### 6TL0DDT5MT

22-10655

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

	Document Number Override 6TL0D94290	Primary Crash Document#	Agency SC22-	Crash Number 10655		stigating Offi UTY M. PI		ı		
UDD I DIVI I	Crash Date 10/25/2022	Crash Time 05:29 PM	Date A:		I	Arrived 5 <b>PM</b>				
0	Date Notified	Time Notified	TotalU	nits		Injured	Total Kille	d		
<u> </u>	10/25/2022	05:32 PM	02	Τ	02		00	Reporting		
חר. -	On Emergency Hit	and Run Lane Closu		Work Zone	11	railer or 1	Towed	Threshold		
0 I L	Government Property	Active School Zone	NO NO	Bus Related	Tags					
	<b>▼</b> Reportable	Crash Type DT4000 (STANDARD CRASH	)		<b>₽</b>	mended		Secondary  Crash		
	Description					l n -		- O.v.		
	Diagram						constructior	n By		
	Φ	CTHE	Speed Limit 55			Pho	otos By			
	NOT TO SCALE					Add NC	ditional Info NE	rmation		
	(Witwes RD)	20 01 01								
		Cz Cz								
	, a sworn law enforceme	nt officer, agree that I have no	ot adde	d any CJIS data in th	nis repor	t.				
	CTH E TO TURN BACK NORTH. AT AROUND IN A CLOCK WISE DIREC COMING TO REST IN THE WEST DI INJURY. UNIT 1 OPERATOR WAS A	OUND ON CTHE AND CONDUCTED THIS TIME, UNIT 2, TRAVELING SOI TION AND CAME TO REST FACING ITCH OF CTHE FACING NORTH. UN ALSO ISSUED AND EXPLAINED CITA D TOWED FROM THE SCENE BY EV	UTH ON ( WEST. U IIT 1 OPE ITION BG	CTH E, COLLIDED WITH NIT 2 CONTINUED PAST RATOR WAS TRANSPOR 112575, 346.33(1M) FOR	UNIT 1 IN . THE INTE RTED BY E CONDUCT	A T-BONE MERSECTION, EMS TO THE TING A U-TU	MANNER. UN SOUTH, AN HOSPITAL IRN WITHOL	NIT 1 SPUN HALF WAY ID SPUN A HALF A TURN FOR A POSSIBLE HIP JT DUE REGARD. BOTH		

REPORTING INJURY

FOLLOWING THE CRASH.

CONSISTENT TO BOTH OPERATOR STORIES AND OBSERVATIONS OF THE SCENE. UNIT 2 OPERATOR REPORTED GOING TO THE HOSPITAL SEVERAL DAYS

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L	_ocation =									
Ī	ON CTHE SB				Latitude			Longitus	ia.	
	4 FT S				43.29685	10699			æ 396663	
	OF WITTWEN RD									
	IN THE TOWN OF HO	NEY CREEK			X Coordina 265783.1			Y Coord 479782		
	IN SAUK COUNTY							413102		
					Structure 1					
Į					NO STA					
•	Crash Scene									
Ī	First Harmful Event				FirstHarm	fulEventL	ocation.			
	MOTOR VEH IN TRAI	ISPORT			ON ROA	DWAY				
ł	Manner of Collision				Light Cond	dition				
	01 - ANGLE				DAYLIGH					
ŀ	Road Surface Condition(s	)			Roadway					
		"			, todatiay	. 40101(0)				
	DRY									
ł	Environment Factor(s)									
	NONE				NONE		,			
	HOILE				110112					
ſ	Weather Condition(s)									
	CLOUDY									
ļ										
	Animal Type				Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
ļ										
	Crash Classification - Loc	ation								
L	PUBLIC PROPERTY						ISDICTION			
ſ	Tribal Land			Access Control			Special Study			
					PARTIAL CONTROL					
ľ	Within Interchange Area	Junction Location		Intersectio	Intersection Type					
	NO	INTERSECTION		T-INTER	SECTION					
i	Jnit Summary									
7	Unit Status		Vehicle O	perating As Cl	lassification		UnitType			
	IN TRANSIT		D CLAS				AUTOMOBILE			
ŀ	Vehicle Type		5 0270				Operating As Endorsements			
	PASSENGER CAR						Operating	AS ETIQUIS GITTETIES		
ŀ		Train/Bus#Recorde	4 17-1-1409	tations Issued		Total Traile		TatalUas	MatTuras	
	Total Occs	riam/bus#Recolder	1   1   1   1   1   1   1   1   1   1	tations issued	0		ilers Total Hazi		wat rypes	
ļ	1	Direction Of Travel								
	Insurance?	Pro	e CrashTire			mit				
l	YES		Mark	55		2				
	Most Harmful Event: Colli		Special F	unction CIAL FUNC	TION		Emergency Motor Vehicle Use			
ı	MOTOR VEH IN TRAI	ISPORT			11014		NOT APPLICABLE			
	Traffic Way		Traffic Co				Traffic Conf	trol Inopera	tive/Missing	
	TWO-WAY, NOT DIVI	STOP S	IGN			NO				
ſ	1			rvature			Road Grade	•		
				HT			LEVEL			
Ì	Truck Bus or HazMat		<u> </u>			-				
	NO									
- 1	Vehicle									
					T.0;		Country of Issuance			
Section of the section of	License Plate Numb	Der Control	Plate Typ		St		1			
anjunganjun	AGV2589	\$1I	Make	AUTOMOBIL	.=	WI	UNITED S	141E9		
- 3	Vehicle Identification Number					Year	Model			
200		04540				2042				
Section of the Control of the Contro	<b>と</b> 2CNFLNEW6A62	91510	CHEVR			2010	EQUINOX			
2,500,000,000,000,000,000,000,000,000,00	Color WHI - WHITE	91510	Body Sty				Bus Use			

