6TL0BC3B6Q

23-00158

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	e Primary Crash	Primary Crash Document # Crash Time 08:30 AM Time Notified 08:45 AM		/ Crash Number 158	• •	Investigating Officer/Deputy DEPUTY W. VERTEIN		
04	Crash Date 01/05/2023				rrived 2023	Time Arrived 09:09 AM			
	Date Notified 01/05/2023				Inits	Total Injured	Total Kill 00	ed	
UD/	On Emergency	Hit and Run	Lane Closu	ure	Work Zone		or Towed	Reporting Threshold	
0 1 1	Government Property	Active So	chool Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)			ed	Secondary Crash	
	Description								
	Diagram Not to scale		treet sign				Reconstructio	n By	
	School St	N	failbox	>			Additional Info NONE	prmation	
	Darwi Dr	n	STOP						
	✓ I, a sworn law enfo	rcement officer, agr	ee that I have no	ot adde	d any CJIS data in tl	nis report.			
	ON THE DESCRIBED DATE UNIT 1 SLID THROUGH THI STATED SHE RECEIVED AN	E INTERSECTION WHER	E IT STRUCK A MA	ILBOX AN	ND STREET SIGN POST	ON THE OPPOSITE		D STOP AT A STOP SIGN. STREET. THE OPERATOR	

This report does not include any CJIS data. $1 \quad \text{of} \quad 6$

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

I	Loc	ation									
Ī		SCHOOL ST				Latitude			Longit	ude	
		FT N		43.37674	19375		-89.62	23746622			
		THOMAS DR		X Coordin	ate		Y Coo	rdinate			
		HE VILLAGE OF MER	RIMAC	287449.65625 48			48059	997			
	IN S			Structure	Туре		1				
				NO STR	UCTURE						
(Cra	sh Scene									
Ī	First	Harmful Event				First Harm	nful Event I	Location			
	MAI	LBOX				ROADSI	DE				
Ī	Manı	ner of Collision									
	00 -	NO COLLISION W/VE	EHICLE IN TRANSPORT	DAYLIG	нт						
Ī	Road	d Surface Condition(s)			Roadway	Factor(s)					
	SNC	W									
ŀ	Envi	ronment Factor(s)				_					
	NOM	NE				NONE					
╞	Wea	ther Condition(s)			-						
	SNC										
	Anim	al Type			Relation To Trafficway TRAFFICWAY - ON ROAD						
-	Cras	h Classification - Location	1					- Jurisdiction			
		LIC PROPERTY				NO SPECIAL JURISDICTIO					
Ī	Triba	I Land			Access Control			Special Study		Special Study	
						NO CONTROL					
		in Interchange Area	Junction Location		Intersection						
	NO		INTERSECTION		I-INTER	ERSECTION					
	Unit	Summary						-			
		Status		D CLASS	-	Classification Unit Type AUTOMOBILE					
-		RANSIT cle Type	D CLASS	DCLASS			Operating As Endorsements				
5		ORT) UTILITY VEHICI	LE								
-	•	Occs	Train/Bus # Recorded	Total # Cita	tions Issued	ł	Total Tra	ailers	Total Ha	azMat Types	
	3			0		0 shTire Speed Lir		2			
Ī	Insur	ance?	Direction Of Travel	Pre	CrashTire					al Lanes	
-	YES	;	EASTBOUND		Mark						
		Harmful Event: Collision			Special Function NO SPECIAL FUNCTION			Emergency			
		IER POST, POLE OR	SUPPORT				TION				
		ic Way D-WAY, NOT DIVIDED		Traffic Control				Control Inoperative/Missing			
		ace Type)	Road Curva	STOP SIGN			Road Grade	NO Read Crada		
			IS)	STRAIGH							
╞		k Bus or HazMat	-,								
	NO										
1	1	Vehicle									
		License Plate Number	Plate Type			St	Country of Is				
		AKT6873 Vehicle Identification Number 3GNAXKEV0KS603386			JTOMOBI			UNITED STATES			
;	01						Year 2019				
	0	Color	-	CHEVROLET		2019		EQX Bus Use			
		BLU - BLUE		Body Style UT - SPORT UTILITY VE			243 030				
	щ	Initial Contact Point			Vehicle Damage						
:	EHICL	10 - LEFT SIDE FRO	NT							7 8 9 10 11	
- 1	=	Extent Of Damage		09 - LEF	T SIDE M	MIDDLE, 10 - LEFT SID		SIDE FRONT	DE FRONT		
	击					,				F 4 2 2 1	
5	VEH	FUNCTIONAL DAMA	AGE			,				5 4 3 2 1	

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data.

