABLE				
		Driver Actions	<u> </u>						
<u> </u>	Щ	SPEED TOO FAST/CONE	,						
N	VEHICL								
_	¥								
		0 11							
		OwnerName KURT F BELSHAW			Owner Address 816 GULCH AVE				
2	5	(608) 247-9115			WISCONSIN DELL	S, WI 53965 , U	S		
		Sequence Of Events LEvent		yesyesyes					
	5	RUN OFF ROADWAY RIG	ЭНТ						
	8	Event EMBANKMENT							
	8	Event OVERTURN/ROLLOVER							
	7	Event							
HNS		Policy Holder Insurance Company			ndividu <b>al</b>				
5		ALLSTATE-INS-CO		- 1	KURT BELSHAW				
		Îndividual							
		Driver MICALEB LEE WIRIG (608) 393-6074		- 1	Citations Issued Sex MALE				
	₹				Date of Birth Race				
⊨	ŏ				WHITE				
E N	INDIVIDUAL	Address 757 W MULBERRY ST		Đ	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Z	BARABOO, WI 53913 , U	IS	S					
	Sai	On Dut <b>fety Equipment</b>	y Crash	s	afety Equipment				
		Row Seat Position		SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT						
		Helmet Use			Helmet Compliance				
		Eye Protection		T	Tint Compliance				
		Injury Severity			Airbag				
2	8	Injury <sub>NO AF</sub>	PPARENT INJURY	- 1	ION DEPLOYED				
		Ejected	Ejection Path		Trapped/Extricated				
		NOT EJECTED  Medical Transport	NOT EJECTED/NOT AF				NOT TRAPPED		
		NOT TRANSPORTED		=	MS Agency Identifier		EMS Run#		
		Hospital		D	ate of Death		Time of Death		
		Dietre o	ted By Source						
		Distracted By NOT A	APPLICABLE (NOT DISTI	RACT	ED)				
		Distracted By Action NOT DISTRACTED							

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Striking Non Motorist	Unit#	Location					
		Prior Action		1					
		Action							
	AL								
TIN D	INDIVIDUAL								
>									
		Action Other						To/From School	
		l Drug & Alcohol NO	ted Alcohol L	jse	Suspected Drug Use				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results			
		TEST NOT GIVEN		Diog restryps		Diag restresuis			
2	901	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		Individual							
	ı	Passenger KADEN FRANCIS BELSHAW (608) 844-3748			Citations issued Sex 1 MALE				
,	Ħ			Date of Birth	Race WHITE				
S	INDIVIDUA	Address 816 GULCH AVE			Driver License Number				
	Z	WISCONSIN DELLS, WI 5	3965 , US		STATE: WISCONSIN	I COUNTRY: UNI	TED STATES		
	٠.,	On Duty <b>[ety Equipment</b> ]	Crash		Safety Equipment				
		Row	SeatPo		NONE USED - VEHIC	CLE OCCUPANT			
		01 - FRONT ROW 09 - RIGHT HelmetUse		Helmet Compliance					
		Eye Protection		Tint Compliance					
	N				Airbag				
2	85	Injury Severity NO APPARENT INJURY		NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Pa	ith CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#		
		Hospital			Date of Death		Time of Death		
		Distracted By	ed By Source	9			<u>I</u>		
		Distracted By Action							
		Striking	Unit#	Location					
		Non Motorist							

Crash Date 11/04/2022 Crash Time 10:26 PM

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		Prior Action Prior Action									
		Action									
	4										
ı	NDIVIDUAL										
ENS.	8										
	=										
								T			
		Action Other						To/From School			
	1	Suspec	ted Alcohol L	Jse	Suspected Drug Use			1			
		Alcohol Test Given		Alcohol Test Type	<u> </u>		Alcohol Test Results				
		TEST NOT GIVEN		Drug Test Type		Drug Test Results	<u> </u>				
		Drug Test Given TEST NOT GIVEN		Diog restrype		Diag restresus	•				
2	80	Drug Type									
		Individual Condition									
			APPEARED NORMAL								
		Individual Passenger LILLIAN MARIE PITTMAN (608) 963-8602			Citations  ssued						
	_				0	) FEMALE					
	INDIVIDUA				Date of Birth	Race WHITE					
S		Address			Driver License Number						
	Z	527 BADGER DR BARABOO, WI 53913 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duby Crash			Sofati-Equipment						
	Sai	On Duty Crash Fety Equipment			Safety Equipment						
		Row 02 - SECOND ROW	Seat Po		SHOULDER & LAP	BELT					
		Helmet Use		-	Helmet Compliance						
		Eye Protection			Tint Compliance						
2	8	Injury Severity NO APPARENT INJURY		NJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Pa		LICARIE		Trapped/Extricated NOT TRAPPED				
		NOT EJECTED NOT EJECTED/NOT APP Medical Transport			EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED									
		Hospital			Date of Death		Time of Death				
		Distracted By Distract	ed By Source	•	1		1				
		Distracted By Action									
		Striking	Unit#	Location							
		Non Motorist	-1010								
I		PriorAction									

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	Action						
Z							
NOWIT							
	Action Other						To/From School
	Drug & Alcoho	Suspected Alc	ohol Use	Suspected Drug Use NO			
	Alcohol Test Given TEST NOT GIVEN	N.	Alcohol Test Type	De Alcohol Test Results			
	Drug Test Given TEST NOT GIVEN	N	Drug Test Type		Drug Test Results		
و 1	Drug Type		<b>'</b>		•		
	Individual Condition						
	APPEARED NOR	MAL					
	Violations		81		***********	SSSSSSSSSSSSSSSSSS	KRISISISISISISISISISISISISISISISISISISIS
8	UTC Number BG112577	Issue To? 001	Statute Number <b>346.57(3)</b>	Description DRIVING TOO FAST	FOR CONDITIO	NS	
6	UTC Number BG112578	Issue To? 001	Statute Number 343.43(1)(d)	Description VIOLATE GDL REST	TRICTIONS - PAS	SSENGER (1ST)	
8	UTC Number BG112579	Issue To?	Statute Number 347.48(2m)(d)	Description RIDE IN VEHICLE W	O WEARING SE	AT BELT	

Wisconsin Motor Vehicle Crash

Form DT4000