## WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Overric	le	Primary Crash I	Document #		Agency Crash Number Investigating 23-03215 Investigating			g Officer/Deputy A. KULAS			
<b>L</b> O	Crash Date <b>04/03/2023</b>	Crash Time 05:06 PM						Time Arrived 05:15 PM				
OI LUCIUNO	Date Notified <b>04/03/2023</b>		Time Notified 05:08 PM		Total U	nits	Total Injure 02	ed	Total Kille	ed		
	On Emergency	Hit	t and Run	Lane Clos	sure	Work Zone	Traile	er or	Towed	Reporting Threshold		
	Government Property		Active Sc	hool Zone	School NO	Bus Related	Tags			•		
	<b>✓</b> Reportable		Crash Type DT4000 (STA	NDARD CRASI	H)		Amer	nded		Secondary Crash		
	Description   Diagram						•		construction			
			$\Diamond$	NOT TO S	SCALE			Ph <b>A</b>	otos By KULAS			
					:	STH 33		A -1	ditional Info			
		0,	02		 F	Jo1 10		- NO	ONE, PHO	TOS		
	(So			01								
								_				
	MAILBOX FOR											
	E10217 STH 33											
	, a sworn law enfo	orceme	ent officer, agre	ee that I have n	ot added	l any CJIS data in th	nis report.	•				
	UNIT 1 AND 2 WERE BOTH 33. UNIT 1 PROCEEDED TO UNIT 2. UNIT 2 THEN WEN	O PASS	UNIT 2 ON THE L	EFT AS UNIT 2 W.	AS MAKING	A LEFT TURN. THE RI	<b>GHT FRONT OF</b>	UNIT	1 STRUCK			

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/03/2023

Crash Time 05:06 PM

LOC	ation										
ON STH33 WB									Longitude		
0.74 MI W							59073	366748			
OF SAND RD							X Coordinate			Y Coordinate	
	HE TOWN OF DELTO	N				272695.25 4822079					
IN SAUK COUNTY							Туре				
		NO STR		<b>.</b>							
Cras	sh Scene										
First	Harmful Event					First Harm	nful Event	Location			
МОТ	OR VEH IN TRANSP	ORT				ON ROA	DWAY				
Manr	ner of Collision					Light Cond	dition				
01 -	ANGLE					DAYLIG					
Road	Surface Condition(s)					Roadway	Factor(s)				
DRY	. ,					Í	( )				
Envir	onment Factor(s)										
NON	IE					NONE					
Weat	ther Condition(s)										
CLO	UDY										
Anim	al Type					Relation T	o Trafficw	/ay			
						TRAFFIC	CWAY - 0	ON ROAD			
Cras	h Classification - Location					Crash Clas	ssification	- Jurisdiction			
PUB	LIC PROPERTY					NO SPECIAL JURISDICTION					
Triba	l Land					Access Control Special Study NO CONTROL					
1450							IROL				
NO	n Interchange Area	Junction Location NON-JUNCTION			Intersectio	n rype INTERSE	CTION				
_	ıre Type	NON CONCINCTION		Reaso	ons for Closu		011011				
	L CLOSURE			Neast	JII3 101 01030						
	Initial Lane/Rd Closed	Time Initial Lane/Rd Clos	ed.	ΙΔW	ENFORCE	EMENT T	OW TRI	ICK			
	3/2023	05:15 PM	eu .	LAW	LIVI OILOI	EMENT, TON TROOK					
Date	All Lanes Open	Time All Lanes Open		Date 9	Scene Clear	ared Time Scene Cleared					
04/0	3/2023	05:50 PM		04/03/2023 0			6:00 PM				
Unit	Summary =										
	Status		Vehi	cle Ope	erating As Cl	assification	l	Unit Type			
IN T	RANSIT		DC	D CLASS			AUTO			TOMOBILE	
Vehic	cle Type		1		Oper			Operating As	Operating As Endorsements		
(SPC	ORT) UTILITY VEHICL	.E									
Total	Occs	Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total Tra	ailers	Total Haz	Mat Types	
2			1				0		0	)	
Insur	ance?	Direction Of Travel		Pre	CrashTire		Speed L	imit	Total Lan	es	
YES		WESTBOUND			Mark		55		2		
Most	Harmful Event: Collision	With		cial Fun				Emergency I		cle Use	
MOT	OR VEH IN TRANSP	ORT	NO	SPEC	IAL FUNC	TION		NOT APPL	ICABLE		
Traffi	c Way		Traff	ic Cont	rol			Traffic Contr	ol Inopera	tive/Missing	
TWC	-WAY, NOT DIVIDED		NO	CONT	ROL			NO			
Surfa	ісе Туре		Road	d Curva	nture			Road Grade			
BLA	CKTOP (BITUMINOU	S)	STR	RAIGH	Т			LEVEL			
Truck	Bus or HazMat		1					I .			
