### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/12/2023

Cash Time   Cash	Document Number Override	Primary Crash D	locument#	23-014		Investigating Officer/Deputy DEPUTY J. GREENWOOD			
Q2/12/2023   Q8:05 AM   Q2   Q0   Q0   Q0   Q0   Q0   Q0   Q0				1		l l			
Government Property Active School Zone Property Reportable Property Property Active School Zone Property Reportable Property Photos By  Photos By  Photos By  Photos By  Photos By  Additional information NONE  Not to scale					nits			Killed	
Reportable DT4000 (STANDARD CRASH)  Description  Provate Drive West Broadway St.  Not to scale    Not to scale   No	On Emergency Hit and Run Lane Closu			ure	☐ Work Zone	Trailer	or Towed		
Diagram  Private Drive  West Broadway St.  Not to scale    J. a sworn law enforcement officer, agree that I have not added any CJIS data in this report.		Active Sci	hool Zone		Bus Related	Tags			
Diagram  Private Drive  West Broadway St.  Not to scale    Value   Val	Summer	Crash Type DT4000 (STA	NDARD CRASH	· ·		Amend	ed		
Not to scale  Not to scale  I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							Reconstructio	n By	
Not to scale  Not to scale  I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							Dhoton Du		
None  West Broadway St.  Not to scale  I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.			Δ.				rnotos By		
Not to scale  Vol. a sworn law enforcement officer, agree that I have not added any CJIS data in this report.				/			Additional Info	ormation	
I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.		West	Broadway St.						
I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
		N	lot to scale						
	33					nis report.			

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	Location ====								
	ON W BROADWAY/ STH1 423 FT W	54 EB			Latitude 43.47810	)8512		Longi	itude 20850473
	OF PARK ST IN THE VILLAGE OF ROC IN SAUK COUNTY	CK SPRINGS			X Coordinate Y Coordinate 4818055				
					Structure Type NO STRUCTURE				
	Crash Scene								
	First Harmful Event				First Harm	ıful Event Lo	cation		
	MOTOR VEH IN TRANSP	ORT			ON ROA	DWAY			
	Manner of Collision			Light Cond					
	OTHER				DAYLIGI				
	Road Surface Condition(s)  DRY				Roadway	Factor(s)			
	Environment Factor(s)				1				
	NONE				NONE				
	Weather Condition(s)				1				
	CLEAR								
	Animal Type				1	o Trafficway			
	Crash Classification - Location PUBLIC PROPERTY				1	ssification	Jurisdiction SDICTION		
	Tribal Land				Access Control NO CONTROL				Special Study
	Within Interchange Area NO	Junction Location NON-JUNCTION		Intersection	on Type INTERSE	CTION			•
İ	Unit Summary =								
	Unit Status		Vehicle Ope	erating As C	lassification		Unit Type		
	IN TRANSIT		D CLASS				AUTOMOBILE		
U.I	Vehicle Type (SPORT) UTILITY VEHICL	LE					Operating A	s Endor	sements
	Total Occs	Train/Bus#Recorded	Total#Cita	tions Issued	ł	Total Traile		Total H	azMatTypes
	Insurance? YES	Direction Of Travel WESTBOUND	Pre	CrashTire Speed Lir Mark 30		imit Total Lanes 2		anes	
	Most Harmful Event: Collision MOTOR VEH IN TRANSPO		Special Fur NO SPEC	nction IAL FUNC	CTION		Emergency Motor Vehicle Use NOT APPLICABLE  Traffic Control Inoperative/Missing NO  Road Grade		
	Traffic Way TWO-WAY, NOT DIVIDED	)	Traffic Con						
	Surface Type		Road Curva						
	BLACKTOP (BITUMINOU	IS)	STRAIGH	Т			LEVEL		
	Truck Bus or HazMat  NO						•		
	Vehicle		· · · · · · · · · · · · · · · · · · ·	eeeeeeeee	ceeeeeee	CCCCCCCCC	SSSSSSSSS		
	License Plate Number		Plate Type	<u> </u>		St	Country of Is	suance	
	267VXD			JTOMOBIL	.E	WI	UNITED ST	TATES	
5	Vehicle Identification Nu  S 2GNFLFEK0H63025			Make Year CHEVROLET 2017			Model		
_	Color	อเ	Body Style			2017	EQUINOX Bus Use		
:	GRY - GRAY		1 .		TY VEHIC	LE	⊃45 U5 <del>C</del>		
:	Initial Contact Point			Vehicle Damage  00 - NO DAMAGE					
5	06 - REAR  Extent Of Damage		00 - NO I					7 8 9 10 11 6 12 5 4 3 2 1	
	NU DAMAGE	NO DAMAGE					5 4 3 Z		

