22-12731

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	i guilt a state		ng Officer/Deputy M. KYLE					
Crash Date 12/21/2022	Crash Time 06:38 AM		Date Arrived Time Arrive 12/21/2022 06:59 AM					
Date Notified 12/21/2022	Time Notified 06:40 AM		Total Units 02		Total Injured	d Total Kille 00	ed	
On Emergency	it and Run	✓ Lane Clos	ure	Work Zone		or Towed	Reporting Threshold	
Government Property	Active Se	chool Zone	Schoo NO	l Bus Related	Tags			
Reportable	Crash Type DT4000 (STA	ANDARD CRASH	H)		Ameno	Secondary Crash		
Description								
	H 14 / Wes	t of Big Holl	ow R 	d (1) (Not sca		Photos By GALVAN 91 Additional Info PHOTOS		
▼ I, a sworn law enforcem								
UNIT 1 TRAVELING WB ON USH 7 WITH WIPERS. WHILE DRIVING, U TRANSPORTED TO RICHLAND C OPERATOR OF UNIT 2 UNINJURE	JNIT 1 DRIFTED IN ENTER HOSPITAL	NTO ONCOMING LA	NE AND	IMPACTED WITH UNIT 2	IN A "SIDE-SWIP	E" FASHION. UN	IIT 1 OPEARTOR	

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l	.oc	ation										
Ī	ON	USH14 WB					Latitude			Longitud	le	
		FT E BIG HOLLOW RD					43.18981	6861		-90.111	063465	
		HE TOWN OF SPRING	G GREEN							Y Coord		
	IN S	AUK COUNTY								478659	4	
							Structure T					
(Cra	sh Scene										
Ī	First	Harmful Event						ful Event Lo	cation			
	-	FOR VEH IN TRANSPO	ORT				ON ROA					
							Light Cond	lition				
	-	FRONT TO FRONT Surface Condition(s)					DAWN Roadway F	Factor(s)				
		DRY						201(3)				
F	Environment Factor(s)											
	NOM						NONE					
ŀ	Weather Condition(s)						1					
	CLOUDY											
-	Anim	Animal Type Crash Classification - Location						o Trafficway				
Ē								Crash Classification - Jurisdiction				
-	PUBLIC PROPERTY Tribal Land						NO SPECIAL JURISDICTION Access Control Special Study					
							NO CON	TROL				
	Within Interchange Area Junction Location NO NON-JUNCTION				Intersection Type NOT AN INTERSECTION							
Ī		ure Type			Reaso	ons for Clos	r Closure					
			The shell and (D. I. Olanov	-1	- IDF							
		Initial Lane/Rd Closed 1/2022	Time Initial Lane/Rd Closed 06:50 AM	ed FIRE/EMS Date Scene Clear 12/21/2022								
F		All Lanes Open	Time All Lanes Open						e Scene Clea	red		
	12/2	1/2022	07:45 AM						01 AM			
		Summary		1 V a b								
		Status RANSIT			LASS	erating As C	lassification		Unit Type			
ŀ		cle Type		00	LAGG				AUTOMOBILE Operating As Endorsements			
,		SENGER CAR										
ŀ	Total 1	Occs	Train/Bus # Recorded	Tota 2	I # Cita	tions Issued	Total Traile		ers Total HazMat Types 0		Mat Types	
ľ	Insur	ance?	Direction Of Travel		Pre	CrashTire	1	Speed Lim			es	
	NO		WESTBOUND			Mark		55	-	3		
		Harmful Event: Collision			cial Fun SPEC	ction			Emergency Motor Vehicle Use NOT APPLICABLE			
ſ		ic Way D-WAY, NOT DIVIDED			fic Cont				Traffic Contr NO	rol Inoperat	tive/Missing	
ŀ					d Curva				Road Grade			
	BLACKTOP (BITUMINOUS) S			STR	RAIGH	т			LEVEL			
	NO	k Bus or HazMat										
1	ľ	/ehicle										
		License Plate Number		Pla	te Type			St	Country of Issuance			
	Vehicle Identification Number JTDBT923081231403			Ma TO	ke YOTA		Year 2008		Model YARIS			
					-				-			