Crash Date 10/25/2022
Crash Time 05:29 PM

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Crash Date 10/25/2022

Crash Time 05:29 PM

T	OLE VEHICLE	Initial Contact Point 10 - LEFT SIDE FRON Extent Of Damage DISABLING DAMAGE Towed Due To Damage TOWED DUE TO DISA What Driver Was Doing U TURN Driver Prior Action Other  Driver Actions LOOKED BUT DID NO	ABLING	DAMAGE	Vehicle Damage  08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT  Vehicle Removed By EVERETTS TOWING  Vehicle Factors  NOT APPLICABLE  Owner Address S9904 COUNTY RD E SAUK CITY, WI 53583, US								
01 UNIT	01 VEHICLE	Owner Name DONNA JEAN KRAEM (608) 460-0088	IER										
		Sequence Of Even	its										
	5	Event MOTOR VEH IN TRAN											
	ន	Event											
	8	Event											
	3	Event											
		Policy Holder											
N		Individual											
5		PROGRESSIVE-CLAS	SIC-INS	-co	DONNA KRAEMER								
		DEED MALE TO THE PROPERTY OF THE PARTY OF TH			<del>a sa para sa a sa a sa a sa a sa a sa a </del>	<u> ranna agraematera era era era era era era era era era </u>							
		Driver KIMBERLY MARIE RU	SSFLI		Citations Issued	Sex							
	A	(608) 460-0088				FEMALE Race							
╘	NDMDUA				Date of Birth	WHITE							
ş	Ē	Address S9904 COUNTY RD E				Driver License Number							
	Z	SAUK CITY, WI 53583 , US On Duty Crash			STATE: WISCONSIN COUNTRY: UNITED STATES								
	Sai				Safety Equipment								
		Row 01 - FRONT ROW		SeatPosition 07 - LEFT	SHOULDER & LA	AP BELT							
		HelmetUse			Helmet Compliance								
		Eye Protection			Tint Compliance								
5	8	Injury su:	Injury Severity SUSPECTED MINOR INJURY			IBINATION							
		Ejected		ction Path	1		Trapped/Extricated						
		NOT EJECTED	1 -	T EJECTED/NOT AP	PLICABLE		NOT TRAPPED						
		Medical Transport EMS GROUND	,		EMS Agency Identif 6000555	fier	EMS Run#						
		Hospital SAUK PRAIRIE HOSP			Date of Death Time of Death								

