### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrio	de Primary Crash I	Document #	, , , , , , , , , , , , , , , , , , ,			estigating Officer/Deputy  PUTY Z. DRILL		
Crash Date <b>05/24/2023</b>	Crash Time 09:15 PM		Date Ar 05/24/2		Time Arrived 09:40 PM			
Date Notified <b>05/24/2023</b>	Time Notified 09:20 PM		Total Ur 02	nits	Total Injured <b>00</b>	Total Kille	ed	
On Emergency	Hit and Run	Lane Closu		Work Zone	Trailer or	Towed	Reporting Threshold	
Government Property	Active Sc	hool Zone	School <b>NO</b>	Bus Related	Tags			
<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH)	)		Amended		Secondary Crash	
Description   Diagram					l p.	econstruction	a Dv	
Diagram				N Δ	176	construction	ТБу	
			W⊲H	DE S				
					Pr <b>D</b> l	notos By EPUTY DR	RILL	
	Interstate 90/94							
					Ac	Iditional Info	rmation	
					PI	lditional Info HOTOS		
NOT TO SCALE	HWY 12							
✓ I, a sworn law enfo	HWY 12 Eastbound	HWY 12 Westbound	t added	any CJIS data in th	nis report.			

UNIT 1 WAS TRAVELING EASTBOUND ON HWY 12, JUST SOUTH OF THE INTERSTATE 90 OVERPASS. WHILE ENTERING THE 65MPH ZONE, UNIT 1 WAS STRUCK FROM THE REAR BY UNIT 2. UNIT 2 WAS ACCELERATING FOR THE 65MPH ZONE, THE DRIVER OF UNIT 2 LOOKED DOWN AT HER SPEEDOMETER AND WHEN SHE LOOKED UP, UNIT 1 WAS DIRECTLY IN FRONT OF HER. DRIVER OF UNIT 2 ATTEMPTED TO BRAKE BUT WAS UNABLE TO SLOW/STOP FAST ENOUGH, AND STRUCK THE REAR END OF UNIT 1. UNIT ONE AND TWO SUSTAINED DISABLING DAMAGE. DRIVER'S AIRBAG DEPLOYED ON UNIT 2. NO INJURIES REPORTED, NO TRANSPORT BY EMS. BOTH UNITS TOWED FROM THE SCENE.

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Crash Date 05/24/2023

- 1	_oc	ation <b>—</b>									
ŀ	ON	USH12 EB				Latitude			Longitud	de	
	1200 FT N						43.564580379			-89.77855605	
	OF MOON RD						X Coordinate			linate	
	IN THE VILLAGE OF LAKE DELTON					275604.53125			482726		
	IN S	AUK COUNTY							402720		
						Structure NO STR	UCTURE				
	^ra	sh Scene									
Ì	-	Harmful Event				C:411	£.  F				
							nful Event Lo	cation			
ı		TOR VEH IN TRANSP	ORI			ON ROA					
		ner of Collision			Light Condition						
		FRONT TO REAR			DARK/UNLIT						
	Road Surface Condition(s)						Factor(s)				
	DRY Environment Factor(s)										
ŀ											
	NON	1E				NONE					
ŀ	Wea	ther Condition(s)									
	CLE	AR									
ŀ	Anim	аІ Туре				Relation T	o Trafficway	/			
							WAY - ON				
ţ	Cras	h Classification - Locatior	1			Crash Clas	ssification -	Jurisdiction			
	PUB	SLIC PROPERTY				NO SPE	CIAL JURI	SDICTION			
ľ	Triba	l Land				Access Control Special Study					
l							NO CONTROL				
		in Interchange Area	Junction Location		Intersectio	••					
L	NO		ENTRANCE RAMP		NOT AN	INTERSE	CTION				
Į	Jnit	t Summary 💻									
П	Unit :	Status		Vehicle Op	erating As Cl	assification		Unit Type			
	IN T	RANSIT		D CLASS		AUTOMOBILE					
. I	Vehic	cle Type						Operating As Endorsements			
,	PAS	SENGER CAR									
ŀ	Total	Occs	Train/Bus # Recorded	Total # Citations Issued		ed Total Trail		ilers Total H		:Mat Types	
	2			0			0	0			
ŀ		ance?	Direction Of Travel	Bro	CrashTire		Speed Lim			es	
	YES		EASTBOUND	Pre	Mark		65			241103	
L		Harmful Event: Collision		Special Fur			""			icle Use	
		TOR VEH IN TRANSP		· ·	IAL FUNC	TION		NOT APPL			
ŀ		ic Way		Traffic Conf	trol			Traffic Contr			
		DED HWY W/TRAFFI	C BARRIER	NO CONT				NO		· ······ <b>9</b>	
		ace Type	- PUIMEIN	Road Curva				Road Grade			
		CKTOP (BITUMINOU	IS)	STRAIGH				UPHILL			
ļ		k Bus or HazMat	10)	STRAIGH				JEHILL			
	NO	N DUS OF MAZIVIÄL									
1	\	Vehicle									
		License Plate Number		Plate Type	)		St	Country of Issuance			
		ASU5470		AUT - AL	JTOMOBIL	E	WI	UNITED STATES			
		Vehicle Identification Nu	Make			Year	Model	vlodel			
ı	01	1N4BA41E87C86355	54	NISSAN			2007	MAXIMA			
		Color		Body Style				Bus Use			
		BLK - BLACK		SD - SEC	SD - SEDAN						
	щ	Initial Contact Point		Vehicle Da	amage					7 0 6 10 11	
	C	06 - REAR		05 810	UT DE AR 4	200110	06 DE4			7 8 9 10 11	
	VEHICL	Extent Of Damage		DEAD CODNED					3		
	ш	<b>DISABLING DAMAG</b>	Ε	1.,,,,,,	~: <u>-</u> :\					5 4 3 2 1	
	<b>&gt;</b>	DIOADLING BAINAG		<u> </u>							

