WISCONSIN MOTOR VEHICLE CRASH REPORT

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

03/26/2023 Date Notified 03/26/2023	Crash Time 08:50 PM Time Notified	Date A 03/26 /		Time Arrived			
Date Notified 03/26/2023 On Emergency Hit a			2020	Time Arrived 08:59 PM			
On Emergency Hit a	08:54 PM	Total U	Inits	Total Injured 01			
	and Run Lane Cl	un Lane Closure Wo			r or Towed Reporting Threshold		
Government Property	Active School Zone	School NO	Bus Related	Tags			
	Crash Type DT4000 (STANDARD CRA	ASH)		Amended		Secondary Crash	
Description Diagram				Po	construction	. Rv	
Not t	o Scale						
	CYT TK G	\		DE	otos By EPUTY A. J	JAHNKE	
I, a sworn law enforcemen			1	PH	ditional Infor	rmation	

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Crash Time 08:50 PM

L	.oc	ation 								
	ON CTHG NB								Longitude	
	572 FT W					43.19354	10074		-90.078	8693825
	OF PRAIRIE VIEW RD					X Coordinate			Y Coord	linate
	IN THE TOWN OF SPRING GREEN					249842.03125			478691	
	IN SAUK COUNTY						Туре			
							UCTURE			
C	ras	sh Scene 💻								
Τ	First	Harmful Event				First Harm	nful Event Lo	cation		
	DIT	CH				ON ROA	DWAY			
	Manr	ner of Collision				Light Cond	dition			
	00 -	NO COLLISION W/VE	HICLE IN TRANSPORT			DARK/U	NLIT			
	Road	Surface Condition(s)				Roadway	Factor(s)			
	DRY	•								
f	Envir	ronment Factor(s)								
	NON	IE				NONE				
f	Wea	ther Condition(s)								
	CLE	AR								
f	Anim	al Type					o Trafficway			
L							CWAY - ON			
	Crash Classification - Location PUBLIC PROPERTY				-	ssification - 、				
	-	ribal Land			NO SPECIAL JURISDICTION Access Control Special Study					
		ar Land				NO CONTROL				
		n Interchange Area	Junction Location		Intersection	n Type INTERSE	OTION			
L	NO		NON-JUNCTION		NOT AN	INTERSE	CHON			
		Summary =								
		Init Status Vehicle Operating As Cl				**				
		TRANSIT D CLASS				AUTOMOBILE				
		cle Type ORT) UTILITY VEHICL	F			Operating As Endorsements				ments
	•	Occs	Train/Bus # Recorded	Total # Cita	tions Issued		I Total Traile	ere	Total Haz	:Mat Types
	10tai 1	Occs	Train/Bus # Necorded	0		0		0		iviat Types
f	Insur	ance?	Direction Of Travel	Pre	CrashTire		Speed Lim	it	Total Lan	es
· L	YES		NORTHBOUND		Mark		55		2	
Γ		Harmful Event: Collision	With		Special Function				Emergency Motor Vehicle Use NOT APPLICABLE	
	DIT			NO SPECIAL FUNCTION						
		raffic Way Traffic Control				Traffic Control Inoperative/Missing			tive/Missing	
		D-WAY, NOT DIVIDED ace Type			NO CONTROL Road Curvature CURVE RIGHT			Road Grade LEVEL		
		CKTOP (BITUMINOU	S)							
		R Bus or HazMat	-,	100	=			1 		
1	NO									
	١	Vehicle								
		License Plate Number ASJ9698	Plate Type	: JTOMOBIL	St Country of Issuance LE WI UNITED STATES					
		Vehicle Identification Nur	Make	, CINODIL	-	Year Model				
					2020 ECOSPORT					
	01	MAJ6S3JL8LC34347	70	FORD						
	6	MAJ6S3JL8LC34347 Color	70	FORD Body Style	9		2020	Bus Use	l	
	01		70	Body Style	ORT UTILIT	TY VEHICI			!	
	Ξ.	Color	70	Body Style	ORT UTILIT	TY VEHICI			<u> </u>	
	Ξ.	Color WHI - WHITE		Body Style UT - SPC Vehicle Da	ORT UTILIT		LE	Bus Use		7 8 9 10 11
		Color WHI - WHITE Initial Contact Point	DRNER	Body Style UT - SPC Vehicle Da	ORT UTILIT amage T SIDE FR		LE			7 8 9 10 11 6 2 2 2 12 5 4 3 2 1

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		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE What Driver Was Doing		Vehicle Removed By					
				Vehicle Factors					
		NEGOTIATING CURVE		NOT APPLICABLE					
		Driver Prior Action Other							
		Driver Actions	071011						
_	LE	OTHER CONTRIBUTING A	CTION						
LNO	VEHICLE								
_	Æ								
		Owner Name HEATHER RIEDER		Owner Address 28809 WILD ROOT LN LONE ROCK, WI 53556, US					
5	01	HEATHER RIEDER							
		Sequence Of Events							
	01	Event DITCH							
	02	Event							
	03	Event							
		Event							
	04								
╘	I	Policy Holder							
LNN		Insurance Company STATE-FARM-GENERAL-I	NS-CO	Individual HEATHER RIEDER					
		Individual							
	•	Driver		Citations Issued Sex					
	٦	HEATHER RIEDER (608) 459-0884		0 FEMALE					
—	INDIVIDUAL	(652, 152 552 1		Date of Birth	Race WHITE	E			
	$\overline{\leq}$	Address		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	N	28809 WILD ROOT LN LONE ROCK, WI 53556, U	JS						
	Cod	On Duty	Crash	Safety Equipment					
	Sai	ety Equipment		<u> </u>					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	NONE USED - VEH	ICLE OCCUPAN				
		Helmet Use	• • • • • • • • • • • • • • • • • • •	Helmet Compliance					
		Eye Protection		Tint Compliance					
2	001	Injury Se		Airbag					
_	0		CTED MINOR INJURY Ejection Path	DEPLOYED-FRONT Trapped/Extricated					
		,	NOT EJECTED/NOT APP	LICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		Distracted By Distracted VEHICL	d By Source .E-INTEGRATED DEVICE						
		Distracted By Action		<u> </u>					
		OTHER ACTION (LOOKING AWAY FROM TASK ETC)							

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
LIND	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Orug & Alcohol	Suspected Alcohol U NO	Jse	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
2	001	Drug Type		•				
		Individual Condition						
		APPEARED NORM	//AL					