## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

↓L	Crash Date Cra: 01/14/2023 05:		Primary Crash D Crash Time 05:51 PM	ocument #	23-004 Date Ar	rived	mber	DEPUTY S	S. EL	Officer/Deputy . ELLICKSON			
5			Time Notified		<b>01/14/2023</b> Total Units		05:56 PM  Total Injured Total Killed						
וַב	01/14/2023	0	5:51 PM		01	1		00		00			
			t and Run 🗸 Lane Closu		Work Zone School Bus Related					Reporting Threshold			
5	Government Property		Active Sch	nool Zone	NO	Dus Relate	eu .	Tags					
	<b>✓</b> Reportable	C <b>D</b>	Crash Type DT4000 (STAN	NDARD CRASH	)			Amend	ded			Secondary Crash	
	Description   Diagram									construction			
	212 e Moon Road			Not t	o Scale		USH 12		Add	ditional Info	rmation		
	I, a sworn law enfo												
	UNIT 1 WAS EXITING 190/9 END. UNIT 1 CAME TO A S						GETTING ONT	O USH 12. UNI	IT 1 S	TRUCK HE	ad on thi	E GUARD RAIL	

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Loca	ation										
	USH12 EB					Latitude				Longitude	
	FT N MOON RD					43.5619	54727		-89.778	559081	
	HER)					X Coordin			Y Coord		
	,					275594.53125 4826973.5			<b>'3.5</b>		
1	HE TOWN OF DELTO AUK COUNTY	N				Structure Type					
						OTHER					
	sh Scene										
	Harmful Event						nful Event	Location			
	ARDRAIL END ner of Collision				SEPARATOR						
		HICLE IN TRANSPORT				Light Condition					
	Surface Condition(s)	THICLE IN TRANSPORT				DARK/UNLIT  Roadway Factor(s)					
DRY	` ,					rtoadway	T actor(3)				
Envir	onment Factor(s)										
NON	. ,					NONE					
	her Condition(s)										
	` ,										
CLE	AK										
Anim	al Type					Relation T	To Trafficw	ay			
								ON ROAD			
_	n Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	LIC PROPERTY Land			Access Control			KISDICTION		Special Study		
				NO CONTROL							
	n Interchange Area	Junction Location			Intersectio						
YES		EXIT RAMP		D		INTERSE	CTION				
	ure Type E CLOSURE			Reasons for Closure							
	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed		TOW	TRUCK						
	4/2023	06:16 PM									
Date	All Lanes Open	Time All Lanes Open		Date Scene Cleared Time Scene Cleared							
01/1	4/2023	06:32 PM		01/14/2023 0			6:32 PM				
Unit	Summary =										
	Status		Vehi	cle Ope	erating As Cl	assification	1	Unit Type			
	RANSIT		D C	LASS				AUTOMO			
	cle Type							Operating A	s Endorsei	ments	
	SENGER CAR	Train/Bus # Recorded	1	0:.			Total Tra	ilara	Tetal Hea	Mat Tymas	
3	Occs	Traill/Bus # Recorded	1 otal	Total # Citations Issued			0		0	Mat Types	
	ance?	Direction Of Travel	+-	Dra	CrachTire					anes	
YES		SOUTHBOUND		Pre CrashTire Mark			65		4		
Most	Harmful Event: Collision	With		cial Fun	ction		1	Emergency Motor Vehicl		icle Use	
	RDRAIL END		NO	SPEC	IAL FUNC	TION		NOT APP		ICABLE	
	c Way			ic Cont				Traffic Control Inoperative/Missing			
	DED HWY W/TRAFFIC	BARRIER		CONT				NO			
	ce Type	d Curva				Road Grade					
	CKTOP (BITUMINOU: Bus or HazMat	RAIGH	<u> </u>			UPHILL					
NO	t bus of maziwat										
/	/ehicle										
	License Plate Number		Plat	те Туре			St	Country of Is	Country of Issuance		
	APZ9788		AU	T - AU	TOMOBIL	E	WI	UNITED ST	TATES		
_	Vehicle Identification Nur		Mak				Year	Model			
5	1FAHP24W58G1676	51	FO	RD			2008	TAURUS			

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		Color	Body Style Bus Use								
		DBL - BLUE, DARK	SD - SEDAN								
	111	Initial Contact Point		Vehicle Damage							
_	Ë	12 - FRONT		7 8 9 10 11							
UNIT	≌	_		40 FRONT			6 2 12				
5	VEHICLE	Extent Of Damage		12 - FRONT			5 4 3 2 1				
	>	DISABLING DAMAGE		V I : I D I I D							
		Towed Due To Damage TOWED DUE TO DISABLING		Vehicle Removed By  CRAIGS TOWING							
			DAMAGE								
		What Driver Was Doing CHANGING LANES		Vehicle Factors							
				NOT APPLICABLE							
		Driver Prior Action Other		NOT ALL EIGABLE							
		Driver Actions									
		Driver Actions <b>EXCEED SPEED LIMIT, FAIL</b>	LIRE TO CONTROL								
_	VEHICLE	EXOLES OF LES LIMIT, I AIL	ONE TO CONTINUE								
UNIT	≌										
n	亩										
	>										
		Owner Name Owner Address									
		JENNIFER PREUSS		S1371 COUNTY ROAD WW							
01	7	(608) 479-1124		ELROY, WI 53929 , US							
		,									
		Of Francis									
		Sequence Of Events									
	2	Event GUARDRAIL END									
		Frank									
	02	Event Event									
		Event									
	03										
	04	Event									
		Laldor Baliov Haldor									
UNIT		Policy Holder Insurance Company		T							
5		PARTNERS-MUTUAL-INS-C	n	Individual  JENNIFER PREUS	ss						
		Individual									
		Driver		Citations Issued	Sex						
		JONATHON PREUSS		1	MALE						
	₹	(608) 479-1124		Date of Birth	Race						
_	DUAL			Bato of Birtin	WHITE						
	₹	Address		Driver License Number							
n	INDIN	S1371 COUNTY ROAD WW									
	Z	ELROY, WI 53929 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty Cr	On Duty Crash			Safety Equipment					
	Sa	fety Equipment		y =-4mko.v.							
		Row	Seat Position	SHOULDER & LAP BELT  Helmet Compliance							
		01 - FRONT ROW	07 - LEFT								
		Helmet Use									
		Eye Protection		Tint Compliance							
7	00	Injury Seve	=	Airbag							
ا	0		RENT INJURY	NON DEPLOYED							
		'	ection Path			Trapped/Extricated					
			OT EJECTED/NOT APP			NOT TRAPPED					
		Medical Transport		EMS Agency Identifier	r	EMS Run #					
		NOT TRANSPORTED									

