WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Ov	/erride	Primary Cras	sh Document#	Agency 22-121	Crash Number	Investigati DEPUTY			
Crash Date		Crash Time		Date Ar		Time Arriv			
12/04/2022		10:57 AM		12/04/		11:02 AN			
Date Notified 12/04/2022		Time Notified 11:00 AM	α	Total U	nits	Total Injur	ed	Total Kille 00	d
On Emergency	Hit	and Run	Lane Clo	sure	Work Zone	▼ Traile	er or T	owed	Reporting Threshold
Governme Property		Active	School Zone	School NO	Bus Related	Tags			
Reportable		Crash Type DT4000 (S	TANDARD CRA	SH)		Ame	nded		Secondary Crash
Description									
Diagram							Red	construction	n Ву
							Pho	otos By	
							W.	tos By VERTEIN	1 #9122
	************************	***	***************************************	***************************************	Assessed Assessed	***************************************			
		time Ct							
	1	Linn St			(THE TEN		litional Info OTOS	rmation
				1					
		······································		- A.C	Ä.A.				
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				~ </td <td>Martin State of the State of th</td> <td></td> <td></td> <td></td> <td></td>	Martin State of the State of th				

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			Connie Rd		(T)	STO			
					(7		
		X							
	(\overline{N}							
	4								
		•							
	Not t	o scale							
🕡 l, a sworn law	enforceme	nt officer. a	gree that I have	not added	l any CJIS data in t	his report.			

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Crash Date 12/04/2022

Crash Time 10:57 AM

	Location ——									
-	INTERSECTION				Latitude			Longi	tude	
	ON LINN ST/ STH33 EB	43.474801856			-89.7	-89.763845131				
	AT CONNIE RD	X Coordinate			Y Coo	Y Coordinate				
	IN THE VILLAGE OF WES	276461.15625 4817254								
	M ONON OCCUPY	Structure NO STR	Type UCTURE							
L e	Crash Scene									
Ī	First Harmful Event				I Final Laure	nful Event Lo				
	MOTOR VEH IN TRANSPO	ORT			ON ROA		cauon			
ŀ	Manner of Collision				Light Con					
	01 - ANGLE				DAYLIG					
ŀ	Road Surface Condition(s)				Roadway	Factor(s)				
	DRY									
ŀ	Environment Factor(s)				1					
	NONE				NONE					
ŀ	Weather Condition(s)				1					
	CLEAR									
ŀ	Animal Type				Relation 7	o Trafficway	/			
					TRAFFIC	CWAY - ON	N ROAD			
Ī	Crash Classification - Location				1	Crash Classification - Jurisdiction				
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
	Tribal Land			Access Control NO CONTROL			Special Study			
	Within Interchange Area NO	Junction Location INTERSECTION		Intersection Type T-INTERSECTION						
	Unit Summary ==									
\dashv	Unit Status		Vehicle Ope	erating As C	Classification	1	Unit Type			
	IN TRANSIT		D CLASS			AUTOMO	BILE			
. I	Vehicle Type					Operating As Endorsements				
5	(SPORT) UTILITY VEHICL	.Ε								
Ì	Total Occs	Train/Bus#Recorded	Total#Citat	tions Issued	i	Total Trail	ers	TotalH	azMat Types	
	1		0			1		0		
	Insurance?	Direction Of Travel	Pre	CrashTire					nes	
	YES	SOUTHBOUND		Mark		25	Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing		1 1 1 1 1	
	Most Harmful Event: Collision \ MOTOR VEH IN TRANSPO		Special Fur NO SPEC		TION					
Ī	Traffic Way		Traffic Conf							
	TWO-WAY, NOT DIVIDED		STOP SIG				NO Road Grade LEVEL			
	Surface Type	. `	Road Curva							
ļ	BLACKTOP (BITUMINOUS Truck Bus or HazMat	s)	STRAIGH	1						
	NO									
	Vehicle	**************		ecerceeses	errerrerr	cecececes	CCCCCCCCC			
and and and and an	License Plate Number		Plate Type)		St	Country of Is	suance		
	690GBT		AUT - AU	JTOMOBIL	LE	1 1		UNITED STATES		
2002AGEO	Vehicle Identification Nur		Make		Year M		Model			
	5 1GNKRGKD0EJ3279	35	CHEVRO	LET		2014	TRAVERSI	Ε		
Sustantinus	Color		Body Style		-		Bus Use			
appropriate and a	WHI - WHITE				TY VEHIC	LE				
- Statement	Initial Contact Point 11 - LEFT FRONT CO	RNFR	Vehicle Da	arriage					7 8 9 10 11	
	11 - LEFT FRONT CO Extent Of Damage DISABLING DAMAGE	r) 3) 2 m (2					T SIDE FRO	ONT,	6 12	
J	iii	tOfDamage BLING DAMAGE			CORNER, 12 - FRONT				5 4 3 2 1	