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Crash Date **05/24/2023** 

		Towed Due To Damage		Vehicle Removed By								
		TOWED DUE TO DISABL	ING DAMAGE	PLATTS WRECKER	2							
		What Driver Was Doing		Vehicle Factors								
		GOING STRAIGHT										
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions										
	ш	NO CONTRIBUTING ACT	ION									
$\vdash$	VEHICLE											
LNO	¥											
$\supset$	Ē											
	>											
		Owner Name		Owner Address								
		MERYL NAVA RAMOS		200 W HIAWATH	IA DR							
9	01	(608) 432-2238		WISCONSIN DE	LLS, WI 53965 , U	JS						
		Sequence Of Events										
		Event										
	01	MOTOR VEH IN TRANSPORT										
	02	Event										
	0											
	03	Event										
		Event										
	04	Event										
		L Policy Holder										
LIND		Insurance Company		Individual	ladiide al							
5		PROGRESSIVE-CLASSIC	C-INS-CO	MERYL NAVA RA	MOS							
		Individual		100 0								
		Driver SOFIA MERIZALDE SAN	MARTIN	Olitations issued	Citations Issued Sex <b>O FEMALE</b>							
	AL				Date of Birth Race							
_	INDIVIDUAL			Date of Biltin	HISPANIC							
		Address		Driver License Numb	Driver License Number							
$\supset$	딥	200 W HIAWATHA DR										
	=	WISCONSIN DELLS, WI	53965 . US									
			,									
			,									
		On Dut	y Crash	Safety Equipment		_						
	Sat	On Dut		Safety Equipment								
	Sat	fety Equipment		Safety Equipment  SHOULDER & LA	NP BELT							
	Sat	fety Equipment	y Crash		NP BELT							
	Sat	fety Equipment Row	y Crash  Seat Position		NP BELT							
	Sat	Row 01 - FRONT ROW	y Crash  Seat Position	SHOULDER & LA	\P BELT							
	Sat	Row 01 - FRONT ROW	y Crash  Seat Position	SHOULDER & LA	AP BELT							
	Sat	Row 01 - FRONT ROW Helmet Use  Eye Protection	Seat Position 07 - LEFT	SHOULDER & LA  Helmet Compliance  Tint Compliance	AP BELT							
5		Row 01 - FRONT ROW Helmet Use Eye Protection Injury S	Seat Position 07 - LEFT	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag								
01	Sai	Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury S NO AF	Seat Position 07 - LEFT  Severity  PPARENT INJURY	SHOULDER & LA  Helmet Compliance  Tint Compliance								
10		Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury S NO AF	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED		Trapped/Extricated						
10		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF	Seat Position 07 - LEFT  Severity  PPARENT INJURY	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED		NOT TRAPPED						
10		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED		* *						
10		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identifie		NOT TRAPPED  EMS Run #						
10		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED		NOT TRAPPED						
01		Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT A	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identified  Date of Death		NOT TRAPPED  EMS Run #						
10		Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT A	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identified  Date of Death		NOT TRAPPED  EMS Run #						
01		Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT A	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identified  Date of Death		NOT TRAPPED  EMS Run #						

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		<u>_</u>									
		Non Motorist	Striking U	nit#	Location						
		Prior Action									
LINIT	INDIVIDUAL	Action									
	=										
		Action Other							To/From School		
	L	Drug & Alcohol	Suspected <b>NO</b>	d Alcohol U	lse	Suspected Drug Use	3				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	9		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Type			Drug Test Result	s				
5	001	Drug Type									
		Individual Condition  APPEARED NORMAL									
		L Individual									
		Passenger MERYL NAVA RAN	108			Citations Issued	Sex				
	UAL	INERTE NAVA RAINOO				<b>0</b> Date of Birth	Race HISPANIC	Race			
LINO	INDIVIDUAL	Address 200 W HIAWATHA DR WISCONSIN DELLS, WI 53965, US			Driver License Numb	per					
	Sat	fety Equipment	On Duty C	Crash		Safety Equipment					
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LA	AP BELT				
		Helmet Use			<u>-</u>	Helmet Compliance					
		Eye Protection				Tint Compliance					
5	005	Injury	NO APP	ARENT II		Airbag NON DEPLOYED					
		Ejected  NOT EJECTED		jection Pa	<sup>th</sup> CTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identific	er	EMS Run #			
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted	By Source	9			1			
		Distracted By Action									
		Non Motorist	Striking U	nit#	Location						

