# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [			Agency Crash Number 23-02852		Investigating Officer/Deputy DEPUTY B. TRAGER			
	Crash Date <b>03/23/2023</b>	Crash Time 11:55 AM		Date Ar 03/23/2		Time Arrived				
0   <b>E</b> 0 <i>D</i> E0300	Date Notified <b>03/23/2023</b>	Time Notified 11:56 AM			Total Units <b>01</b>		Total 00	Killed		
ָ בּ	On Emergency Hit	and Run	Lane Closu	ıre	☐ Work Zone	Trailer	or Towed	Reporting Threshold		
-	Government Property	Active Sc	hool Zone	School <b>NO</b>	School Bus Related NO		Tags			
	<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amend	led	Secondary Crash		
ĺ	Diagram				Reconstru					
			Not to Scale	e	Additional NONE	Information				
	I, a sworn law enforceme ON MARCH 23, 2023 AT APPROXIM WHEEL CAUSING IT TO BECOME I	MATELY 11:55AM	UNIT 1 WAS TRAVE	LING WE	ST ON USH 12 NEAR CTY	HWY C WHEN	IT LOST ITS	S FRONT DRIVERS SIDE		

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	Loc	ation ===									
		USH12 WB				Latitude			Longitu	de	
		FT N				43.35349	98628		-89.76	4251966	
	_	USH12 WB				X Coordin	ate		Y Coord	Coordinate	
		HE TOWN OF SUMP' AUK COUNTY	IEK				275981.1875			4803782.5	
		AOR COOK!!				Structure	Туре		I		
	-	sh Scene									
		Harmful Event			ful Event Lo	ocation					
		RGO/EQUIPMENT LO	SS OR SHIFT			ON ROA					
			EHICLE IN TRANSPORT			Light Cond					
		Surface Condition(s)	Roadway								
	DRY										
	Envi	onment Factor(s)									
	МОИ	<b>IE</b>				NONE					
	Wea	ther Condition(s)									
	CLOUDY										
	Anim	al Type		o Trafficway							
	Cras	h Classification - Location	n								
	PUE	SLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Triba	l Land			Access Control NO CONTROL				Special Study		
		n Interchange Area	Junction Location			ection Type					
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
		Summary =									
		Unit Status Vehicle Operating As C					71				
		IN TRANSIT D CLASS  Vehicle Type					AUTOMOBILE  Operating As Endorsements			ymonto	
01		ORT) UTILITY VEHIC	LE					Operating As Endorsements			
	Total Occs Train/Bus # Recorded			Total # Cita	tions Issued	d Total Trail		lers Total Ha		azMat Types	
	2			0		0		0			
	Insur	ance?	Direction Of Travel	Pre CrashTir		ire Speed Lin		imit Total I		anes	
⊢	YES		WESTBOUND		Mark	55		4			
UNIT		Harmful Event: Collision RGO/EQUIPMENT LO		'	Special Function NO SPECIAL FUNCTION					Motor Vehicle Use	
		ic Way		Traffic Cont	trol			Traffic Control Inoperative/Missing		ative/Missing	
		D-WAY, NOT DIVIDED		NO CONTROL			NO	·			
	Surfa	се Туре	Road Curva	Road Curvature			Road Grade				
					IT			LEVEL			
	Truck Bus or HazMat NO										
	'	/ehicle									
		License Plate Number		Plate Type St			Country of Issuance				
		ALB3782	AUT - AU	JTOMOBIL			ear Model				
5	1	Vehicle Identification Number  1FMEU73EX9UA35656  Color  SIL - SILVER (ALUMINUM)							Year		
_	0				FORD 2009  Body Style		2009	EXPLORER Bus Use			
					UT - SPORT UTILITY VEHICLE						
	LE	Initial Contact Point		Vehicle Da	amage					7 8 9 10 11	
LINO	C	00 - NON-COLLISION		44 11515	SEDCARD.	IACE				6 2 2 12	
Ī	VEHICL	Extent Of Damage DISABLING DAMAG	SE .	14 - UNL	DERCARR	FIAGE 5 4 3 2 1				5 4 3 2 1	
		_		1							