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							1 =				
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted B	By Source LICABL	E (NOT DISTRAC	CTED)					
	Distracted By Action NOT DISTRACTED										
		Non Motorist	Striking Uni	t #	Location						
		Prior Action									
		Action									
	AL										
LIND	INDIVIDUAL										
<b>-</b>	NDI										
		Action Other							To/From School		
		Orug & Alcohol	Suspected .	Alcohol U	se	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	iven		Drug Test Type		Drug Test Results	Drug Test Results			
01	001	Drug Type									
0	0										
		Individual Condition  APPEARED NORMAL									
			идс								
		ndividual					Sex				
		Passenger	,			Citations Issued					
	ļ	NATHAN DEGNER (608) 963-5182				0	MALE				
⊢	DIVIDUAL	(000) 000 0102				Date of Birth	Race WHITE				
LINO	DIV	Address N243 BELL LOOP	RD			Driver License Number					
	Z	WONEWOC, WI 53				STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	ety Equipment	On Duty Cr	ash		Safety Equipment					
	Ou,	Row		Seat Po	sition	SHOULDER & LAP	BELT				
		01 - FRONT ROW Helmet Use		09 - RI	GHT	Helmet Compliance					
		Eye Protection				Tint Compliance					
2	005	Injury	NO APPA	rity RENT IN	IJURY	NON DEPLOYED					
		Ejected NOT EJECTED	Ej	ection Pat	h CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #			
		Hospital	ED			Date of Death		Time of Death			

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								` ,				
		Distracted By	Distracted B	y Source								
		Distracted By Action										
	,	Non Motorist	Striking Unit	# Location								
		Prior Action										
		Action										
	AL											
LIND	/IDU											
<b>&gt;</b>	INDIVIDUAL											
	=											
		Action Other						To/From School				
		D 0. Al11	Suspected A	Icohol Use	Suspected Drug Use							
	L	Orug & Alcohol	NO		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	<u> </u>					
5	002	Drug Type										
	0											
		Individual Condition										
		APPEARED NORMAL										
	i	ndividual										
		Passenger REID BYRDY			Citations Issued	Sex	Sex MALE					
	JAL	(608) 462-3448			<b>0</b> Date of Birth	Race	Race					
LIND	INDIVIDUAL					WHITE						
5		Address <b>E977 COUNTY RO</b>			Driver License Number							
	<b>∠</b>	WONEWOC, WI 53	968 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	ety Equipment	On Duty Cra	sh	Safety Equipment							
		Row		Seat Position	SHOULDER & LAP BELT							
		02 - SECOND ROV Helmet Use	v l	09 - RIGHT	Helmet Compliance							
		Eye Protection			Tint Compliance							
	_		Injury Severi	fv	Airbag							
2	003	Injury Severity NO APPARENT INJURY			NON DEPLOYED							
		NOT EJECTED		ction Path T EJECTED/NOT APPI	LICABLE	Trapped/Extricated  NOT TRAPPED						
		Medical Transport	<u> </u>		EMS Agency Identifier EMS Run #							
		NOT TRANSPORT	ED									
		Hospital			Date of Death		Time of Death					
		Distracted By	Distracted B	y Source	•							

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Crash Date 01/14/2023 Crash Time 05:51 PM

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Crash Date 01/14/2023

Crash Time 05:51 PM

		Distracted By Act	ion							
		Non Motor	Striking Unit #	Location						
		Prior Action		<u>.</u>						
		Action								
_	NAL									
LNN	INDIVIDUAL									
	N N									
		A -4: O4b						To /France Colored		
		Action Other						To/From School		
	1	Drug & Alcol	Suspected Alco	hol Use	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	Alcohol Test Type					
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Type Drug Test F					
2	003	Drug Type		•		•				
ŀ		Individual Condition	on							
		APPEARED NORMAL								
	,	Violations								
	5	UTC Number <b>BC938679</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description FAILURE TO KEEP	VEHICLE UNDE	R CONTROL			
		perty Owne								
PROP 01		ernment JK COUNTY HIG 3) 355-4855	GHWAY DEPT		Address 620 LINN AVE WEST BARABOO, W	I 53913 , US				
		ed Objects S	truck							
	5	Striking Unit <b>01</b>	Struck Object  GUARDRAIL EN	D			Structure Number	Damage Tag Number 337652		