NO											
1	/ehicle										
ſ	License Plate Number		Plat	te Type	!		St	Country of Iss	suance		
	401ZJZ				ITOMOBIL	E	WI	UNITED ST			
	Vehicle Identification Nur	mber	Mal	ке			Year	Model			
6	JA4AP3AU4HZ02732	21	МІТ	<b>ISUBI</b>	SHI		2017	OUTLANDER			

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use					
		RED - RED		UT - SPORT UTILITY	/ VEHICLE						
	ш	Initial Contact Point		Vehicle Damage							
<b> </b>		01 - RIGHT FRONT CORNER	2	ı .			7 8 9 10 11				
UNIT	¥	Extent Of Damage	-	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE							
<b>)</b>	VEHICL	DISABLING DAMAGE		FRONT, 11 - LEFT F	RONT CORNER, 1	12 - FRONT	5 4 3 2 1				
	>	Towed Due To Damage		Vehicle Removed By			<u> </u>				
		TOWED DUE TO DISABLING	S DAMAGE	CRAIGS TOWING							
		What Driver Was Doing	J DAMAGE	Vehicle Factors							
		GOING STRAIGHT		Verlicie i actors							
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Frior Action Other									
		Driver Auftree									
		Driver Actions IMPROPER OVERTAKING / PASSING LEFT									
	Щ	IMPROPER OVERTAKING / PASSING LEFT									
UNIT	VEHICL										
5	ᇤ										
	5										
		Owner Name		Owner Address							
_	_	ANGELA PYAN (608) 408-0541		216 MADISON ST # 106							
01	2	(608) 408-0541		ROCK SPRINGS, WI 53961 , US							
	;	Sequence Of Events									
		Event									
	5	MOTOR VEH IN TRANSPOR	tT .								
	•	Event									
	02										
		Event									
	03										
		Event									
	9	Lvoin									
	_										
		D. P H. Lila									
<b>⊥</b>		Policy Holder									
UNIT		Insurance Company	10.00	Individual							
UNIT			IS-CO	Individual ANGELA PYAN							
LINO	ı	Insurance Company	IS-CO								
UNIT	ı	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver	IS-CO		Sex						
TINO	1	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN	Is-co	ANGELA PYAN	Sex FEMALE						
TINO	1	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver	IS-CO	ANGELA PYAN  Citations Issued							
	1	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN	IS-CO	Citations Issued 1	FEMALE						
T	DUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN	IS-CO	Citations Issued 1	Race WHITE						
	DUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106		ANGELA PYAN  Citations Issued 1  Date of Birth  Driver License Numb	Race WHITE						
T	1	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541 Address		Citations Issued 1 Date of Birth	Race WHITE	ITED STATES					
T	DUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106		ANGELA PYAN  Citations Issued 1  Date of Birth  Driver License Numb	Race WHITE	ITED STATES					
T	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961	, US	ANGELA PYAN  Citations Issued 1  Date of Birth  Driver License Numb	Race WHITE	ITED STATES					
T	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961	, US	ANGELA PYAN  Citations Issued 1  Date of Birth  Driver License Numb  STATE: WISCONS	Race WHITE	ITED STATES					
T	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  On Duty Cr	, <b>US</b>	ANGELA PYAN  Citations Issued 1  Date of Birth  Driver License Numb  STATE: WISCONS	Race WHITE er  SIN COUNTRY: UN	ITED STATES					
T	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  Fety Equipment Row	, US	ANGELA PYAN  Citations Issued 1 Date of Birth  Driver License Numb  STATE: WISCONS  Safety Equipment	Race WHITE er  SIN COUNTRY: UN	ITED STATES					
T	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual  Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  Fety Equipment  Row 01 - FRONT ROW	, <b>US</b> eash Seat Position	ANGELA PYAN  Citations Issued 1 Date of Birth  Driver License Numb STATE: WISCONS  Safety Equipment  SHOULDER & LA	Race WHITE er  SIN COUNTRY: UN	ITED STATES					
T	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  Fety Equipment Row	, <b>US</b> eash Seat Position	ANGELA PYAN  Citations Issued 1 Date of Birth  Driver License Numb  STATE: WISCONS  Safety Equipment	Race WHITE er  SIN COUNTRY: UN	ITED STATES					
T	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  Fety Equipment Row 01 - FRONT ROW Helmet Use	, <b>US</b> eash Seat Position	ANGELA PYAN  Citations Issued 1 Date of Birth  Driver License Numb STATE: WISCONS  Safety Equipment  SHOULDER & LA  Helmet Compliance	Race WHITE er  SIN COUNTRY: UN	ITED STATES					
T	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual  Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  Fety Equipment  Row 01 - FRONT ROW	, <b>US</b> eash Seat Position	ANGELA PYAN  Citations Issued 1 Date of Birth  Driver License Numb STATE: WISCONS  Safety Equipment  SHOULDER & LA	Race WHITE er  SIN COUNTRY: UN	ITED STATES					
