WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Overiide | Primary Crash E | Primary Crash Document# | | Crash Number 056 | | Investigating Officer/Deputy DEPUTY J. GREENWOOD | | |
|--|--|------------------------|-------------------------|---------|---------------------|---------------------------|--|------------------------|--|
| <u> ۲</u> | Crash Date 02/01/2023 | Crash Time 99:99 | | | rived 2023 | Time Arrived 09:53 AM | | | |
| | Date Notified 02/01/2023 | Time Notified 09:31 AM | l | | nits | Total Injured Total Kille | | ·d | |
| ֓֞֟֝֟֝֟֝֟֝֝֟֝֝ ֡֓֞֞֞֞֞֞֞֩֞֩֞֩֞֩֞֩֞֩֞֩֞֩֞֩ | On Emergency | Hit and Run | and Run Lane Closu | | ☐ Work Zone | Trailer or Towed | | Reporting Threshold | |
| - - - | Government Property Active School Zone School Bus Related NO | | | | | | | | |
| | ▼ Reportable | | | | | | ded Secondary Crash | | |
| | Diagram | | Reconstruction | - D. | | | | | |
| | | OT) | CTH W | 01 x | | | Photos By Additional Info NONE | ormation | |
| | I, a sworn law enfor | Not to so | ee that I have no | | | | A GREEN UTIL | LITY BOX. NO DRIVER ON | |

Form DT4000

Location ON CTHW EB

265 FT E

WISCONSIN MOTOR VEHICLE CRASH REPORT

Latitude

43.45277211

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

Longitude

-89.807149281

Crash Time 99:99

| | OF BOOK IN L BB | | | 70.7 | OZIIZII | | -00,00 | 1140201 | | |
|----------|---|--------------------------------|--------------------------------------|-----------------------------|---|-------------------------------------|--------------------------------------|-------------|--|--|
| | DF ROCK HILL RD N THE TOWN OF BARABOO N SAUK COUNTY | | | | 1 | | Y Coord 48149 | | | |
| | | | I | Structure Type NO STRUCTURE | | | | | | |
| , | Crash Scene | | | • | | | | | | |
| 1 | First Harmful Event | | | First | Harmful Event | Location | | | | |
| | DITCH | | | | ROADWAY | | | | | |
| | Manner of Collision | | | Light | :Condition | | | | | |
| | 00 - NO COLLISION W/ | VEHICLE IN TRANSPORT | | UNK | NOWN | | | | | |
| | Road Surface Condition(s) | | | Road | dway Factor(s) | | | | | |
| | DRY | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | |
| | NONE | | | NON | IE | | | | | |
| | Weather Condition(s) | | | | | | | | | |
| | UNKNOWN | | | | | | | | | |
| | Animal Type | | | | tion To Trafficu | • | | | | |
| | Crash Classification - Locat | ion | | | | | 1 | | | |
| | PUBLIC PROPERTY | | | I | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | | |
| | Tribal Land | | | Acce | ss Control | | | | | |
| | | | | | NO CONTROL | | | | | |
| | Within Interchange Area | Junction Location NON-JUNCTION | | Intersection Type | ction Type N INTERSECTION | | | | | |
| | | NON-JUNCTION | | NOTANINIE | RSECTION | | | | | |
| | Unit Summary | | | | | | | | | |
| | Unit Status | | | erating As Classific | 1 ** | | | | | |
| | | | | D CLASS | | | AUTOMOBILE Operating As Endorsements | | | |
| 7 | Vehicle Type PASSENGER CAR | | Operating As Endoisements | | | | | | | |
| | Total Occs | Train/Bus#Recorded | Total#Cita 0 | l#Citations Issued | | 0 0 | | = | | |
| | Insurance? | Direction Of Travel | Pre CrashTir | | ire Speed Li | | TotalLar | nes | | |
| ╘│ | UNKNOWN | EASTBOUND | | Mark | ς 55 | | 2 | | | |
| N | Most Harmful Event: Collision DITCH | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | | | | | |
| | Traffic Way | | Traffic Con | trol | | Traffic Control Inoperative/Missing | | | | |
| | TWO-WAY, NOT DIVIDI | ĒD | NO CONT | NO CONTROL | | NO | | | | |
| | | | | Road Curvature | | Road Gr | | | | |
| | BLACKTOP (BITUMING | CURVE R | CURVE RIGHT | | | HILLCREST | | | | |
| | Truck Bus or HazMat NO | | | | | | | | | |
| 0.00 | Vehicle | | | | | | | | | |
| | License Plate Numbe | | Plate Type | | | fissuance | | | | |
| | AMY1088 | | AUT - AUTOMOBILE | | UNITED STATES Model | | | | | |
| 5 | Vehicle Identification JF4GG61645G050 | | Make SAAB Body Style HB - HATCHBACK | | 1 | 9-2 | | | | |
| | Color | | | | Bus Use | | | | | |
| 7 | | 1 - | | | | | | | | |
| 1 | | | 1 85 - 8A | | | | | | | |
| | BLK - BLACK | | Vehicle Da | | | | 1 | | | |
| = | BLK - BLACK Initial Contact Point | | | | | | | 7 8 9 10 11 | | |
| LING | BLK - BLACK Initial Contact Point | | Vehicle Da | | NER | 1 | | 6 12 | | |
| LIN | BLK - BLACK Initial Contact Point 12 - FRONT | | Vehicle Da | amage | NER | | | | | |

