6TL0DKRB0S 23-00834

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override Primary Crash Document# Crash Date Crash Time 01/25/2023 07:20 PM		n Document# Agency Crash Number 23-00834		Investigating O DEPUTY R. E	1			
				Arrived 5/2023	Time Arrived 07:33 PM	Time Arrived		
Date Notified 01/25/2023	Time Notified 07:20 PM	:	Total		Total Injured	Total Injured Total Killed		
On Emergency	Hit and Run	it and Run Lane Clo		Work Zone	☐ Trailer or	Towed	Reporting Threshold	
Government Property	Active	School Zone	School NO	ol Bus Related	Tags		·	
Crash Type DT4000 (STANDARD CRA			SH)		Amended	l	Secondary Crash	
escription =	'						_	
Diagram					R	econstruction	on By	
					P	hotos By		
		Torrytow	n Rø	inacioni anno monero e ano establica e anno de cara e anno e E e	errytown Ki			
	AND THE RESERVE OF THE PROPERTY OF THE PROPERT							
					A	dditional Inf	ormation	
	$\mathbf{M}_{\mathbf{M}}$		<u> </u>	si Baraboo 🔣	IN THE RESERVE OF THE PERSON O	ONE		
	- 2							
	<i>5</i>							
					Trial			
1		1						
		(1)m-						
**		** <u>***</u>						
				5				
Diagram By: Ry on 01/26/2023	van Bames		\sim					
0110112012023								
Not to Scale	The state of							
		\$\$\$\$\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\#\			THE PERSONS AND THE PERSONS AN			

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L	ocation ====									
F	ON CTHBD SB 766 FT S					Latitude	25447		Longitud	de 2039968
	OF TERRYTOWN RD IN THE VILLAGE OF WES				X Coordinate 275830.96875			Y Coordinate 4818256		
	IN SAUK COUNTY			-	Structure	Туре				
	Crash Scene									
	First Harmful Event					Circ+ Uars	nful Event Lo	nation .		
	CURB					ROADSI		ocadon.		
r	Manner of Collision					Light Con	dition			
	00 - NO COLLISION W/VE	HICLE IN TRANSPORT				DARK/U	NLIT			
	Road Surface Condition(s)					Roadway	Factor(s)			
	WET, SNOW, ICE									
F	Environment Factor(s)									
	WEATHER CONDITIONS					ROAD S	URFACE (CONDITION	(WET, IC	Y, SNOW, SLUSH,
r	Weather Condition(s)									
	SNOW									
	Animal Type					Relation To Trafficway				
Crash Classification - Location PUBLIC PROPERTY Tribal Land								OT ON ROA	D	
							Crash Classification - Jurisdiction NO SPECIAL JURISDICTION			
							Access Control Special Study NO CONTROL			Special Study
	Within Interchange Area NO		Intersecti NOT AN		n Type NTERSE	CTION				
Closure Type				Reasons for Clos			sure			
L	LANE CLOSURE			ļ. .						
Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed 01/25/2023 07:20 PM			.ed LAW ENFORC			EMENT, TOW TRUCK				
	Date All Lanes Open Time All Lanes Open 01/25/2023 08:21 PM			Date Scene Clea 01/25/2023					ne Scene Cleared :21 PM	
ί	Jnit Summary 💳			<u> </u>						
	Unit Status		Veh	icle Op	erating As Cl	assification	1	UnitType		
	IN TRANSIT		D CLASS					AUTOMOBILE		
1	Vehicle Type PASSENGER VAN							Operating A	s Endorse	ments
	Total Occs Train/Bus#Recorded			al#Citations Issued Total Trailers Total HazMat ⁻¹			MatTypes			
L	1	Direction Of Travel	0	0		0 Speed Lin		0 mit Total Lanes		05
ı	Insurance? NO	SOUTHBOUND		Pre	CrashTire Mark		55	116	4	5 9
l	Most Harmful Event: Collision With OVERTURN/ROLLOVER			Special Function NO SPECIAL FUNCTIO		TION		Emergency Motor Vehicle Use NOT APPLICABLE		
F	Traffic Way 1			Traffic Control NO CONTROL		Traffi		raffic Control Inoperative/Missing		
Surface Type			Road Curvature				Road Grade			
BLACKTOP (BITUMINOUS)				STRAIGHT			DOWNHILL			
ı	Truck Bus or HazMat NO									
	Vehicle									
License Plate Number MRKMJK Plate Type MLG - MILIT Vehicle Identification Number 1GCDM19X72B126407 Plate Type MAke CHEVROLET						St		Country of Issuance		
					ILI I ARY GI	KOUP	WI Year	UNITED STATES		
				LET	Year Model 2002 ASTRO					

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:		Color		Boo	dy Style		Bus Use				
		WHI - WHITE			VN - VAN						
		Initial Contact Point			Vehicle Damage						
 -		Initial Contact Point 00 - NON-COLLISION						7 8 9 10 11			
UNIT	¥				- FET SIDE EDON	T 44 UNDERC	APRIACE	6 12			
⋽	VEHICLE	Extent Of Damage			- LEFT SIDE FRON	II, 14 - UNDERC	ARRIAGE	5 4 3 2 1			
	>		SABLING DAMAGE					CONTRACTOR OF THE STATE OF THE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By						
			NG DAMAGE	CRAIGS TOWING							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		NO	NOT APPLICABLE						
		Driver Actions									
	Щ	SPEED TOO FAST/COND									
⊨	ಠ										
N N	I										
-	VEHIC										
		Owner Name			Owner Address						
		MARK S MAJKA			1102 SPRING ST MADISON, WI 53715 , US						
2	5										
		Sequence Of Events		19761976197							
	5	Event CURB									
	•	CORB									
	8	Event									
	0										
	m	Event									
	8										
	_	Event									
	8										
		Individual									
		Driver MARK S MAJKA				,					
					Ditations Issued	Sex MALE					
	7										
					Date of Birth Race						
EN S	NDIVIDUAL				Discriberation Number						
5	a	Address 1102 SPRING ST MADISON, WI 53715 , US			<u>Driver License Nu</u> mber						
	Ź.				STATE: ILLINOIS COUNTRY: UNITED STATES						
	<u>. </u>	On Duty Crash fety Equipment			Safety Equipment						
	Ja:										
		Row	Seat Position		SHOULDER & LAP I	BELT					
		01 - FRONT ROW	07 - LEFT								
		HelmetUse			Helmet Compliance						
		Eye Protection Injury Severity NO APPARENT INJURY			TintCompliance						
- 1	Ξ				Airbag						
9	8				NON DEPLOYED						
			Ejection Path		Trapped/Extricated						
		·	NOT EJECTED/NOT A	'''							
		Medical Transport		EMS Agency Identifier EMS Run#							
		NOT TRANSPORTED		- [• • • • • • • • • • • • • • • • • • • •						
		Hospital			Date of Death		Time of Death				
				1							
	eminin						1				

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		Distracted By NOT APPL	y Source	CTED)			
			CABLE (NOT DISTRAC				
		Distracted By Action NOT DISTRACTED					
		L Striking Unit	# Location				
		Non Motorist					
		Prior Action Prior Action					
		Action					
,	NDWDUAL						
UNIT	8						
n	ā						
	2						
		Action Other					To/From School
		Suspected A	lcohol Use	Suspected Drug Use			
	L	Drug & Alcohol NO		NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN	Stag Tool Type		Diag restivesais	•	
_	Ξ	Drug Type			l		
7	8						
		Individual Condition					
		APPEARED NORMAL					