TINU	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual  Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Seve	, US ash Seat Position 07 - LEFT	ANGELA PYAN  Citations Issued 1 Date of Birth  Driver License Numb STATE: WISCONS  Safety Equipment  SHOULDER & LA  Helmet Compliance	Race WHITE er  SIN COUNTRY: UN	ITED STATES					
T	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual  Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Seve	, US ash Seat Position 07 - LEFT	ANGELA PYAN  Citations Issued 1 Date of Birth  Driver License Numb STATE: WISCONS  Safety Equipment SHOULDER & LA  Helmet Compliance	Race WHITE er  SIN COUNTRY: UN	ITED STATES					
TINU	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Injury NO APPA	, US ash Seat Position 07 - LEFT	ANGELA PYAN  Citations Issued 1 Date of Birth  Driver License Numb STATE: WISCONS  Safety Equipment SHOULDER & LA  Helmet Compliance  Tint Compliance	Race WHITE er  SIN COUNTRY: UN	ITED STATES					
TINU	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Injury Seve NO APPA Ejected  Injury	, US ash Seat Position 07 - LEFT rity RENT INJURY	ANGELA PYAN  Citations Issued 1 Date of Birth  Driver License Numb STATE: WISCONS  Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED	Race WHITE er  SIN COUNTRY: UN						
TINU	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver ANGELA PYAN (608) 408-0541  Address 216 MADISON ST # 106 ROCK SPRINGS, WI 53961  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Injury Seve NO APPA Ejected  Injury	, US ash Seat Position 07 - LEFT  rity RENT INJURY ection Path	ANGELA PYAN  Citations Issued 1 Date of Birth  Driver License Numb STATE: WISCONS  Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED	FEMALE Race WHITE  BIN COUNTRY: UN  P BELT	Trapped/Extricated					

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted E	By Source	)						
		Distracted By Action UNKNOWN									
		Non Motorist	Striking Uni	t #	Location						
		Prior Action									
		Action									
	AL										
LNI	INDIVIDUAL										
<b>-</b>	NDIV										
		Action Other							To/From School		
		Orug & Alcohol	Suspected A	Alcohol U	se	Suspected Drug Use					
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results			
		Drug Test Given			Drug Test Type		Drug Test Results				
_	1	TEST NOT GIVEN Drug Type									
0	001	0 71									
		Individual Condition									
		APPEARED NORMAL									
	İ	ndividual									
	_	Passenger TERRY ANN CAIN (608) 495-5440				Citations Issued Sex  0 FEMALE					
_	DIVIDUAL					Date of Birth	Race WHITE				
LNO	JIVIE	Address	SPRINGS	N		Driver License Number					
	_	E7425A COPPER SPRINGS LN REEDSBURG, WI 53959 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Cod	iota Faurinano na	On Duty Cra	ash		Safety Equipment					
	Sai	fety Equipment		Seat Po	sition	SHOULDER & LAP BELT					
		01 - FRONT ROW Helmet Use		09 - RI		Holmot Compliance					
						Helmet Compliance					
		Eye Protection				Tint Compliance					
2	005	Injury Severity SUSPECTED MINOR INJURY				Airbag NON DEPLOYED					
		Ejected NOT EJECTED	Eje	ection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport  NOT TRANSPORT	•			EMS Agency Identifier		EMS Run #			
		Hospital				Date of Death		Time of Death			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By	Distr	racted By S	ource								
		Distracted By Action											
		Non Motorist	Strik	ing Unit#	Loc	ation							
		Prior Action											
		Action											
	Ļ												
⊨	NDIVIDUAL												
UNIT	N												
	IND												
		Action Other											To/From School
			Sus	pected Alco	hol Use			Suspected Drug Use					
	L	Orug & Alcohol	NO		LAI-	ohol Test Typ		NO			Alb-  T	. D lk-	
		Alcohol Test Given TEST NOT GIVEN			Aic	onoi rest ryp	Эе				Alcohol Test	Results	
		Drug Test Given TEST NOT GIVEN			Dru	g Test Type	Drug Test Results			1			
01	002	Drug Type			<u> </u>								
	)	Individual Condition											
		Individual Condition											
		APPEARED NORN	IAL										
	Ţ	Violations											
	01	UTC Number BG941805	001	ие То? <b>I</b>	Statute N 346.09(			Description PASSING VEHICLE I	NDIC	ATING LEI	FT TURN		
		t Summary											
		Status RANSIT						nicle Operating As Classit	fication		Unit Type AUTOMOE	RII F	
2		hicle Type						JENOO			Operating As Endorsements		
02	PAS	PASSENGER CAR										=	
	Tota <b>1</b>	Occs		Train/Bus	# Recorde		Total # Citations Issued  0			Total Trailers  0		l otal Haziv	lat Types
		rance?		Direction (	Of Travel		_	Pre CrashTire		Speed Lim	it	Total Lane	3
Ħ	YES			WESTBO	DUND			Mark		55	2 Emergency Motor Vehicle Use		
UNIT		Harmful Event: Collision						ecial Function  SPECIAL FUNCTIO	N		NOT APPL		le Use
		ic Way						ffic Control			Traffic Control Inoperative/Missing		
		D-WAY, NOT DIVIDE ace Type	ט					O CONTROL  ad Curvature			NO Road Grade	!	