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Crash Date 02/12/2023

		Towed Due To Damage NOT TOWED		Vehicle Removed By				
		What Driver Was Doing		OPERATOR				
		BACKING		Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions	TON	•				
╏╻┊		NO CONTRIBUTING ACT	ION					
N N	¥							
>	VEHICLE							
		Owner Name		Owner Address	IAM			
2	5	CAROL BREKKE BEHM (608) 341-9389		308 W BROADW ROCK SPRINGS				
		,						
		l Seguence Of Events		 				
		Event						
	5	MOTOR VEH IN TRANSP	ORT					
	ខ	Event						
	03	Event						
		Event						
	3							
  -		Policy Holder						
NS NS		Insurance Company		Individual				
-		PROGRESSIVE-CLASSIC	:-{NS-CO	CAROL BEHM				
		ndividual						
		Driver CAROL BREKKE BEHM (608) 341-9389		Citations Issued Sex 0 FEMALE				
	3			Date of Birth	Race			
l⊨ i	ŏ				WHITE			
EN S	NDIVIDUA	Address 308 W BROADWAY		Driver License Number				
	Z	ROCK SPRINGS, WI 5396	51 , US	STATE: WISCONSIN COUNTRY: UNITED STATES				
		·						
		On Dut	y Crash	Safety Equipment				
	Sai	ety Equipment						
		Row	Seat Position	SHOULDER & LAP BELT				
		01 - FRONT ROW	07 - LEFT					
		HelmetUse		Helmet Compliance				
		Eye Protection		Tint Compliance				
2	S	Injury S	everity PPARENT INJURY	Airbag NON DEPLOYED				
		Ejected	Ejection Path	NON DEFLOTED		Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE		NOT TRAPPED		
		Medical Transport	1	EMS Agency Identifie	भ	EMS Run#		
		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
		Distract	ted By Source					
		Distracted By NOT A	APPLICABLE (NOT DISTR	ACTED)				
		Distracted By Action						
l :		NOT DISTRACTED						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist Str	iking Unit#	Location					
		Prior Action							
TINO	INDIVIDUAL	Action							
		Action Other						To/From School	
	L E	Drug & Alcohol NO	spected Alcohol U	lse	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test F	Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Resul	ts		
7	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL	•						
	Unit	t Summary 👅							
		Status		I	hicle Operating As Class	ification	UnitType		
		ALLY PARKED		D	CLASS		AUTOMOBILE Operating As Endorsements		
02		cle Type SENGER CAR					Operating As	Endorsements	
	Tota 1	lOccs	Train/Bus#Re	corded To	otal#Citations Issued	Total Tra	1	Total HazMat Types 0	
╘	Insui YES	rance?	Direction Of Tra		Pre CrashTire Mark	Speed Li 30	2	Total Lanes 2	
LINO	PAR	:Harmful Event: Collision V <b>KED MOTOR VEHICL</b>			pecial Function O SPECIAL FUNCTIO	N	Emergency Motor Vehicle Use NOT APPLICABLE		
	TWC	ic Way D-WAY, NOT DIVIDED			affic Control O CONTROL		Traffic Control Inoperative/Missing NO		
		ace Type . <b>CKTOP (BITUMINOUS</b>	3)		oad Curvature TRAIGHT		Road Grade		
		k Bus or HazMat	<u>.                                      </u>	<u> </u>					
	1	Vehicle	K CK CK CK CK CK CK	ekeeeeeeeeeee		. K. C.	SSSSSSSSSSSS		
		License Plate Number		I	Plate Type	St	Country of Issu		
		AMV3040			AUT - AUTOMOBILE	WI Year	UNITED STATES		
2 2		Vehicle Identification Number 2G1WX15K119334060			HEVROLET	2001	Model MONTE CARL		
		Color SIL - SILVER (ALUMINUM)			lody Style CP - COUPE		Bus Use		
	Ш	Initial Contact Point		V	ehicle Damage		1	7 8 9 10 11	6 8
UNIT	VEHICL	11 - LEFT FRONT CO Extent Of Damage MINOR DAMAGE	KNEK	1	11 - LEFT FRONT COI	RNER		5 4 3 2 1	
	>	Towed Due To Damage NOT TOWED			Vehicle Removed By  OWNER				
MOLIOWED				-					