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Crash Date 10/25/2022

Crash Time 05:29 PM

	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)												
		Distracted By Action NOT DISTRACTED											
		Non Motorist Striking Unit # Location											
		Prior Action											
	JAL	Action											
TINO	INDIVIDUAL												
		Action Other										To/From School	
	L	Suspected Alcohol Use  Drug & Alcohol  NO			Use		Suspected Drug Use NO						
					Alcohol Test Ty	pe				Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Type [			est Results				
10	001	Drug Type											
		Individual Condition											
	APPEARED NORMAL												
	,	<b>Violations</b>											
	0.1	UTC Number <b>BG112575</b>	Issu 001	1 0 4	atute Number 16.33(1m)		Description UNLAWFUL U TURN	-FAIL	TO EXER	CISE DUE C	ARE		
	Unit	Summary •											
	Unit	Status RANSIT			Vehicle Operating As Classification  D CLASS				Unit Type <b>AUTOMOE</b>	BILE			
02		cle Type SENGER CAR							Operating As Endorsements				
	Tota					Total # Citations Issued T						otal HazMat Types	
	Insu	1				0	0 0 Pre CrashTire		0 Speed Lim	0 nit Total Lanes		3	
LINO	YES	YES SOUTHBOUND  Most Harmful Event: Collision With					Mark ecial Function		55	2 Emergency Motor Vehicle Use		le Use	
ر		OTOR VEH IN TRANSPORT					SPECIAL FUNCTION  ffic Control	N		NOT APPLICABLE			
	TWO	Traffic Way TWO-WAY, NOT DIVIDED					CONTROL			Traffic Control Inoperative/Missing NO			
		ace Type .CKTOP (BITUMING			Road Curvature STRAIGHT				Road Grade LEVEL				
	Truc <b>NO</b>	k Bus or HazMat			-								
	1	Vehicle				T-		ř		Caustrical			
		License Plate Number AEM5853					ate Type UT - AUTOMOBILE		I .	Country of ls: UNITED ST			
02	02	Vehicle Identification 3C4NJCAB2KT772				Make Year JEEP 2019				Model COMPASS			

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		Color Bo		Bod	y Style		Bus Use	us Use				
		GRN - GREEN			SPORT UTILITY V	EHICLE						
	ш				icle Damage	l	I					
<b>—</b>	#	01 - RIGHT FRONT CORNER  Extent Of Damage DISABLING DAMAGE  Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			•			7 8 9 10 11				
N	Ĭ				- RIGHT FRONT CO	RNER, 03 - RIG	HT SIDE	6 12				
ر	VEHICLE				DDLE, 12 - FRONT			5 4 2 2 1				
					icle Removed By							
					RETTS TOWING							
					icle Factors							
		GOING STRAIGHT										
		Driver Prior Action Other		NO.	T APPLICABLE							
		Driver Actions										
	Ш	NO CONTRIBUTING ACTION										
⊨	VEHICLE											
UNIT	Ŧ											
_	Щ											
		Owner Name			Owner Address							
~	N.		JACQUILYNNE ROZE ORMOND (608) 434-3342			212 E WALNUT ST						
8	8	(000) 434*334Z			NORTH FREEDOM, WI 53951 , US							
		Sequence Of Events										
		Event										
	5	MOTOR VEH IN TRANSPORT										
		Event										
	8											
	63	Event										
	8											
	8	Event										
	9											
_		Policy Holder										
N		Insurance Company	Insurance Company									
$\supset$		PROGRESSIVE-CLASSIC-INS-CO			ACQUILYNNE ORM	OND						
		Individual										
		Driver JACQUILYNNE ROZE ORMOND (608) 434-3342  Address			Citations issued Sex							
						FEMALE						
	₹				ate of Birth	Race						
⊨	DUA					WHITE						
Ž	5				Driver License Number							
$\neg$		212 E WALNUT ST	212 E WALNUT ST									
		NORTH FREEDOM, WI 53951 , US			STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty Cr	ash	S	afety Equipment							
	Sai	fety Equipment										
		Row	Seat Position	SHOULDER & LAP BELT								
		01 - FRONT ROW	07 - LEFT									
		HelmetUse	•	Н	elmet Compliance							
		Eye Protection		Ti	nt Compliance							
05	200	Injury Seve			Airbag							
J	•	+201207433345444544454454534534545454545454545	TED MINOR INJURY	D	EPLOYED-COMBIN	IATION						
			ection Path				Trapped/Extricated					
			OT EJECTED/NOT APP				NOT TRAPPED					
		Medical Transport		E	MS Agency Identifier		EMS Run#					
		NOT TRANSPORTED										

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	Hospital		Date of Death		Time of Death	
	Distracted By NOT APPL	y Source ICABLE (NOT DISTRAC	CTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist Striking Unit	# Location				
	Prior Action					
	Action					
UNIT						
Z						
	Action Other					To/From School
	Drug & Alcohol NO	Alcohol Use	Suspected Drug Use NO			
	AlcoholTestGiven TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
200	Drug Type					
	Individual Condition					
	APPEARED NORMAL					
	AFFEARED NORMAL					