WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	2 Crash Time E								
į 1	Crash Date 11/12/2022									
61L0DBC3F1	Date Notified 11/12/2022	Time Notified 08:31 AM		Total U 02	nits	Total Injured	ŧ	Total Killed	d	
יטט.	On Emergency Hi	t and Run	Lane Close	ıre	☐ Work Zone	Trailer	or T	owed	Reporting Threshold	
0 I L	Government Property	Active Sc	hool Zone	School NO	School Bus Related Tags NO					
	▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH	i)		Amend	led Secondary Crash			
	Description Diagram						l n	construction		
					Not to Scale SH 12 south of exit 2		Pho	otos By		
	ON NOVEMBER 12, 2022 AT APPROCAUSED UNIT 2 TO LOSE CONTRO	OXIMATELY 8:30A	M UNIT 2 WAS PA	SSING U	NIT 1 WHEN UNIT 1 ATTEN	IPTED TO CHAI		LANES AND	STRUCK UNIT 2. THIS	
	CAUSED UNIT 2 TO LUSE CONTRO	JE AND STRINE B	UTH SIDES OF TH	L DKIDUI	- roal coming to REST	I ACING NUKIT	1.			

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	Location =									
	ON USH12 WB			Latitud	e		Longit	ude		
	0.28 MI S			43.470	43.470704674		-89.77	75711535		
	OF STH33 WB	EST BABABOO		X Coor	X Coordinate		Y Coo	rdinate		
	IN SAUK COUNTY	EST BARABOO		27548	86.1875		4816	B31		
				Structu	аге Туре					
	Crash Scene									
	First Harmful Event			Firet H	armful Eventi	ncation				
	MOTOR VEH IN TRANS	PORT		ON ROADWAY						
	Manner of Collision			Light C	ondition					
	01 - ANGLE			DAYL	IGHT					
	Road Surface Condition(s)			Roadw	vay Factor(s)					
	ICE									
	Environment Factor(s)									
	WEATHER CONDITION	s		NONE	i .					
	Weather Condition(s)									
	RAIN, SNOW									
	Animal Type			I	on To Trafficw	-				
	Crash Classification - Locat	ion			FICWAY - C					
	PUBLIC PROPERTY	O13			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	TribalLand			Access Control NO CONTROL				Special Study		
	Within Interchange Area NO	Junction Location NON-JUNCTION		Intersection Type NOT AN INTERSECTION						
	Unit Summary									
	Unit Status		rating As Classifica							
	IN TRANSIT		D CLASS		AUTOMOBILE					
5	Vehicle Type	CL E		Operating As Er				sements		
_	(SPORT) UTILITY VEHI Total Occs	Train/Bus#Recorded	Total#Citati	iona lagua d	Total Tra	ilere	Total	azMatTypes		
	1	2	ons issued	0		0	aziviat i ypes			
	Insurance?	Direction Of Travel		CrashTire			TotalLa	ines		
=	NO	NORTHBOUND		Mark 65			4			
L N	Most Harmful Event: Collision MOTOR VEH IN TRANS			Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way		Traffic Conti	rol		Traffic Con	rol Inoperative/Missing			
	DIVIDED HWY W/TRAF	FIC BARRIER	NO CONTI				NO			
	Surface Type CONCRETE		Road Curva STRAIGHT			LEVEL	Road Grade			
	Truck Bus or HazMat									
	NO									
	Vehicle				Tot					
			Plate Type AUT - AU	TOMOBILE	St WI	Country of Is				
	Vehicle License Plate Number ARH4556 Vehicle Identification	Number	AUT - AU Make	TOMOBILE	WI Year	UNITED S	TATES			
5	Vehicle License Plate Number ARH4556 Vehicle Identification 1FMZU73K64ZA35	Number	AUT - AU Make FORD	TOMOBILE	WI	Model EXPLORE	TATES			
10	Vehicle License Plate Number ARH4556 Vehicle Identification	Number 432	AUT - AU Make FORD Body Style	TOMOBILE	Wi Year 2004	UNITED S	TATES			
UNIT 01	Vehicle License Plate Number ARH4556 Vehicle Identification I 1FMZU73K64ZA35 Color	Number 432 DRY)	AUT - AU Make FORD Body Style	RT UTILITY VEH	Wi Year 2004	Model EXPLORE	TATES	7 8 9 10 11 6 12		