Crash Date 02/12/2023
Crash Time 08:03 AM

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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Crash Date 02/12/2023

		What Driver Was Doing LEGALLY PARKED			Vehicle F	actors				
		Driver Prior Action Other			NOT AP	PLICABLE				
		Driver Actions NO CONTRIBUTING ACTION	ON							
<b>—</b>	VEHICLE	NO CONTRIBUTING ACTA	0.1							
N	Ĭ									
_	VE									
		Owner Name			Own	er Address				_
~		MERCADEZE ALIECE KOZ	ZLOWSKI		510	WILLOW ST				
05	02	(608) 415-9887			BAR	RABOO, WI 539	13 , US			
		Sequence Of Events								
	5	PARKED MOTOR VEHICLI	E							
	02	Event								
		Event								_
	03	Liane								
	8	Event								٦
UNIT		Policy Holder Insurance Company			Individ	DATACHTACHTACHTACHTACHTACHTACHTACHTACHTAC				
5		WISCONSIN-MUTUAL-INS	-co		MERCADEZE KOZLOWSKI					
		Individual								
		Passenger MERCADEZE ALIECE KOZ	ZI OWEKI	nemonement entrements.	- 1	ns Issued	Sex		<u> </u>	
	AL	(608) 415-9887	LOWSKI		0 Date o	f Birth	FEMALE Race			_
⊨	INDIVIDUA				Date	1 211(1)	WHITE			
LNO	80	Address 510 WILLOW ST			Driver	license Number	•			
	Z	BARABOO, WI 53913 , US	3		STAT	E: WISCONSIN	COUNTRY: UNI	TED STATES		
	Sat	On Duty	Crash		Safety	Equipment				
		Row	SeatPo	sition	NONE	USED - VEHI	CLE OCCUPANT			
		01 - FRONT ROW	07 - LE							
		Helmet Use			Heimet Compliance					
		Eye Protection			TintCo	mpliance				_
						•				
05	005	Injury Se Injury NO APF	verity PARENT II	MJURY	Airbag UNKN	IOWN				
		Ejected	Ejection Pa	th	- Citital			Trapped/Extricated		-
			UNKNOW	'N				UNKNOWN		
		Medical Transport NOT TRANSPORTED			EMSA	gency identifier		EMS Run#		
		Hospital			Date of	f Death		Time of Death		-
		Distracted By Distracte	d By Source	<del>)</del>						
		Distracted By Action								-
		Non Motorist	Jnit#	Location						

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1 #							
		Prior Action					
8		Action					
TIND	INDIVIDUAL						
300							
XIII		Action Other					To/From School
11000000							
	L	Drug & Alcohol Suspected Alcohol C	Jse	Suspected Drug Use NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	005	Drug Type	•		•		
0	ō						
		Individual Condition					
		APPEARED NORMAL					