6TL0DDT5MZ 23-04717

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

									` ,		
	Document Number Overrie	de	Primary Crash D	Oocument #	Agency	Crash Number	Investigating Off	cer/Deputy			
	6TL0C22XZ9				23-047	717	DEPUTY A. W	DEPUTY A. WILCOX			
7	Crash Date 05/12/2023		Crash Time 08:59 PM		Date Arrived 05/12/2023		Time Arrived				
Σ							08:59 PM				
5	Date Notified		Time Notified		Total Units		Total Injured	Total Killed			
DI	05/12/2023		08:59 PM		02		00	00			
ODI	On Emergency Hi		t and Run Lane Closu		ure Work Zone		Trailer or Towed		Reporting Threshold		
	Government Property		Active School Zone		School Bus Related		Tags				
6 T					NO						
•	Reportable Crash Type DT4000 (STA			NDARD CRASH)			Amended		Secondary Crash		
Ì	Description =										
	Diagram						Re	construction	Rv		
	Diagram					110	oon struction	- y			

Not to Scale Not to Scale State 219 Exit 219 USH 12 Reconstruction By Reconstruction By Additional Information PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 05/12/2023, I RESPONDED TO A HIT-AND-RUN TRAFFIC ACCIDENT ON USH 12 NEAR CTH W. I ARRIVED ON THE SCENE AND OBSERVED UNIT 1 TO HAVE FUNCTIONAL DAMAGE TO THE LEFT REAR PORTION. I ASKED UNIT 1 OPERATOR WHAT HAD HAPPENED. UNIT 1 OPERATOR STATED SHE WAS TRAVELING E/B ON USH 12 WHEN A PICKUP TRUCK STRUCK THE REAR PORTION OF UNIT 1. UNIT 1 OPERATOR STATED UNIT 2 CONTINUED ON USH 12, WHERE UNIT 2 TOOK EXIT 219. UNIT 1 OPERATOR STATED SHE DID NOT SEE WHERE UNIT 2 WENT AFTER THE EXIT. UNIT 1 OPERATOR DID NOT KNOW THE MAKE OR MODEL OF UNIT 1, AND ALL SHE KNEW WAS IT WAS A LIGHT GRAY TRUCK. UNIT 1 WAS REMOVED BY UNIT 1 OPERATOR.

I MADE A MISTAKE ON THE DIAGRAM.

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Crash Date 05/12/2023

ON 0.3	USH12 EB				Latitude 43.46562	2065		Longitue	de 7216126	
IN	CTHW WB THE CITY OF BARABO SAUK COUNTY			X Coordin 275345.6			Y Coord 481627			
				Structure NO STR	Type UCTURE					
	sh Scene				 	nful Event L				
	TOR VEH IN TRANSP	ORT			ON ROA		ocation			
	ner of Collision	<u> </u>			Light Cond					
03	FRONT TO REAR				DARK/U	NLIT				
Roa	d Surface Condition(s)				Roadway	Factor(s)				
DR	Υ									
Env	ironment Factor(s)									
NO	NE				NONE					
Wea	ather Condition(s)									
CLI	EAR									
Anir	nal Type		Relation To Trafficway TRAFFICWAY - ON ROAD							
	Crash Classification - Location PUBLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
									Lorensial Ottodo	
ITID	Tribal Land				Access Control Special S FULL CONTROL			Special Study		
With NO	iin Interchange Area	Junction Location NON-JUNCTION		NOT AN	n Type INTERSE	CTION				
Uni	t Summary 💻									
	nit Status Vehicle Operating As (Classification Unit Type AUTOMOBILE					
	FRANSIT icle Type	D CLASS				Operating A		ments		
	SSENGER CAR									
Tota 1	al Occs	Train/Bus # Recorded	Total # Cita	Citations Issued		Total Tra	ilers	Total Haz	Mat Types	
Insu YE	rance?	Direction Of Travel WESTBOUND		CrashTire Mark			mit	Total Lan	es	
Mos	t Harmful Event: Collision TOR VEH IN TRANSPO	Special Fur				Emergency Motor Vehicle Use NOT APPLICABLE				
	fic Way IDED HWY W/O TRAF	Traffic Control NO CONTROL				Traffic Control Inoperative/Missing				
	ace Type	FIC BARRIER	Road Curva				NO Road Grade			
	BLACKTOP (BITUMINOUS)						LEVEL			
	k Bus or HazMat		•							
	Vehicle									
	License Plate Number	Plate Type AUT - AUTOMOBILE Make FORD				Country of Issuance UNITED STATES				
	852UGA									
2	Vehicle Identification Nur 2FAFP74W14X17311				Year 2004	Model CROWN V	ICT			
	Color		Body Style	Body Style			Bus Use			
	LBL - BLUE, LIGHT Initial Contact Point		4D - 4DR	1						
	07 - LEFT REAR COI									