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		Towed Due To Damage NOT TOWED			Vehicle Removed By OWNER						
		What Driver Was Doing CHANGING LANES			Vehicle Factors						
		Driver Prior Action Other		4	OT APPLICABLE						
TIND	VEHICLE	Driver Actions SPEED TOO FAST/CONE), FAILED 1	O YIELD RIGHT	-OF-WAY						
9	ы	OwnerName ILEMBER JAHIR MORA 9 (608) 477-8731	SUAREZ		Owner Address 529 S. CENTER STREET BARABOO, WI 53913 , US						
		Sequence Of Events									
	9	MOTOR VEH IN TRANSP									
	05	Event									
	03	Event									
	Event										
		ndividual									
		Driver ILEMBER JAHIR MORA SUAREZ (608) 477-8731			Citations Issued Sex 2 MALE						
╘	dUO!				Date of Birth	Race HISPANIC					
IN	INDMIDNA	Address 529 S. CENTER STREET BARABOO, WI 53913 , L			Driver License Number						
	Sar	On Dut ety Equipment	y Crash		Safety Equipment						
		Row 01 - FRONT ROW	SeatPo 07 - LE		SHOULDER & LAP	BELT					
		HelmetUse			Helmet Compliance						
		Eye Protection			Tint Compliance						
2	8	Injury S Injury NO AF	PARENT I	NJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	NOT EJE	ith CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#				
		Hospital			Date of Death Time of Death						
		Distracted By UNKN	ted By Source OWN	•							
		Distracted By Action OTHER ACTION (LOOK!)		ROM TASK ETC)						
		Non Motorist	Unit#	Location							

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		Prior Action												
!		Action												_
	4													
E	NDIVIDUAL													
UNIT														
	Z													
		Action Other											To/From School	_
			Sus	pected Alco	hol U	lse		Suspected Drug Use						_
	L	Drug & Alcohol	NO			I A 1 1 1 7 4 7		NO			TAL 1 17			_
		Alcohol Test Given TEST NOT GIVEN				Alcohol Test Ty	ype				AlcoholTes	tResults		
		Drug Test Given TEST NOT GIVEN				Drug Test Type	9		Dr	ug Test Result	B			
5	001	Drug Type				1								_
		Individual Condition												_
		APPEARED NORM	IAL											
			., . _											
		Violations	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			5151515151515151515151515	e er er e		ere e	********	******	KKKKKKKKK		
	0.1	UTC Number BG112945	1551 001	ie To? I	343	tute Number 3.05(3)(a)		Description OPERATE W/O VAL	ID L	LICENSE (18	T VIOLATIO	N)		
	0.2	UTC Number BG112946	lsst 001	ie То? I		tute Number 5.07(3)		Description FAILURE TO YIELD	то	PASSING V	EHICLE			
	Unit	t Summary 🗨												_
	Unit Status IN TRANSIT						1	ehicle Operating As Class CLASS	ifica	ition	Unit Type AUTOMOI	RU F		
02	Vehi	cle Туре									Operating A		nents	_
0		PASSENGER CAR Total Occs Train/Bus#Recorded					I τ.	otal#Citations Issued		Total Trai	lors	Total Hazi	MatTypos	_
	1	al Occs Train/Bus#R		# 1 \ G	0				0	icis	0	wat rypes		
,		Insurance? Direction Of Travel YES NORTHBOUND				Pre CrashTire Mark			1 '	Speed Limit 65		Total Lanes 4		
INO	Most	Most Harmful Event: Collision With					Special Function				Emergency Motor Vel		cle Use	_
_	MOTOR VEH IN TRANSPORT Traffic Way					NO SPECIAL FUNCTION				NOT APPLICABLE Traffic Control Inoperative/Missing			_	
		DED HWY W/TRAF	FIC I	BARRIER			Traffic Control NO CONTROL			NO				
		ace Type ICRETE					1	oad Curvature TRAIGHT			Road Grade LEVEL			
		k Bus or HazMat						MACE						_
	NO													
		Vehicle License Plate Number	•				ΤF	Plate Type		St	Country of Is	suance		
		ALR9371					A	UT - AUTOMOBILE		WI	UNITED ST			
02	02	Vehicle Identification I JTDEAMDE8MJ02					- 1	∕lake ΓΟΥΟΤΑ		Year 2021	Model COROLLA			
		Color WHI - WHITE						ody Style SD - SEDAN		I	Bus Use			
I		Initial Contact Point 01 - RIGHT FRONT	гсо	RNER			\dagger				I			