	BLACKTOP (BITUMINOUS)							RAIGHT			LEVEL		
	Truc <b>NO</b>	k Bus or HazMat											
		Vehicle											
		License Plate Number						ate Type		St	Country of Is:		
		AMC4707						JT - AUTOMOBILE		WI			
02	02	Vehicle Identification								Year 2008	Model 300		
_	)	2C3LA33G88H187228					υľ	IIVIOLEIV		2000	500		

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use				
		RED - RED		4D - 4DR						
_	ĽE	Initial Contact Point  07 - LEFT REAR CORNER		Vehicle Damage						
	VEHICL	Extent Of Damage		01 - RIGHT FRONT			6 3 12			
	VE	DISABLING DAMAGE		REAR CORNER, 08	- LEFT SIDE REA	R, 12 - FRONT	5 4 3 2 1			
		Towed Due To Damage TOWED DUE TO DISABLING		Vehicle Removed By  CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		LEFT TURN								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions NO CONTRIBUTING ACTION								
_	I.E	NO CONTRIBUTING ACTION								
LNU	VEHICL									
_	VE									
		Owner Name		Owner Address						
		TOMAS SLADEK		701 STONEY AC	RES RD APT 318					
05	02	(567) 219-1740		WISCONSIN DELLS, WI 53965 , US						
	Ş	Sequence Of Events Event								
	01	MOTOR VEH IN TRANSPOR	кт							
	02	Event MAILBOX								
	03	Event								
	04	Event								
⊢		Policy Holder								
LIND		Insurance Company		Individual						
		PROGRESSIVE-CLASSIC-IN	IS-CO	TOMAS SLADEK						
	ı	Individual Driver		Citations Issued	Cov					
		TOMAS SLADEK		Citations Issued  0	Sex MALE					
	DUAL	(567) 219-1740	Date of Birth	Race						
╘	JD					HISPANIC				
	INDIN	Address 701 STONEY ACRES RD AP	T 318	Driver License Number						
	Z	WISCONSIN DELLS, WI 539	STATE: OTHER JURISDICTION COUNTRY: SOUTH AFRICA							
	Saf	On Duty Cr fety Equipment	rash	Safety Equipment  SHOULDER & LAP BELT						
		Row	Seat Position							
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
				,						
05	003	Injury Seve	rity TED MINOR INJURY	Airbag  NON DEPLOYED						
		Ejected Ej	ection Path			Trapped/Extricated				
			OT EJECTED/NOT APP							
		Medical Transport  NOT TRANSPORTED		EMS Agency Identifier EMS Run#						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital			Date of Death		Time of Death					
	·		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)									
		Distracted By Action NOT DISTRACTED										
		Non Motorist	Striking Unit #	Location								
		Prior Action										
		Action										
L	UAL											
UNIT	INDIVIDUAL											
	IND											
		Action Other	To/From School									
		Action Other					To/From School					
	L	Orug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO							
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	e		Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results						
02	003	Drug Type										
		Individual Condition										
		APPEARED NORI	MAL									
	Pro	perty Owner										
PROP 01	CHA	idual ARLENE CUSTER 8) 434-0964			Address E10201 STATE ROAD BARABOO, WI 53913							
	Fixe	d Objects Stru										
	5		ruck Object AILBOX				Structure Number	Damage Tag Number				