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	Щ		V	Vehicle Damage						
LIND	VEHICLE	Extent Of Damage		07 - LEFT REAR COI	RNER, 08 - LEFT S	SIDE REAR	7 8 9 10 11 6 2 2 12 5 4 3 2 1			
	VE	FUNCTIONAL DAMAGE					5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED What Driver Was Doing		OWNER /ehicle Factors						
		GOING STRAIGHT	v	reflicie i actors						
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
_	Щ.	NO CONTRIBUTING ACTION								
LNU	<u> </u>									
5	VEHICL									
	>									
		Owner Name		Owner Address						
_		CONNIE MARJORY MUS	CAVITCH	102 JOYCE DR #						
2	01	(608) 770-6044		LODI, WI 53555 ,	US					
	,	Sequence Of Events								
	01	MOTOR VEH IN TRANSP	ORT							
	02	Event								
	03	Event								
	04	Event								
_		Policy Holder								
UNIT		Policy Holder Insurance Company Individual								
5		LIBERTY-MUTUAL-INS-C	0	CONNIE MUSCAVI	тсн					
		ndividual								
		Driver		Citations Issued Sex						
	_	CONNIE MUSCAVITCH		0	FEMALE					
	UA	(608) 770-6044		Date of Birth	Race					
╘	Ī				WHITE					
	IDINIDUAL	Address 102 JOYCE DR # 5		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment						
	Z	LODI, WI 53555 , US								
	_	On Duty	Crash							
	Sat	fety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
7	001	Injury S	everity PARENT INJURY	Airbag NON DEPLOYED						
		Ejected	Ejection Path	1		Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APPL	ICABLE		NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death		Time of Death				

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Crash Date 05/12/2023

								,		
		Distracted By NO	racted By Source T APPLICABL	e .e (not distra	CTED)					
		Distracted By Action NOT DISTRACTED								
	,	Non Motorist	ing Unit#	Location						
		Prior Action		l						
UNIT	INDIVIDUAL	Action								
	INDI	Action Other						To/From School		
		Action Other						TON TOTAL SCHOOL		
	L	Drug & Alcohol NO	pected Alcohol (Jse	Suspected Drug Use NO			<u> </u>		
		Alcohol Test Given		Alcohol Test Type) }		Alcohol Tes	Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Res	ults			
		TEST NOT GIVEN								
0	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	Uni	t Summary								
	Unit	Status			ehicle Operating As Classi	fication	Unit Type			
		AND RUN cle Type			CLASS		TRUCK Operating A	As Endorsements		
02		LITY TRUCK/PICKUP T								
	Tota 1	otal Occs Train/Bus # Recorded			Total # Citations Issued Total Trail 0 0		railers	Total HazMat Types 0		
		rance?	Direction Of Tr	l r	Pre CrashTire Spee		Limit	Total Lanes		
UNIT	Most	KNOWN : Harmful Event: Collision W FOR VEH IN TRANSPOI		S	Mark pecial Function IO SPECIAL FUNCTIO	65 N		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traff	ic Way		Т	raffic Control		Traffic Cont	Traffic Control Inoperative/Missing		
	DIVIDED HWY W/O TRAFFIC BARRIER				IO CONTROL		NO Road Grade			
	Surface Type BLACKTOP (BITUMINOUS)				coad Curvature	e				
	Truck Bus or HazMat NO									
		Vehicle								
		License Plate Number			Plate Type St		Country of Is	Country of Issuance		
02	02	Vehicle Identification Numb	per	1	Make	Year	Model			
		Color			Body Style	1	Bus Use			
I		Initial Contact Point 99 - UNKNOWN					<u> </u>			

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	Щ	Extent Of Damage VEHICLE NOT AT SCENE			Ve	Vehicle Damage 7 8 9 10 11					
LINO	VEHICLE								6 2 12		
5	ᇤ				16	16 - VEHICLE NOT AT SCENE			5 4 3 2 1		
	>	Towed Due To Damage			V/o	Vehicle Removed By					
		NOT TOWED	-			PERATOR					
		What Driver Was Doing	1			hicle Factors					
		UNKNOWN	,								
		Driver Prior Action Other	er		UN	NKNOWN					
		Driver Actions			l						
	щ	UNKNOWN									
LNO	VEHICL										
5	ᇤ										
	>										
		Owner Name				Owner Address					
05	02					, ,					
	,	Sequence Of Ev	onte								
		Event									
	2	MOTOR VEH IN TR	ANSPOR	RT							
	05	Event									
	0										
	03	Event									
	40	Event									
		Individual									
		Driver			1	Citations Issued	Sex				
	_	UNKNOWN UNKNOWN Address				0					
	∀					Date of Birth	Race				
╘	₫					Divide Lieuwa Nembar					
	INDIVIDUAL					Driver License Number					
	Ξ	, ,									
			On Duty C	rash		Safety Equipment					
	Sai	fety Equipment									
		Row		Seat Position	RESTRAINT USE UNKNOWN						
		01 - FRONT ROW 07 - LEFT		Helmet Compliance							
		Helmet Use			Helmet Compliance						
		Eye Protection			+	Tint Compliance					
05	002	Injury Severity NO APPARENT INJURY				Airbag NOT APPLICABLE					
		Ejected	I E	jection Path	1	NOT AFFEIGABLE		Trapped/Extricated			
	NOT APPLICABLE NOT EJECTED/NOT AF			APPLIC	CABLE		NOT APPLICABL	.E			
		Medical Transport				EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTE	D								
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted	By Source							
		Distracted Dy									

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		Distracted By Action						
	·	Non Motorist	iking Unit#	Location				
		Prior Action						
		Action						
	JAL							
LNO	INDIVIDUAL							
	NDI							
		Action Other						To/From School
	L	Drug & Alcohol	spected Alcohol U	se	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
05	002	Drug Type						
		Individual Condition						
		NOT OBSERVED						