WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913

										(608) 356-489
	Document Number Override 6TL0CBQ6RV	Primary Crash D	Document #	Agency 23-06	y Crash Number 148	Investigating DEPUTY A				
	Crash Date 06/13/2023	Crash Time 05:15 PM		Date Arrived 06/13/2023		Time Arrived 05:33 PM	Time Arrived 05:33 PM			
	Date Notified 06/13/2023	Time Notified 05:20 PM		Total U	Inits	Total Injured	t	Total Kille	d	
	On Emergency Hit	and Run	Lane Closu		Work Zone		or '	Towed		Reporting Threshold
•	Government Property		hool Zone	School NO	Bus Related	Tags				
	▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ded			Secondary Crash
	Description Diagram						Re	construction	By	
		Scale	ž						_,	
		I					Di			
	[23] [27] [27] [27]	Sou	ith Blvd	d			DE	otos By EPUTY A	JAHNK	E #9182
							Δ-1	-1:4:1 1 5		
								ditional Infor	mation	
	02									
	01				Hy 136					
			13							
			[8]							
				Ŋ						
				1						
			b	<u> </u>		<u> </u>				
	J, a sworn law enforceme	nt officer, agre	ee that I have no	ot adde	d any CJIS data in	this report.				
	UNIT 1 TRAVELING EASTBOUND OF EYEWITNESS OBSERVED UNIT 2 TO SOUTH BLVD. JUNE 4 CO	TRAVELING WITH	RIGHT SIGNAL LIC	SHT ACT	IVATED. UNIT 1 PROCE	EDED TO TURN N	ORT	H ONTO HY	136. UNI	IT 2 PROCEEDED
	WEST ON SOUTH BLVD. UNIT 1 CO TIRE RIM AND FRONT BUMPER. U									

FOR VIOLATIONS.

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/13/2023

ON 19	STH136 WB				Latitude 43.46004	14796		Longitud	de 3867439		
IN 7	STH136 WB THE CITY OF BARABO SAUK COUNTY	00			X Coordinate 276000.40625			Y Coord 481562			
""	SACK COOK! I				Structure NO STR						
	sh Scene			I	F: (II	(15 (1	· ·				
	TOR VEH IN TRANSP	ORT			ON ROA	nful Event L	ocation				
_	nner of Collision				Light Cond						
02 -	FRONT TO FRONT			DAYLIG							
Roa	d Surface Condition(s)				Roadway	Factor(s)					
WE	т										
Env	ironment Factor(s)										
NO	NE				NONE						
Wea	ather Condition(s)	· Condition(s)					1				
CL	CLOUDY, RAIN										
Anir	nal Type				Relation To Trafficway TRAFFICWAY - ON ROAD						
Cras	Crash Classification - Location				Crash Classification - Jurisdiction						
	BLIC PROPERTY				NO SPECIAL JURISDICTION						
Trib	Tribal Land				Access Control NO CONTROL				Special Study		
With NO	nin Interchange Area	Junction Location INTERSECTION		Intersection Type FOUR-WAY INTERSECTION							
	t Summary										
1	Status	· ·	erating As Cl	assification		Unit Type					
	ΓRANSIT icle Type		D CLASS	i			TRUCK Operating As Endorsements				
	LITY TRUCK/PICKUP					- 1 3 =					
Tota 1	al Occs	Train/Bus # Recorded	Total # Citations Issued 1		d Total Trai		ailers Total Haz		Mat Types		
	rance?	Direction Of Travel	Pre CrashTire						es		
YES Mos	st Harmful Event: Collision	With EASTBOUND	Special Fur	Mark nction	30		4 Emergency Motor Vehicle Use		icle Use		
МО	MOTOR VEH IN TRANSPORT			CIAL FUNC	CTION		NOT APPLICABLE				
	fic Way IDED HWY W/O TRAF		Traffic Control TRAFFIC SIGNAL			Traffic Cont	Control Inoperative/Missing				
	ace Type	Road Curva				Road Grade					
BL	ACKTOP (BITUMINOU	STRAIGH	STRAIGHT LEVEL								
Truck Bus or HazMat							1				
	Vehicle										
	License Plate Number		Plate Type	9		St	Country of Is	suance			
	XE46337	HTK - HEAVY TR		CK	WI	UNITED STATES					
2	Vehicle Identification Nu 3C6UR5FL5NG3720		Make RAM			Year 2022	Model 2500				
0	Color	Body Style	Э	2022		2500 Bus Use					
	GRY - GRAY		PK - PIC	KUP							
	Initial Contact Point 01 - RIGHT FRONT (