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

2 of 5

Crash Date 03/23/2023
Crash Time 11:55 AM

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		Towed Due To Damage		Vel	nicle Removed By					
		TOWED DUE TO DISABLI	NG DAMAGE	ΕV	ERETTS TOWING					
		What Driver Was Doing		Vel	nicle Factors					
		GOING STRAIGHT		\A/L	WHEELS					
		Driver Prior Action Other		VVI	IEELS					
		Driver Actions								
	Е	NO CONTRIBUTING ACTI	ON							
╘	CL									
UNIT	VEHICLE									
_	K									
		0								
		Owner Name MICHAEL DUTTON		Owner Address 2646 4TH ST						
7	01	(715) 645-0009			CUMBERLAND, W	/I 54829 , US				
		Sequence Of Events								
	10	Event CARGO/EQUIPMENT LOS	e OD CUIET							
	0		S OK SHIFT							
	02	Event								
		Event								
	03									
	04	Event								
	0									
⊨	ı	Policy Holder								
UNIT		Insurance Company			Individual					
_		GEICO-GENERAL-INS-CO	)		MICHAEL DUTTON					
		Individual								
		Driver MICHAEL DUTTON (715) 645-0009			Citations Issued Sex  MALE					
	AL				Date of Birth Race					
<b>-</b>	INDIVIDUAL				WHITE					
TNO TNO	Σ	Address	Address 2646 4TH ST			Driver License Number				
-	Ä	CUMBERLAND, WI 54829 , US								
		002	,							
		On Duty	Crash	- 5	Safety Equipment					
	Saf	ety Equipment								
		Row Seat Position		٦,	SHOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LEFT	Helmet Compliance						
		Helmet Use								
		Eye Protection		Tint Compliance						
				- [	Till Compilation					
10	001	Injury Se	•	1	Airbag					
0	ŏ		PARENT INJURY	NON DEPLOYED						
		Ejection Path			ADIE		Trapped/Extricated NOT TRAPPED			
		NOT EJECTED  Medical Transport	NOT EJECTED/NOT APP		LICABLE  EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		Ews Agency Identifier						
		Hospital		1	Date of Death		Time of Death			
			10.0							
		Distracted By NOT AI	ed By Source PPLICABLE (NOT DISTRA	ACT	ED)					
	Distracted By Action									
		NOT DISTRACTED								

Wisconsin Motor Vehicle Crash Form DT4000

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		Non Motorist	Striking Ur	nit#	Location					
		Prior Action			<u> </u>					
		Action								
	NDIVIDUAL									
E S	Ĭ									
>	Ę									
	<b>=</b>									
		A-ti Other							T-/F O-bI	
		Action Other							To/From School	
	,	Drug & Alcohol NO			lse	Suspected Drug Use				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN	l							
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	•		
2	001	Drug Type								
	ŏ									
		Individual Condition								
		APPEARED NOR	MAL							
		 Individual								
		Passenger				Citations Issued	Sex			
	_	COLE DUTTON (815) 508-7021				0 MALE				
	NDIVIDUAL				Date of Birth	Date of Birth Race WHITE				
Ę	₹	Address	Iress			Driver License Number				
-	2	2646 4TH ST CUMBERLAND, WI 54829 , US								
		,	,							
	Sat	fety Equipment	On Duty C	rash		Safety Equipment				
		Row Seat Po		sition	SHOULDER & LAP BELT					
		01 - FRONT ROW		09 - RIGHT						
		Helmet Use				Helmet Compliance				
		Eye Protection			Tint Compliance					
_	002		Injury Seve	erity		Airbag				
2	8	Injury	NO APP			NON DEPLOYED				
		Ejected  NOT EJECTED		jection Pa	<sup>tn</sup> CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport				EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED Hospital				Date of Death		Time of Death		
		Distracted By	Distracted	By Source	9					
		Distracted By Action								
			Striking Ur	nit #	Location					
		Non Motorist	Junking UI	π	Location					
Wisco	nsin N	Motor Vehicle Crash			This report	t does not include any CJ	IS data.	Crash Date	03/23/2023	

Wisconsin Motor Vehicle Crash Form DT4000

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		Prior Action					
İ		Action					
	_						
١.	JAI						
LNO	וםו						
5	INDIVIDUAL						
	Ξ						
		Action Other					To/From School
	L	Drug & Alcohol NO	Jse	Suspected Drug Use NO			
•		Alcohol Test Given	Alcohol Test Type	I.		Alcohol Test Results	
		TEST NOT GIVEN	Drug Took Time		ID T (D )		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	S	
2	002	Drug Type	1		•		
	0						
		Individual Condition					
		APPEARED NORMAL					
		- <del></del>					