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| | | Towed Due To Damage | 1910 DAMAGE | | Vehicle Removed By CRAIGS TOWING | | | | | | |
|-----|----------------------------|--|--|-----------------------|---|--------------------|----------------|-------------------|--|--|--|
| | | TOWED DUE TO DISABL What Driver Was Doing | ING DAWAGE | | Vehicle Factors | | | | | | |
| | | What Driver Was Doing | | 76 | incles dotois | | | | | | |
| | | Driver Prior Action Other | | UN | UNKNOWN | | | | | | |
| INN | VEHICLE | Driver Actions UNKNOWN | | . | | | | | | | |
| 01 | V 10 | Owner Name ANTHONY MICHAEL SCOTT HUGHES | | | Owner Address 323 8TH ST BARABOO, WI 53913 , US | | | | | | |
| | | । Sequence Of Events | | | | | | | | | |
| | | Event | | | | | | | | | |
| | 0 | DITCH | | | | | | | | | |
| | S Event OTHER FIXED OBJECT | | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | 64 | Event | | | | | | | | | |
| | | Individual (******* | 81 | ****** | *************** | ***** | | KKKKKKKKKKKKKKKKK | | | |
| | | Driver | | | Citations Issued | Sex | | | | | |
| | Ħ | UNKNOWN | | L | O Data of Blade | Bass | | | | | |
| _ | 8 | | | | Date of Birth | Race | | | | | |
| L | INDIVIDUAL | Address | | | Driver License Number | | | | | | |
| | | , , | | | | | | | | | |
| | | | v Crach | | Cafaty Equipment | | | | | | |
| | Sai | fety Equipment | ty Equipment | | | Safety Equipment | | | | | |
| | | Row | Seat Position | | RESTRAINT USE U | INKNOWN | | | | | |
| | | 01 - FRONT ROW | | | | Haland O and Brand | | | | | |
| | | Helmet Use Eye Protection | | | Helmet Compliance | | | | | | |
| | | | | | Tint Compliance | | | | | | |
| 01 | <u> </u> | Injury Severity NO APPARENT INJURY Ejected Ejection Path | | | Airbag | | | | | | |
| _ | 3 | | | | NOT APPLICABLE Trapped/Extricated | | | | | | |
| | | NOT APPLICABLE NOT EJECTED/NOT APPL | | T APPLIC | LICABLE | | NOT APPLICABLE | | | | |
| | | Medical Transport | | EMS Agency Identifier | | EMS Run# | | | | | |
| | | NOT TRANSPORTED Hospital | | Date of Death | | Time of Death | | | | | |
| | | 110001441 | | | | | Tatic of Dedai | | | | |
| | | Distracted By Source | | | | | 1 | | | | |
| | | Distracted By Action | | | | | | | | | |
| | | Non Motorist | Unit# Location | | | | | | | | |

Crash Date 02/01/2023
Crash Time 99:99

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| | | Prior Action | | | | | |
|------|---|-----------------------------------|-------------------|--------------------|-------------------|----------------------|------------------|
| | ı | Action | | | | | |
| TINO | | | | | | | |
| ר | | | | | | | |
| | | Action Other | | | | | To/From School |
| | | Action outsi | | | | | POR TOTAL CONSOL |
| | i | Drug & Alcohol | Use | Suspected Drug Use | | | |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type |) | | Alcohol Test Results | |
| TES | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 01 | 8 | Drug Type | | | | | |
| | | Individual Condition | | | | | |
| | | NOT OBSERVED | | | | | |