WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Do | ocument # | 3, | | | Investigating Officer/Deputy DEPUTY J. HUNTER | | |
|---------------|---|----------------------------------|------------------------------------|-------------------------|--------------------|---------------------------------------|---|-----------------------------|--|
| <u>و</u> | Crash Date 12/31/2022 | Crash Time 04:38 PM | | Date Arrived 12/31/2022 | | Time Arrived 04:50 PM | | | |
| | Date Notified 12/31/2022 | Time Notified 04:38 PM | | Total Uni | ts | Total Injured 01 | Total Kille | ed | |
| <u>ñ</u> 2 | On Emergency Hit | and Run | Lane Closu | ıre | Work Zone | Trailer | or Towed | Reporting Threshold | |
| <u>ا</u> | Government Property | Active Sch | ool Zone | School B | us Related | Tags | | | |
| | ▼ Reportable | Crash Type DT4000 (STAN | IDARD CRASH |) | | Amend | ed | Secondary Crash | |
| | Description Diagram | | | | | · · · · · · · · · · · · · · · · · · · | Reconstruction | - | |
| | | | | | | not to scale | Photos By DEPUTY HU | JNTER 9196 | |
| | + | | | | | | Additional Info PHOTOS, O | ormation OTHER DOCUMENTS | |
| | County Highway A | | | | | | | | |
| | County | | | Š | | | | | |
| | | | | | | | | | |
| | J, a sworn law enforcement | | | | | | | | |
| | UNIT 1 WAS TRAVELING SOUTHBO COVERED ROAD. UNIT 1 SLID ACR ITS SIDE AND STRUCK A TREE AS TRANSPORTED TO ST. CLARE HO | OSS THE CENTER IT WENT DOWN T | LINE OF THE RO THE DITCH. DRIVE | AD WAY AI | ND ENTERED THE DIT | CH ON THE EAST | SIDE OF THE F | ROAD. UNIT 1 ROLLED ON | |

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1 of 4

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| L | OC: | ation | | | | | | | | | | |
|----------------------|---|------------------------|--------------------------------|------------|---|-------------------------------------|----------------------------|-------------------------------------|---------------|------------|---------------|----|
| _ | | CTHA NB | | | | | Latitude | | | Longitud | le | |
| | 0.37 MI S OF SHERRILINN DR IN THE TOWN OF DELTON IN SAUK COUNTY | | | | | | 43.575504917 -89.738335621 | | | | | |
| | | | | | | | X Coordinate Y Coordinate | | | | | |
| | | | | | | | 278892.84375 | | | 482837 | | |
| | | | | | | | Structure 7 | | | l. | | |
| | | | | | | | | | | | | |
| (| Cras | sh Scene | | | | | | | | | | |
| Ī | First | Harmful Event | | | | | First Harm | ful Event Lo | cation | | | |
| | DITO | Н | | | | | ON ROA | DWAY | | | | |
| | Manner of Collision | | | | | Light Condition | | | | | | |
| L | 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | | | | DARK/UNLIT | | | | | | |
| | Road | Surface Condition(s) | | | | | Roadway | Factor(s) | | | | |
| | WET | , SNOW, SLUSH | | | | | | | | | | |
| | Envir | onment Factor(s) | | | | | DOAD S | UDEACE (| CONDITION | /MET 10 | V ENOW ELLIE | |
| | WEA | THER CONDITIONS | | | | | ETC) | UKFACE | MOITION (| (vv⊏ I, IC | Y, SNOW, SLUS | п, |
| t | Weat | her Condition(s) | | | | | | | | | | |
| | SNO | w | | | | | | | | | | |
| t | Animal Type | | | | | Relation T | o Trafficway | , | | | | |
| L | | | | | | | TRAFFICWAY - ON ROAD | | | | | |
| | Crash Classification - Location | | | | | Crash Classification - Jurisdiction | | | | | | |
| L | PUBLIC PROPERTY Tribal Land | | | | NO SPECIAL JURISDICTION Access Control Special Study | | | | | | | |
| | | | | | NO CONTROL | | | | | | | |
| | Within Interchange Area Junction Location | | | | Intersectio | tion Type N INTERSECTION | | | | | | |
| L | NO NON-JUNCTION Closure Type | | | Page | | | | | | | | |
| | Closure Type Reasons for Clos | | | | JIIS 101 C1030 | ui C | | | | | | |
| F | Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed | | | | LAW | LAW ENFORCEMENT, FIRE/EMS | | | | | | |
| | 12/31/2022 04:50 PM | | | | | | , | | | | | |
| | | All Lanes Open | Time All Lanes Op | oen | | | | ime Scene Cleared | | | | |
| L | | 1/2022 | 06:20 PM | | 12/31 | /2022 | | 06: | 36 PM | | | |
| | | Summary - | | I Va | hiala Ona | vetice As C | la a aifi a ati a u | | Lucy = | | | |
| | | | | | ehicle Operating As Classification CLASS | | | Unit Type AUTOMOBILE | | | | |
| L | IN TRANSIT Vehicle Type | | | יט | Operating As Endorsements | | | | ments | | | |
| | (SPORT) UTILITY VEHICLE | | | | | | | Operating 713 | Liluoisci | nong | | |
| F | Total Occs Train/Bus # Recorded | | | | tal # Cita | tions Issued | | Total Traile | ers | Total Haz | Mat Types | |
| | 1 | | | 0 | | | | 0 | | 0 | | |
| | Insur YES | ance? | Direction Of Travel SOUTHBOUND | | Pre | CrashTire | | Speed Lim | | Total Land | es | |
| | | | | Sn | Mark 55 Special Function | | 33 | 2 Emergency Motor Vehicle Use | | | | |
| | | | | | NO SPECIAL FUNCTION | | | NOT APPLICABLE | | | | |
| | | | | | Traffic Control | | | Traffic Control Inoperative/Missing | | | | |
| | | | | | NO CONTROL | | | NO State Control | | | | |
| | | | | | Road Curvature Road Grade STRAIGHT UPHILL | | | | | | | |
| L | | Truck Bus or HazMat | | | KAIGH | • | | | OFFILL | | | |
| NO | | | | | | | | | | | | |
| | ١ | /ehicle | | | | | | | | | | |
| License Plate Number | | | | Plate Type | | | St Country of Issuance | | | | | |
| | AGP4837 | | | | | JTOMOBIL | .E | WI | UNITED STATES | | | |
| | Vehicle Identification Number JT3HN86R8X0236757 | | | | Make TOYOTA | | | Year 1999 | Model 4RUNNER | | | |
| 5 | _ | 5 . 31 114001\0A023073 | • | ['' | SIJIA | | | . 333 | TITOINIER | | | |