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	ш			Vehicle Damage						
╘	ರ			01 - RIGHT FRO	7 8 9 10 11					
INN	VEHICLE	Extent Of Damage DISABLING DAMAGE		FRONT, 03 - RIG CORNER	5 4 3 2 1					
		Towed Due To Damage		Vehicle Removed E	ly					
		TOWED DUE TO DISABLIN	IG DAMAGE	CRAIGS TOWIN	-					
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT		NOT ARRUGAR	· =					
		Driver Prior Action Other		NOT APPLICAB	LE					
		Driver Actions NO CONTRIBUTION ACTION								
	ш	NO CONTRIBUTING ACTION								
N	≌									
\neg	VEHICL									
		OwnerName		Owner Address						
05	62	SAMANTHA JANE GIERKE (715) 587-5857		310 PALOMI	NO LN # 1S /I 53705 , US					
0		(110)001-0001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Sequence Of Events								
	Million.	Event								
	5	MOTOR VEH IN TRANSPO	RT							
	8	Event BRIDGE RAIL								
		Event								
	8	BRIDGE RAIL								
	8	Event								
		Deligned without								
INN		Policy Holder Insurance Company								
5		BADGER-MUTUAL-INS-CO		Individual SAMANTHA GIERKE						
		Driver		Citations issued						
	L	SAMANTHA JANE GIERKE		0 FEMALE						
	IDMIDUA	(715) 587-5857		Date of Birth	Race	Race WHITE				
5	9									
Ž	ā	Address 310 PALOMINO LN # 1S		Driver License Number						
	Z	MADISON, WI 53705 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	C-	On Duty C	Crash	Safety Equipment						
	Ja.		T		I AD DELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER &	LAP BEL I					
		HelmetUse	01 - 223 1	Helmet Complian	ace					
				Tint Compliance						
		Eye Protection								
	N	Injury Sev	verity	Airbag						
05	80	injury no app		NON DEPLOY	ED					
		1 '	ejection Path			Trapped/Extricated				
			NOT EJECTED/NOT AP		m Aldia u	NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Ide	तसम र्भ	EMS Run#				
		Hospital		Date of Death		Time of Death				
			1							

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Crash Time 08:30 AM

		Distracted By Source NOT APPLICABLE	æ LE (NOT DISTRAC	2752)			
		Distracted By Action	LE (NOT DISTRAC	- IEU)			
		NOT DISTRACTED					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
ь	NOWEVAL						
UNIT	Z						
_	2						
	_						
		Action Other					To/From School
		Actions Other					TO/FIGHT SCHOOL
	I	Drug & Alcohol NO	Use	Suspected Drug Use NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN	Drug Test Type		I D T + D +		
		Drug Test Given TEST NOT GIVEN	Drug rest rype		Drug Test Results		
02	005	Drug Type					
		Individual Condition					
		APPEARED NORMAL					
l l							

Wisconsin Motor Vehicle Crash

Form DT4000