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	_									
		Color		Body Style		Bus Use				
		BLU - BLUE		4D - 4DR						
	щ	Initial Contact Point		Vehicle Damage			7 8 9 10 11			
E	ษ	11 - LEFT FRONT CORNER								
INI	Ξ	Extent Of Damage	11 - LEFT FRONT C	ORNER		6				
	VEHICLE	DISABLING DAMAGE		5 4 3 2 1						
	-	Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING		GEORGES AUTO BO	YDC					
		What Driver Was Doing		Vehicle Factors						
		LEAVING TRAVEL LANE		Vehicle Factors						
		Driver Prior Action Other		WINDOWS /WIND SH	HIFI D					
		Driver Phor Action Other								
		Driver Actions WRONG SIDE OR WRONG V								
	VEHICLE	CARELESS OR ERRATIC M		IN DESIGNATED LA	NE, OFERAIED N		INATIENTIVE,			
UNIT	S									
5	H									
	2									
		Owner Name		Owner Address						
	-	MADELINE HOO	K	31550 COUNTY						
2	01	(608) 588-4284		LONE ROCK, WI	53556 , US					
		Sequence Of Events								
		Event								
	01	CROSS CENTERLINE								
		Event								
	02	MOTOR VEH IN TRANSPOR	т							
	33	Event								
	03	First								
	04	Event								
	l	Individual								
		Driver		Citations Issued	Sex					
	Ļ	MADELINE HOO (608) 588-4284	ĸ	2	FEMALE	FEMALE				
	AL	(000) 300-4204		Date of Birth	Race					
E	D			WHITE						
UNIT	INDIVIDUAL	Address		Driver License Number						
2	Ę	220 N WOOD ST								
	=	SPRING GREEN, WI 53588	, US							
1 1	-	On Duty Cr	ash	Safety Equipment						
	Saf	fety Equipment								
		Row	Seat Position	SHOULDER & LA	P BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
-	2	Injury Seve	rity	Airbag						
2	00	Injury POSSIBL	E INJURY	DEPLOYED-COME	BINATION					
		Ejected Eje	ection Path	-		Trapped/Extricated				
		NOT EJECTED NO	OT EJECTED/NOT APP	LICABLE						
		Medical Transport		EMS Agency Identifier	r	EMS Run #				
		EMS GROUND		6000554						
		Hospital		Date of Death		Time of Death				
		RICHLAND HOSP								

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	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)												
		Distracted By Action NOT DISTRACTED	þ										
	-	Non Motorist	Strikin	ng Unit #	Location								
		Prior Action											
		Action											
	۹L												
UNIT	INDIVIDUAL												
5	DIV												
	R												
Action Other To/From											To/From School		
	L	Drug & Alcohol	Suspe NO	ected Alcoh	ol Use		Suspected Drug Use						
		Alcohol Test Given Alcohol Te				t Type				Alcohol Tes	t Results		
		TEST NOT GIVEN Drug Test Given				уре		Drug T	est Results				
		TEŠT NOT GIVEN											
6	001	Drug Type											
		Individual Condition											
		APPEARED NORM	/IAL										
	Ì	Violations UTC Number		T-0	Olateda Neverbar		Description						
	01	BG022748	Issue 001		Statute Number 346.05(1)		OPERATING LEFT OF CENTER						
	02	UTC Number BG022749	lssue 001		Statute Number 344.62(1)		Description OPERATE MOTOR VEHICLE W/O INSURANCE						
		t Summary Status					ehicle Operating As Class			Halt Trees			
		RANSIT					CLASS	ification		Unit Type AUTOMOBILE			
03		cle Type ORT) UTILITY VEHI				Operating As Endorsements					ents		
	•	Occs		Train/Bus #	Recorded	Тс	otal # Citations Issued	Total Trailers Tot		Total HazM	Total HazMat Types		
	1 Insur	ance?		Direction O	f Travel	0	0		0 Speed Limi	t	0 Total Lane:	s	
E	YES	;	1	EASTBO			Pre CrashTire Mark		55		3		
UNIT	MO	Harmful Event: Collision				N	Decial Function O SPECIAL FUNCTIO	ON		Emergency Motor Vehicle Use			
		ic Way D-WAY, NOT DIVID I	ED				Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
	Surface Type						bad Curvature		Road Grade				
		CKTOP (BITUMING	JUS)			S	TRAIGHT			LEVEL			
	NO												
		Vehicle							St I	Country of Is	suanco		
		License Plate Number	I				Plate Type			UNITED S			