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2 of 4

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| | | Color | | Pody Ctyle | | Bus Use | | | | |
|--------|--------------------------------|--|---------------------|--|---|--------------------|-----------|--|--|--|
| | | | | Body Style | UT - SPORT UTILITY VEHICLE | | bus ose | | | |
| | 9 | Initial Contact Point | | Vehicle Damage | VEHICLE | | | | | |
| ᆫ | | | | | 7 8 9 10 11 | | | | | |
| EN S | ≌ | | | 02 - RIGHT SIDE FRO 04 - RIGHT SIDE REA | | | 6 2 12 | | | |
| 🗩 | VEHICL | | | | | | 5 4 3 2 1 | | | |
| | > | Towed Due To Damage | | - | EET T GIBE INIBBEE, TO - EET T GIBE T KOIVI, TO - TOI | | | | | |
| | | TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By PLATTS WRECKER | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | GOING STRAIGHT | | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | | |
| | | | | | | | | | | |
| | | Driver Actions | | | | | | | | |
| | щ | SPEED TOO FAST/COND | | | | | | | | |
| N N | VEHICLE | | | | | | | | | |
| 5 | Ξ | | | | | | | | | |
| | 5 | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name ANDREW DUMITRESCU-MIHALY (608) 459-8430 | | Owner Address | | | | | | |
| 2 | 7 | | | 1420 WALNUT ST # 3 BARABOO, WI 53913 , US | | | | | | |
| | _ | (, | | ,,, | | | | | | |
| | | 015 | | | | | | | | |
| | | Sequence Of Events | | | | | | | | |
| | 2 | Event MOTOR VEH IN TRANSPORT | | | | | | | | |
| | | Event | | | | | | | | |
| | 02 | RUN OFF ROADWAY LEF | Т | | | | | | | |
| | 6 | Event | | | | | | | | |
| | 03 | OVERTURN/ROLLOVER | | | | | | | | |
| | 94 | Event | | | | | | | | |
| | | Policy Holder | cy Holder | | | | | | | |
| N N | | Insurance Company Individual | | | | | | | | |
| 5 | | STATE-FARM-MUTUAL-A | UTOMOBILE-INS-CO | ANDREW DUMITRE | SCU-MIHALY | | | | | |
| | | ndividual | | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | | |
| | | ARIEL COLE | | 0 | FEMALE | | | | | |
| | ¥ | (715) 459-8430 Address 156 W MAPLE ST # 1 | | Date of Birth | Race | | | | | |
| _ | DIVIDUAL | | | | WHITE | | | | | |
| L | ⋝ | | | Driver License Number | | | | | | |
| > | 9 | | | | | | | | | |
| | = | BARABOO, WI 53913 , US | • | | | | | | | |
| | | | | | | | | | | |
| | On Duty Crash Safety Equipment | | | Safety Equipment | | | | | | |
| | Jai | | CHOW DED & LAB BELT | | | | | | | |
| | | Row FRONT BOW | Seat Position | SHOULDER & LAP | BELT | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | Halmat Camaliana | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| | | | | Tint Compliance | | | | | | |
| _ | _ | Injury Severity | | Airbag | | | | | | |
| 6 | 9 | Injury SUSPE | CTED SERIOUS INJUR | NON DEPLOYED | | | | | | |
| | | Ejected | Ejection Path | | | Trapped/Extricated | | | | |
| | | NOT EJECTED NOT EJECTED/NOT APP | | PLICABLE TRAPPED/EXTRICATED | | | ICATED | | | |
| | | Medical Transport | | EMS Agency Identifier EMS Run # | | | | | | |
| | | EMS GROUND | | 6000123 | | | | | | |

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| | | Hospital ST CLARE HOSP | | Date of Death | | Time of Death | | | |
|------|------------|-----------------------------------|-------------------|-----------------------------|-------------------|----------------------|----------------|--|--|
| | | Distracted By UNKNOWN | | | | | | | |
| | | Distracted By Action UNKNOWN | | | | | | | |
| | | Non Motorist Striking Unit # | Location | | | | | | |
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| | AL | | | | | | | | |
| FIND | INDIVIDUAL | | | | | | | | |
| 5 | ≧ | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | To/From School | | |
| | | | | | | | | | |
| | L | Drug & Alcohol NO | se | 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 | | | | |
| _ | _ | Drug Type | | | | | | | |
| ۶ | 001 | | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NORMAL | | | | | | | |
| l | Wit | ness | | | | | | | |
| | Indiv | ridual MUEL TURNER | | Address E11994 MANCHESTE | P POAD | | Date of Birth | | |
| N 0 | /6ng | 3) 434-3445 | | BARABOO, WI 53913 | | | | | |
| WITN | | | | | | | | | |

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4 of 4