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		Towed Due To Damage TOWED DUE TO DISA	PI ING	: ቦለያለ	GE		Removed B	-				
		What Driver Was Doing	BLING	DAWA	.GE		Factors					
		LEFT TURN										
		Driver Prior Action Other				NOT A	PPLICABI	LE				
		Dali van Antiama										
	ш	Driver Actions FAILED TO YIELD RIG	HT-OF	-WAY								
l⊨	ď											
	VEHICLE											
	5											
		OwnerName				Tow	ner Address	S				
_	_	EDWARD JOHN STAT	Z			716 10TH ST BARABOO, WI 53913 , US						
2	5	(608) 477-3888				54	IRABOU, I	WI 238	15,05			
		Salari a sa	y.[[
		Sequence Of Even Event	ю					181718171817				
	5	LEFT TURN										
	8	Event MOTOR VEH IN TRAN	SPOR	т								
	8	Event										
		Event										
	3											
l⊨												
IN		Insurance Company AMERICAN-FAMILY-INS-CO					idual VARD STA	TZ				
		Trailer/Towed	l									
2		Trailer Plate#	Plate Ty	pe	Make UNK		State	•			ry of Issuance	
		UnitType		Indiv	idual	TATZ Addre				Address		
I≡	RAILER/	UTILITY TRAILER		EDV	VARD JOHN ST () 477-3888					716 1	716 10TH ST BARABOO, WI 53913 , US	
TIN D	ŖΑ.	Vehicle Identification Num	ber	7,000	1,411-3000				BARA	ABOO, WI 33813 , US		
 		l Individual		l								
		Driver EDWARD JOHN STATZ (608) 477-3888				Citations issued Sex			Sex			
	4					0			MALE			
	¥					Date	of Birth		Race WHITE	E		
F NO	5	Address				Driver License Number						
┍		716 10TH ST BARABOO, WI 53913	110			STATE: WISCONSIN COUNTRY: UNITED STATES						
		BARABOO, W(339 13	, 03			STATE, WISCONSIN COSMINI, SMITES STATES						
	Ç.	l fety Equipment	Duty Cra	ash		Safe	ty Equipmen	nt				
		Row		SeatPo	nsition	SHO	ULDER &	LAPE	FLT			
		01 - FRONT ROW		07 - LI								
		HelmetUse				Helm	net Compliar	nce				
		Eye Protection				Tint	Compliance					
							-					
5	8	<i>Injur</i> y _{NO}	ry Sevel	rity RENT I	NJURY	Airba NON	ig I DEPLOY	ED				
		Ejected	Eje	ection Pa	ath						Trapped/Extricated	
I		NOT EJECTED	NO	OT EJE	CTED/NOT APP	LICAB	LΕ				NOT TRAPPED	

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		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#					
		Hospital			Date of Death		Time of Dea	Time of Death				
		110001881			Date of Death		rane or beaus					
	Distracted By Source											
Distracted By Action UNKNOWN												
Non Motorist Striking Unit # Location Prior Action												
											TINO	INDIVIDUAL
		Action Other							To/From School			
					L Syrama ata d Dwyn Maa							
	1	Drug & Alcohol No	pected Alcohol U		Suspected Drug Use NO							
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	e		AlcoholTes	t Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type Drug Test Results			ts					
9	001	Drug Type										
		Individual Condition APPEARED NORMAL										
	Uni	t Summary										
		Status		1	Vehicle Operating As Class	ification	UnitType					
		RANSIT			D CLASS		AUTOMO					
02		cle Type ORT) UTILITY VEHICLE					Operating A	s Endorsem	ents			
		lOccs	Train/Bus#Red	I	Total # Citations Issued	Total Tra	ilers	Total HazM	lat Types			
		rance?	Direction Of Tra	ivel	Pre CrashTire Mark	Speed L	mit	Total Lanes	3			
LINO	Mos	tHarmfulEvent: Collision Wi TOR VEH IN TRANSPOI	Iith	- ;	Special Function NO SPECIAL FUNCTIO		Emergency NOT APP	<u>I</u> Motor Vehic	le Use			
		ic Way	XI		Traffic Control		Traffic Conf	trol Inoperativ	ve/Missing			
		D-WAY, NOT DIVIDED		1	NO CONTROL		NO					
	Surface Type BLACKTOP (BITUMINOUS)			I	Road Curvature STRAIGHT		Road Grade	Road Grade				
		k Bus or HazMat	!		STRAIGHT		LEVEL					
	NO											
	1	Vehicle		COCOCOCOCOCOCOC	Dist. T	164	Louistand	Ollarss.				
		License Plate Number 920WYG			Plate Type AUT - AUTOMOBILE	St WI	Country of Is UNITED S					
02	02	Vehicle Identification Number KNMAT2MV7FP52812			Make NISSAN	Year 2015	Model ROGUE					