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02	02	Vehicle Identification Number 1FMCU9HD6JUB06505		Make FORD		Year 2018	Model ESCAPE			
	Ū				Body Style Bus Use					
		RED - RED U			UT - SPORT UTILITY VEHICLE					
	щ	Initial Contact Point		Vehicle Damage						
╘	ರ	11 - LEFT FRONT CORNE	R	7 8 9 10 11						
UNIT	VEHICL	Extent Of Damage DISABLING DAMAGE		11 - LE	11 - LEFT FRONT CORNER 6 5 4 3 2 1					
	-	Towed Due To Damage		Vehicle F	Removed By					
		TOWED DUE TO DISABL	ING DAMAGE	4 WAY	AUTO					
		What Driver Was Doing		Vehicle F	Factors					
		GOING STRAIGHT								
		Driver Prior Action Other			NOT APPLICABLE					
		Driver Actions	I							
.	Щ	NO CONTRIBUTING ACT	ION							
UNIT	VEHICLE									
5	Ξ.									
	>									
		Owner Name		Owr	ner Address					
~	~	ERICA ESSER			1699 PECK RD					
8	02	(608) 588-3344		SPI	SPRING GREEN, WI 53588 , US					
	;	Sequence Of Events								
	6	Event MOTOR VEH IN TRANSP	ORT							
	02	Event								
	03	Event								
	8	Event								
⊢		Policy Holder								
UNIT		Insurance Company		Individual						
		RURAL-MUTUAL-INS-CO	-(ATTN:-CLAIMS-DEPT)	ERICA ESSER						
		Individual								
		Driver ERICA ESSER		Citations Issued Sex						
	AL	(608) 588-3344		0 Data (FEMALE Race				
⊢	DUAL			Date t		WHITE				
N.	≣	Address		Driver License Number						
	INDIVI	S11699 PECK RD SPRING GREEN, WI 5358								
	=	SPRING GREEN, WI 5550	, US							
			Creat	0-(-)	E					
	Sat	fety Equipment	Clash	Salety	y Equipment					
		Row	Seat Position	SHOULDER & LAP BELT						
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helme	et Compliance					
		Eye Protection		Tint C	Tint Compliance					
02	002	Injury S	everity	Airbag	g					
°	8		PARENT INJURY	DEPL	LOYED-COMBIN	ATION	1			
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APP	PLICABLE NOT TRAPPED						
		Motor Vahicla Crash	This rops	art daaa n	not include any C.IIS	data	Crach D	ate 12/21/2022		

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		Medical Transport			EMS Agency Identifier		EMS Run #		
					EINS Agency Identilier		EMS Rull #		
		NOT TRANSPORT	ED						
		Hospital			Date of Death		Time of Death		
	-	Distracted By	Distracted By Sourc NOT APPLICABI	e LE (NOT DISTRA	CTED)				
		Distracted By Action NOT DISTRACTED	D						
		Non Motorist	Striking Unit #	Location					
		Prior Action							
ĺ		Action							
	L								
_	n'								
ΞI	D								
	Σ								
_	INDIVIDUAL								
	≤								
		Action Other						To/From School	
	,	Drug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Use				
	-	-	NO		-				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
~	2	Drug Type							
02	002								
		Individual Condition							
		APPEARED NORM							
		AFFEARED NURI							