23-00158

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damag	ge			hicle Removed By					
		NOT TOWED			OF	PERATOR					
		What Driver Was Doin	g		Ve	hicle Factors					
		SLOW/STOPPING									
		Driver Prior Action Oth	ner		BF	RAKES					
		Driver Actions									
	щ	SPEED TOO FAST	/COND								
╘	ប										
UNIT	VEHICLE										
-	۳										
		Owner Name				Owner Address					
-	-		GERMAIN			120 ASH ST APT 5					
2	6	(608) 393-1456				SAUK CITY, WI 53	583,05				
		Sequence Of Ev	/ents								
	-	Event									
	6	RUN OFF ROADW	AT LEFT								
	02	Event									
	0	MAILBOX									
	03	Event		PROPT							
	0	OTHER POST, PO	LE OR 50	PPURI							
	8	Event									
	0										
⊢	1	Policy Holder									
UNIT		Insurance Company				ndividual					
2		PROGRESSIVE-UNIVERSAL-INSURANCE-COMP				ASHLEY GERMAIN					
		Individual									
		Driver ASHLEY GERMAIN (608) 393-1456				Citations Issued Sex					
	_					0 FEMALE					
	I					Date of Birth	Race				
⊢	INDIVIDUAI					WHITE					
UNIT	≥	Address				Driver License Number					
2	Ð	120 ASH ST APT 5									
	=	SAUK CITY, WI 53	583,US								
	6-4	la fa Causia ma ant	On Duty Cr	ash	1	Safety Equipment					
	Sai	fety Equipment									
		Row		Seat Position	;	SHOULDER & LAP	BELT				
		01 - FRONT ROW		07 - LEFT							
		Helmet Use			1	Helmet Compliance					
		Eye Protection			Tint Compliance						
			laine Carro			inh a a					
5	6		Injury Seve			Airbag					
	-	Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APP				NON DEPLOYED Trapped/Extricated					
								NOT TRAPPED			
		Medical Transport				EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED Hospital									
						Date of Death		Time of Death			
			Distracted E	By Source				1			
		Distracted By									
		Distracted By Action									
		UNKNOWN									
	-										

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 3 of 6

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	Striking Un	iit #	Location						
		Prior Action									
ŀ		Action									
	Ļ										
⊨	INDIVIDUAL										
UNIT	N										
	Z										
		Action Other							To/From School		
		Drug & Alcohol	Suspected NO	Alcohol U	se	Suspected Drug Use	2		•		
-		Alcohol Test Given			Alcohol Test Type)		Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given			Drug Test Type		Drug Test Results	s			
		TEST NOT GIVEN	l		2.0g .000 .)po		Drug rest Result	2			
2	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		Individual									
	_	Passenger ARABELLA LENERZ				Citations Issued 0	Sex FEMALE				
⊨	INDIVIDUAL					Date of Birth	Race WHITE				
UNIT	DIV	Address 120 ASH ST APT 5				Driver License Number					
	≤	SAUK CITY, WI 53583 , US									
	Sec	foti Caulomont	On Duty Cr	rash		Safety Equipment					
	Sal	fety Equipment		Seat Po	sition	SHOULDER & LA	PBELT				
		02 - SECOND RO	SECOND ROW 07 - LEFT								
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
5	002	Injury	Injury Seve	-		Airbag					
	•	Ejected		ARENT IN jection Pat		NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED	-	-	CTED/NOT APPI			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED				EMS Agency Identifie	er	EMS Run #			
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted	By Source	1	<u>I</u>		<u>I</u>			
		Distracted By Action	1								
		Non Motorist	Striking Un	iit #	Location						
	onsin I DT40	Motor Vehicle Crash			This repor	t does not include any 4 of 6	CJIS data.	Crash Date Crash Time			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action											
UNIT	INDIVIDUAL	Action											
		Action Other							To/From School				
			Currente	d Alcohol U		Suspected Drug Use							
	Ľ	Drug & Alcohol	NO NO	d Alconol U		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						
0	002	Drug Type			I								
		Individual Condition	IAL										
		ndividual											
	ľ	Passenger				Citations Issued	Sex						
	٩L	THEO LENERZ				0	MALE Race						
╘	DO I					Date of Birth	WHITE						
UNIT	INDIVIDUAL	Address 120 ASH ST APT 5 SAUK CITY, WI 53583 , US				Driver License Number							
	Saf	ety Equipment	On Duty (Crash		Safety Equipment							
		Row 02 - SECOND ROV	v	Seat Po 09 - RI		BOOSTER SEAT							
		Helmet Use				Helmet Compliance							
		Eye Protection				Tint Compliance							
5	003		Injury Sev	verity PARENT II	NJURY	Airbag NON DEPLOYED							
		Ejected NOT EJECTED	Ejected Ejection Path					Trapped/Extricated NOT TRAPPED					
		Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #					
		Hospital	LD			Date of Death		Time of Death					
	Distracted By Source												
	[Distracted By Action											
	l	Non Motorist	Striking U	Init #	Location								
		Prior Action											
Nieco	nain t	latar Vahiala Crast			This report	t does not include any C II	S data	Crash Date	01/05/2023				

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 5 of 6

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action								
	IAL									
UNIT	INDIVIDUAL									
	NDI									
	-									
		Action Other						To/From School		
			Suspected Alcohol U	lse	Suspected Drug Use					
	-	Drug & Alcol			NO					
		Alcohol Test Give		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type Drug T		Drug Test Results				
5	003	Drug Type								
		Individual Condition								
		APPEARED NO								
		perty Owne	er 🛛							
2		idual	N	:	Address 111 DARWIN DR					
PROP	(608	8) 576-4100			MERRIMAC, WI 53561 , US					
	Fixe	ed Objects S								
	2	Striking Unit 01	Struck Object MAILBOX				Structure Number	Damage Tag Number NA		
	Pro	perty Owne	er 🗾							
02		AGE OF MERR		4	Address 100 COOK ST					
		3) 493-2122			PO BOX 26					
PROP OWNER					MERRIMAC, WI 5356	1,05				
	Fixe	ed Objects S	truck							
	02	Striking Unit 01	Struck Object OTHER POST, POLE	OR SUPPORT			Structure Number	Damage Tag Number		
		•••								