Crash Date 12/04/2022
Crash Time 10:57 AM

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		Color		Body Style		Bus Use			
		BLK - BLACK	UT - SPORT UT	LITY VEHICLE					
	ш	Initial Contact Point		Vehicle Damage		l			
_		08 - LEFT SIDE REAR		A ethicle Dattiage			7 8 9 10 11		
UNIT	VEHICL			│			5 12		
5		Extent Of Damage		08 - LEFT SIDE	REAR				
_	5	MINOR DAMAGE					5 4 8 2 1		
		Towed Due To Damage		Vehicle Removed B	V				
		NOT TOWED		OPERATOR	,				
		What Driver Was Doing		Vehicle Factors					
		LEFT TURN		」	_				
		Driver Prior Action Other		NOT APPLICABI	.Ε				
		Driver Actions							
	ш	NO CONTRIBUTING ACT	ON						
—	5133333333								
IND	≅								
\neg									
	VEHICL								
		OwnerName		Owner Address					
١		MATTHEW S HOLUM		879 IROQUO	IS CIR				
02	62			BARABOO, V	VI 53913 , US				
_									
		Sequence Of Events							
		Event							
	5	LEFT TURN							
		Event							
	8	MOTOR VEH IN TRANSPO	ORT						
	63	Event							
	9								
		Event							
	8								
INN									
z		Insurance Company		Individual					
_		STATE-FARM-GENERAL-	INS-CO	MATTHEW HO	LUM				
		Individual							
		Driver			Sex				
		SHAYLA RAYANNE SCHU	17	Citations Issued					
		(608) 477-9873		0 FEMALE					
	E E	(000,		Date of Birth	Race				
⊨				WHITE					
Š	NON	Address		Driver License Number					
	9	879 IROQUOIS CIR							
	=	BARABOO, WI 53913 , U	3	STATE: WISCONSIN COUNTRY: UNITED STATES					
		[Safety Equipmen	1				
		in Duty							
		ety Enginment	Crash	Garaty Equipmen					
l .	Sai	ety Equipment	Crash						
	Sai	rety Equipment Row	Seat Position	SHOULDER &					
	Sai	ety Equipment							
	Sai	ety Equipment Row	Seat Position		LAP BELT				
	Sai	Row 01 - FRONT ROW	Seat Position	SHOULDER &	LAP BELT				
	Sai	Row 01 - FRONT ROW Helmet Use	Seat Position	SHOULDER &	LAP BELT				
	Sal	Row 01 - FRONT ROW	Seat Position	SHOULDER &	LAP BELT				
		Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	SHOULDER & Helmet Complian Tint Compliance	LAP BELT				
02		Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	SHOULDER & Helmet Complian Tint Compliance Airbag	CE				
02	200 200	Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AP	Seat Position 07 - LEFT	SHOULDER & Helmet Complian Tint Compliance	CE				
02		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AP Ejected	Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	SHOULDER & Helmet Complian Tint Compliance Airbag NON DEPLOY	CE	Trapped/Extricated			
02		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AP	Seat Position 07 - LEFT	SHOULDER & Helmet Complian Tint Compliance Airbag NON DEPLOY	CE	Trapped/Extricated NOT TRAPPED			
02		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AP Ejected	Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	SHOULDER & Helmet Complian Tint Compliance Airbag NON DEPLOY	CCE	1 '''			

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		Hospital				Date of Death			Time of Death				
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)											
	Distracted By Action NOT DISTRACTED												
		Non Motorist	Striking Uni	t#	Location								
		Prior Action											
		Action											
	H												
LNN	NDIVIDUAL												
_	9												
		Action Other								To/From School			
		Drug & Alcohol	Suspected.	Alcohol U	se	Suspected Drug Use NO							
		AlcoholTestGiven TEST NOT GIVEN			Alcohol Test Type				Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type	D		Drug Test Results					
02	200	Drug Type											
0	5												
		Individual Condition APPEARED NORMAL											
			~ -										
		Individual											
		Passenger ELLA L JACKSON (608) 402-3598			Citations issued Sex 0 FEMALE								
_	DIVIDUAL				Date of Birth Race WHITE								
LNN	3	Address S4345A BIRNAM CT BARABOO, WI 53913 , US On Duty Crash			Driver License Number								
	Z				STATE: WISCONSIN COUNTRY: UNITED STATES								
	Ça				Safety Equipment								
		Row		SeatPo	sition	SHOULDER & LAP BELT							
		01 - FRONT ROW HelmetUse		09 - RI	GHT	Helmet Compliance							
		Eye Protection				TintCompliance							
			Jainer Parra	-i.h.									
05	8	Injury	NO APPA	RENT IN		NON DEPLOYED							
		Ejected NOT EJECTED	I	ection Pat DT EJE(th CTED/NOT APPL	ICABLE			Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTI	ED .			EMS Agency Identifie	¥		EMS Run#				
		Hospital				Date of Death			Time of Death				
	CONTRACTOR OF	3				1							

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							• •
		Distracted By Source	•				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	¥						
UNIT	INDIVIDUAL						
	2						
		Action Other					To/From School
	1	Drug & Alcohol NO	Jse	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	663	Drug Type					
	7						
		Individual Condition					
		APPEARED NORMAL					
l							