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/24/2023

		Prior Action									
LIND	INDIVIDUAL	Action									
		Action Other								To/From School	
	L	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use <b>NO</b>						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Te	est Results	l			
5	002	Drug Type									
		Individual Condition  APPEARED NORMAL									
ı	Uni	t Summary									
	Unit	Status			ehicle Operating As Class	ification		Unit Type			
		RANSIT cle Type			D CLASS			AUTOMO Operating A		amente	
02		SENGER CAR					operating / iointerioring.iio				
	Tota <b>1</b>	l Occs	Train/Bus # Re	T	Total # Citations Issued  0		Total Traile	ers	Total Ha	zMat Types	
<u>⊨</u>	YES	Insurance? Direction Of Travel YES EASTBOUND			Pre CrashTire Mark	Mark 65			4		
LIND	МО	t Harmful Event: Collision W TOR VEH IN TRANSPOR		N	Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way DIVIDED HWY MEDIAN W/BARRIER				Traffic Control NO CONTROL			Traffic Control Inoperative/Missing  NO			
		ace Type ACKTOP (BITUMINOUS)	· ·			Road Curvature STRAIGHT			Road Grade UPHILL		
		k Bus or HazMat		l .							
	_	Vehicle									
		License Plate Number ANN2755			Plate Type  AUT - AUTOMOBILE			Country of Is			
05	02	Vehicle Identification Number 5NPEB4AC3DH517804		I	Make <b>HYUNDAI</b>		2013	Model SONATA			
		Color SIL - SILVER (ALUMIN	IUM)	:	Body Style SD - SEDAN			Bus Use			
LIND	VEHICLE	Initial Contact Point  12 - FRONT  Extent Of Damage			— 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT				7 8 9 10 11 6 2 2 1 12 5 4 3 2 1		
	>	Towed Due To Damage  NOT TOWED			Vehicle Removed By CRAIGS TOWING						
I		What Driver Was Doing GOING STRAIGHT									

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

					7	/ehicle Factors						
		Dairea Dairea Astica Ot	I		,	NOT APPLICABLE						
		Driver Prior Action Ot	ner		['	TOT AFFEIGABLE						
		Driver Actions										
	LE											
UNIT	NEHICLE IN THE PROPERTY OF THE											
<b>-</b>	VE											
		Owner Name JORDANA WHITE	EEAGLE			Owner Address E11249 LITTLEGE	ORGE RD					
02	02					BARABOO, WI 53	913 , US					
		Sequence Of Event	vents									
	01	MOTOR VEH IN TRANSPORT										
	02	Event										
	03	Event										
	04	Event										
		Policy Holder										
UNIT		Insurance Company				Individual						
ر ر		PROGRESSIVE-C	LASSIC-II	NS-CO		AMBER GREENDEER						
	ļ	ndividual Driver				Citations Issued	Sex					
	_	JORDANA WHITE EAGLE			0	FEMALE						
_	INDIVIDUAL					Date of Birth	Race					
UNIT	$\equiv$	Address				Driver License Number						
	N	E11249 LITTLEGEORGE RD BARABOO, WI 53913 , US				STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash  fety Equipment				Safety Equipment						
		Row		Seat Po		SHOULDER & LAP	BELT					
		01 - FRONT ROW Helmet Use		07 - LE	:FT	Helmet Compliance						
		Eye Protection				Tint Compliance						
02	003	Injury	NO APP	•	IIIDV	Airbag  DEPLOYED-FRONT						
		Ejected		jection Pa		DEPLOTED-FRONT		Trapped/Extricated				
		NOT EJECTED	N	IOT EJE	CTED/NOT APPL			NOT TRAPPED				
		Medical Transport NOT TRANSPORT	ΓED			EMS Agency Identifier		EMS Run #				
		Hospital				Date of Death Time of Death						
		Distracted By	Distracted	By Source	F (NOT DISTRA	CTED)						
		Distracted By Action			_ (	- · <b></b> · ,						
		UNKNOWN	Striking Ur	sit #	Location							
		Non Motorist	Striking UI		Location							

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Crash Date 05/24/2023

	Prior Action					
	Action					
AL						
)U						
₫						
=						
	Action Other					To/From School
	Suspected Alcohol	Use	Suspected Drug Use			
L						
		Alcohol Test Type			Alcohol Test Results	
	Drug Test Given	Drug Test Type		Drug Test Results	3	
•						
003	Drug Type					
	Individual Condition					
	APPEARED NORMAL					
	A LAKE HORMAL					
	003 INDIVIDUAL	Action Other  Drug & Alcohol NO  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type	Action  Action Other  Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition	Action Other    Action Other	Action Other    Drug & Alcoho	Action Other    Drug & Alcohol   Suspected Alcohol Use   NO