WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/09/2022

Document Number Override	Primary Crash Document# Crash Time 10:25 AM Time Notified 10:26 AM					Investigating Officer/Deputy DEPUTY H. VOLZ Time Arrived 10:56 AM		
1			1					
			Total Units 01		Total Injured	Total Kille	illed	
On Emergency Hit	and Run	Lane Closu	re Work Zone		Trailer	or Towed	Reporting Threshold	
Government Property	Active Scl	nool Zone	School NO	Bus Related	Tags			
Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ed	Secondary Crash	
Description Diagram								
Jugum						Reconstruction Photos By		
						Additional Info NONE	rmation	
	Non	-Reportabl	le					
	\$	Slide Off						
	No	Damage						
	-4 -55			C 110 d-4- 1			_	
UNIT 1 WAS TRAVELING EB ON STI A PATCH OF SNOW AND SLUSH AN	H 60. UNIT 1 WAS	S ATTEMPTING TO	NEGOTIA	TE A CURVE ON THE	WET, SNOW AND S			

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	Location ——										
Ī	ON STH60 EB					Latitude			Longitu	de	
	936 FT W					43.20137	73104			5602887	
	OF BADGER RD					X Coordin	ate.		Y Coord	tinato	
	IN THE TOWN OF TROY					261500.0			478730		
	IN SAUK COUNTY										
						Structure Type NO STRUCTURE					
(Crash Scene										
Ī	First Harmful Event					FirstHarm	ful Event Lo	cation			
	OTHER OBJECT - NOT FI	XED				ON ROA	DWAY				
İ	Manner of Collision					Light Cond	dition				
	00 - NO COLLISION W/VE	HICLE IN TRANSPORT				DAYLIGH	ΗT				
Ī	Road Surface Condition(s)					Roadway	Factor(s)				
	WET, SNOW, SLUSH, ICE										
ľ	Environment Factor(s)										
	WEATHER CONDITIONS					NONE					
ŀ	Weather Condition(s)										
	CLOUDY, RAIN, SNOW										
ł	Animal Type					Relation T	o Trafficway	1			
							CWAY - ON				
	Crash Classification - Location						ssification				
l	PUBLIC PROPERTY							SDICTION		_	
	Tribal Land						Access Control Special Study NO CONTROL				
	Within Interchange Area NO	Junction Location NON-JUNCTION			Intersection NOT AN	tionType NINTERSECTION					
ľ	Closure Type			Reas	ons for Clos	ure					
	FULL CLOSURE										
	Date Initial Lane/Rd Closed 12/09/2022	Time Initial Lane/Rd Close 11:43 AM	ed	OTHER							
Ì	Date All Lanes Open	Time All Lanes Open		Date 9	Scene Clear	ed	Tim	e Scene Clea	ared		
Į	12/09/2022	12:04 PM		12/09	/2022		12:	04 PM			
_	Unit Summary		11/-1-3	-1-0	ti A - O			Live			
	Unit Status		- 1	cie Ope LASS	erating As C	assification		Unit Type AUTOMO	DH E		
ļ	Vehicle Type		150	LASS						monte	
;	(SPORT) UTILITY VEHICL	.E							Operating As Endorsements		
ŀ	Total Occs	Train/Bus#Recorded	Tota	I# Citat	ions Issued		Total Traile	lers Total Haz		zMat Types	
	4		0				0		0		
ľ	Insurance?	Direction Of Travel	,	Pre	CrashTire		Speed Lim	nit	TotalLan	nes	
	YES	EASTBOUND	***************************************		Mark		55		2		
	Most Harmful Event: Collision \ DITCH	With		cial Fur SPEC	ction AL FUNC	TION		Emergency NOT APP	Motor Veh	nicle Use	
ı	Traffic Way		Traff	fic Cont	rol			Traffic Control Inoperative/Missing			
	1				ROL			NO			
ſ	I I			d Curva		<u> </u>		Road Grade	•		
ļ	BLACKTOP (BITUMINOUS	S)	CUF	RVE RI	GHT			LEVEL			
	Truck Bus or HazMat NO										
-	Vehicle										
nicini (micros) (construction)	License Plate Number JXH313			te Type T - AU	TOMOBIL	.E	St IA	Country of Is UNITED S			
ngmypymym	Vehicle Identification Nur	mber	Mai				Year	Model			
oo aa	5 1GNSKCKC0KR204881				CHEVROLET		2019 TAH				

6TL0BFKDHF

22-12269

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Crash Date 12/09/2022

		Color		Box	dy Style		Bus Use				
	111	BLK - BLACK Initial Contact Point	Vel	Vehicle Damage							
⊨	8	01 - RtGHT FRONT CORNER Extent Of Damage			00 - NO DAMAGE			7 8 9 10 11			
IND	VEHICLE							5 4 3 2 1			
	3	NO DAMAGE Towed Due To Damage		Vel	Vehicle Removed By						
		NOT TOWED		- 1	PERATOR						
		What Driver Was Doing NEGOTIATING CURVE		Vel	hicle Factors						
		SI			NOT APPLICABLE						
	ta t	Driver Actions NO CONTRIBUTING ACT	Driver Actions NO CONTRIBUTING ACTION								
╘	VEHICLE										
UNI	H										
	>										
		Owner Name			Owner Address						
	5	TRUDIE JO MEYER (608) 412-4624			3580 HIGHWAY 31 SALON, IA 52333						
		, ,									
		Sequence Of Events			I						
	5	Event OTHER OBJECT - NOT F	IXED								
	~	Event									
	8	DITCH									
	8	Event									
	8	Event									
_		Policy Holder									
IN		Insurance Company STATE-FARM-MUTUAL-/	VITOMODUE INC.CO		ndividual						
		Individual	4010MOBILE-MS-CO		CARL MEYER						
		Driver			Citations Issued	Sex					
	4	CARL GEORGE MEYER (608) 412-4624			0	MALE					
_	DO LA	(000) 1.12 1021		1	Date of Birth	Race WHITE					
S	3	Address		1	Driver License Number						
_	NON	3580 HIGHWAY 382 NE SALON, IA 52333 , US		1	STATE: IOWA COUNTRY: UNITED STATES						
		, , ,									
	e.,	On Dut	/ Crash		Safety Equipment						
	Jai	Row Row	SeatPosition	Щ,	SHOULDER & LAP	RF: T					
		01 - FRONT ROW	07 - LEFT								
		HelmetUse	•	1	HelmetCompliance						
		Eye Protection		-	Fint Compliance						
5	8	Injury S Injury NO AF	everity PARENT INJURY		Airbag NON DEPLOYED						
		Ejected	Ejection Path				Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT A				NOT TRAPPED				
		Medical Transport		1.5	EMS Agency Identifier		EMS Run#				

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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	iking Unit#	Location								
		Prior Action										
		Action										
	INDIVIDUAL											
TINO	3											
ן כ	Ź											
		Action Other						To/From School				
		Su Drug & Alcohol No	spected Alcohol L	Jse	Suspected Drug Use							
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results					
		TEST NOT GIVEN										
		Drug Test Given TEST NOT GIVEN Drug Test Type		Drug Test Resul		ts .						
2	8	Drug Type										
		Individual Condition										
	APPEARED NORMAL											
		ndividual										
	_	Passenger TRUDIE JO MEYER			Citations Issued 0	Sex FEMALE	IALE					
	DIVIDUAL	(608) 412-4624			Date of Birth	Race						
LNS	8	Address			Driver License Number	WHITE						
5		3580 HIGHWAY 382 N			Driver License Number							
	Z	SALON, IA 52333 , U	S		STATE: IOWA COUNTRY: UNITED STATES							
	Sai	On Duty Crash [Fety Equipment]			Safety Equipment							
		Row	SeatPo		SHOULDER & LAP BELT							
		01 - FRONT ROW HelmetUse	09 - RI	GHT	Helmet Compliance							
		Eye Protection			Tint Compliance							
			um a Rossoniha		·							
2	g	Injury No	ury Severity DAPPARENT II		Airbag NON DEPLOYED							
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport			EMS Agency Identifie	f	EMS Run#					
		NOT TRANSPORTED Hospital	·		Date of Death		Time of Death					
		1104 Print					and or oreasts					

Crash Date 12/09/2022 Crash Time 10:25 AM

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

(40000000000000000000000000000000000000		Distracted By	ted By Source	9							
((00)0000000000000000000000000000000000		Distracted By Action									
666000000000000000000000000000000000000		Non Motorist	J Unit#	Location							
000000000000000000000000000000000000000		Prior Action		1							
2000		Action									
	J										
E	INDIVIDUAL										
E S	M										
	Ī										
-											
300000000000000000000000000000000000000		Action Other						To/From School			
000000000000000000000000000000000000000	ı	Drug & Alcohol NO	cted Alcohol L	Jse	Suspected Drug Use	+					
000000000000000000000000000000000000000	Ī	Alcohol Test Given		Alcohol Test Type			Alcohol Test Results				
000000		TEST NOT GIVEN		Drug Test Type		Drug Test Resul	ho.				
		Drug Test Given TEST NOT GIVEN		Diog restryps		Diagresinesa	is .				
۶	8	Drug Type									
200000		Individual Condition									
(00000000000000000000000000000000000000		APPEARED NORMAL									
000000000000000000000000000000000000000		ndividual									
3		Passenger KADYN C MEYER			Citations Issued 0	Sex MALE					
	3	(608) 412-4624			Date of Birth	Race	Race WHITE				
L N	INDINIDUA	Address			Driver License Number						
_	g	3580 HIGHWAY 382 NE SALON, IA 52333 , US									
000000000000000000000000000000000000000											
60.600.000	Sai	On Dut	y Crash		Safety Equipment						
900000000000000000000000000000000000000		Row 02 - SECOND ROW	SeatPo		CHILD RESTRAINT SYSTEM - FORWARD FACING						
200000		HelmetUse	122		Helmet Compliance						
000000		Eye Protection			TintCompliance						
-	83	 Injury S	Severity		Airbag						
2	8	Injury NO AF	PPARENT II		NON DEPLOYED		Trapped/Extricated				
000000000000000000000000000000000000000		NOT EJECTED	1 '	CTED/NOT APPL	ICABLE		NOT TRAPPED				
0.0000000000000000000000000000000000000		Medical Transport NOT TRANSPORTED			EMS Agency Identifi	er	EMS Run#				
900000000000000000000000000000000000000		Hospital			Date of Death		Time of Death				
2000		l Distrac	ted By Source	-							
900		Distracted By									

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

		Distracted By Action										
		Non Motorist	j Unit#	Location								
		Prior Action										
		Action										
	3											
E	Newally											
L N	M											
	Z											
								T				
		Action Other						To/From School				
	1	Drug & Alcohol NO	cted Alcohol	Use	Suspected Drug Use							
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results					
		TEST NOT GIVEN		Drug Test Type		I David Tarak Barak ita						
		Drug Test Given TEST NOT GIVEN		Diog rest type		Drug Test Results	•					
2	903	Drug Type										
		Individual Condition										
		APPEARED NORMAL										
		Individual				, , , , , , , , , , , , , , , , , , , 						
		Passenger KAIAH J MEYER		ENDINENDINENDINENDINE	Citations Issued	Sex FEMALE						
_		Passenger		<u>Kongrapinan ngan</u>	Citations Issued	Sex						
UNT		Passenger KAIAH J MEYER (608) 412-4624			Citations Issued 0	Sex FEMALE Race						
TNU	INDIVIDUAL	Passenger KA!AH J MEYER (608) 412-4624			Citations Issued O Date of Birth	Sex FEMALE Race						
TNO		Pessenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US	D.Crash		Oitations Issued Date of Birth Driver License Number	Sex FEMALE Race						
UNT	INDMIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US On Dut	ny Crash		Oitations Issued Date of Birth Driver License Number Safety Equipment	Sex FEMALE Race						
TNU	INDMIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US	y Crash SeatPi 07 - L		Oitations Issued Date of Birth Driver License Number	Sex FEMALE Race						
TNU	INDMIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US On Dut Row	SeatP		Oitations Issued Date of Birth Driver License Number Safety Equipment	Sex FEMALE Race						
UNT	INDMIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US Fety Equipment Row 02 - SECOND ROW	SeatP		Oitations Issued Date of Birth Driver License Number Safety Equipment BOOSTER SEAT	Sex FEMALE Race						
	W INDIVIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US On Dut Row 02 - SECOND ROW Helmet Use	SeatPo 07 - Li		Citations Issued O Date of Birth Driver License Number Safety Equipment BOOSTER SEAT Helmet Compliance Tint Compliance	Sex FEMALE Race						
	INDMIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury S NO AF	Seat Pour 107 - L	EFT	Oitations Issued Date of Birth Driver License Number Safety Equipment BOOSTER SEAT Helmet Compliance	Sex FEMALE Race						
	W INDIVIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US On Dut Row 02 - SECOND ROW Helmet Use Eye Protection	Seat Pour 1 Severity PPARENT I	EFT	Citations Issued Date of Birth Driver License Number Safety Equipment BOOSTER SEAT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race	Trapped/Extricated NOT TRAPPED					
	W INDIVIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury S NO AF Ejected NOT EJECTED Medical Transport	Seat Pour 1 Severity PPARENT I	EFT INJURY	Citations Issued Date of Birth Driver License Number Safety Equipment BOOSTER SEAT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race	Trapped/Extricated					
	W INDIVIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury S NO AF Ejected NOT EJECTED	Seat Pour 1 Severity PPARENT I	EFT INJURY	Citations Issued O Date of Birth Driver License Number Safety Equipment BOOSTER SEAT Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race	Trapped/Extricated NOT TRAPPED					
	W INDIVIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury S NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Pour Devertity PPARENT I Ejection Pour EJE	EFT INJURY ath	Citations Issued Date of Birth Driver License Number Safety Equipment BOOSTER SEAT Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier	Sex FEMALE Race	Trapped/Extricated NOT TRAPPED EMS Run#					
	W INDIVIDUAL	Passenger KAIAH J MEYER (608) 412-4624 Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury S Injury NO AR Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Pour 1 Severity PPARENT I	EFT INJURY ath	Citations Issued Date of Birth Driver License Number Safety Equipment BOOSTER SEAT Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier	Sex FEMALE Race	Trapped/Extricated NOT TRAPPED EMS Run#					

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Crash Date 12/09/2022

		Non Motorist Striking Unit#	Location				
		Prior Action					
Ш	DUAL	Action					
TINN	INDIVIDUAL						
		Action Other					To/From School
	L	Drug & Alcohol NO	lse	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		
10	004	Drug Type					
		Individual Condition					
		APPEARED NORMAL					