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UNIT		Vehicle Damage	Vehicle Damage					
Z Ť				7 8 9 10 11				
	Extent Of Damage		CORNER, 02 - RIGHT SIDE	6				
	MINOR DAMAGE	FRONT		5 4 3 2 1				
	Towed Due To Damage	Vehicle Removed By						
	NOT TOWED	OWNER						
	What Driver Was Doing	Vehicle Factors						
	LEFT TURN	Vollidio i dotoro						
	Driver Prior Action Other	NOT APPLICABLE						
	Driver i noi Action Other							
	Driver Actions							
ш	FAILED TO YIELD RIGHT-OF-WAY							
UNIT								
UNIT								
>								
	Owner Name JETT WILLIAMS	Owner Address S3023 N REEDS	PUDC PD					
9	(608) 448-1263							
0	(600) 110 1200	5,40,500,111	BARABOO, WI 53913 , US					
	Sequence Of Events							
0	Event MOTOR VEH IN TRANSPORT							
0	MOTOR VEH IN TRANSPORT							
02	Event							
0								
က	Event							
03								
₹	Event							
04								
	Policy Holder							
UNIT	Insurance Company Individual							
5	STATE-FARM-GENERAL-INS-CO	JETT WILLIAMS						
	Individual							
	Driver	Citations Issued	Sex					
	PAMELA WILLIAMS	1	FEMALE					
4	(608) 477-8335	Date of Birth	Race					
. 3		Date of Birth	WHITE					
UNIT	Address	Daissan Lissansan Nisasah						
5 6	Address S3023 N REEDSBURG RD	Driver License Numb	Driver License Number					
Z	BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	· · · · · · · · · · · · · · · · · · ·							
	On Duty Crash	Sofoty Equipment						
_ Sa	On Duty Crash	Safety Equipment						
Sa	fety Equipment		D DEI T					
Sa	Row Seat Position	Safety Equipment SHOULDER & LA	P BELT					
Sa	Row Seat Position 01 - FRONT ROW 07 - LEFT	SHOULDER & LA	P BELT					
Sa	Row Seat Position		P BELT					
Sa	Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use	SHOULDER & LA Helmet Compliance	P BELT					
Sa	Row Seat Position 01 - FRONT ROW 07 - LEFT	SHOULDER & LA	P BELT					
	Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection	SHOULDER & LA Helmet Compliance Tint Compliance	P BELT					
	Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection	SHOULDER & LA Helmet Compliance Tint Compliance Airbag	P BELT					
	Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY	SHOULDER & LA Helmet Compliance Tint Compliance						
	Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path	SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated					
	Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Row Seat Position 07 - LEFT Injury Severity NO APPARENT INJURY	SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated NOT TRAPPED					
	Row 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport Row Seat Position 07 - LEFT Injury Severity NO APPARENT INJURY Ejection Path NOT EJECTED/NOT AI	SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated NOT TRAPPED					
	Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Row Seat Position 07 - LEFT Injury Severity NO APPARENT INJURY	SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated NOT TRAPPED					

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Crash Date 06/13/2023

	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)											
		Distracted By	NO	T APPLICA	ABLE (NOT DIST	RAC	CTED)					
		Distracted By Action										
		NOT DISTRACTED										
		Non Motorist	Strik	ing Unit#	Location							
		Prior Action										
		Action										
	AL											
⊨	INDIVIDUAL											
LNO	Ξ											
_												
	=											
		Action Other										To/From School
			Cuor	pected Alcoh	ad Haa		Suspected Drug Use					
	L	Orug & Alcohol	NO	Jecleu Alcoi	ioi ose		NO					
		Alcohol Test Given			Alcohol Test 1	уре				Alcohol Test	Results	
		TEST NOT GIVEN				,,						
		Drug Test Given				е	Drug T		Test Results			
		TEST NOT GIVEN										
5	001	Drug Type										
		Individual Condition										
		APPEARED NORM	IAL									
	ļ	/i alatiana										
		Violations UTC Number	leei	ıe To?	Statute Number		Description					
	01	BG944578	001		346.06	FAILURE TO YIELD RIGHT OF WAY						
	Unit	Summary •										
		Status				Ve	ehicle Operating As Classi	fication		Unit Type		
		N TRANSIT				D CLASS				AUTOMOBILE		
02		cle Type							Operating As Endorsements			
)		SENGER VAN	Train/Bus #	t Doordod	corded Tatal # Citations Issued Total			Total Trails	aro.	Total HazM	lot Typos	
	10tai	Occs		Halli/Dus #	rivecolded	Total # Citations Issued Total Trai 1 0			0	715	0	iat Types
		ance?		Direction C	f Travel	╁	Pre CrashTire		Speed Lim			S
T	YES			WESTBO	UND		Mark 30			4		
UNIT		lost Harmful Event: Collision With					pecial Function	NI .		Emergency Motor Vehicle Use		
		TOR VEH IN TRANS	POI	RT			O SPECIAL FUNCTIO	N		NOT APPLICABLE		
		raffic Way					Traffic Control			Traffic Control Inoperative/Missing		
		IVIDED HWY W/O TRAFFIC BARRIER urface Type					TRAFFIC SIGNAL Road Curvature			NO Road Grade		
		ace Type ACKTOP (BITUMINOUS)					TRAIGHT			LEVEL		
		k Bus or HazMat										
	NO											
	1	/ehicle										
		License Plate Number					Plate Type			Country of Is:		
		AJL4541					AUT - AUTOMOBILE		WI	UNITED STATES		
05	02	Vehicle Identification N 2C4RDGCGXGR34					Make D ODGE			Model GRAND CA	РΛ	
_	5	ZU4KDGUGAGR34	+52/	4			ODGE		2010	GRAND CA	NNA .	

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		Color		Body Style		Bus Use				
		GRY - GRAY		VN - VAN						
	ш	Initial Contact Point		Vehicle Damage						
\vdash		12 - FRONT		7 8 9 10 11						
LIND	\subseteq	Extent Of Damage		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT						
5	VEHICL	· ·		CORNER, 12 - FROI		EFI FRONT	5 4 3 2 1			
	>	FUNCTIONAL DAMAGE		*						
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT		NOT APPLICABLE						
		Driver Prior Action Other		NOT ALL LICABLE						
		Driver Actions								
		Driver Actions OTHER CONTRIBUTING ACTION								
_	E E	OTHER CONTRIBUTING ACTION								
LIND	VEHICL									
\supset	山									
	>									
		Owner Name								
		Owner Name JENNIFER KOWALSKI	555 REED ST	Owner Address						
02	02	(608) 963-3983		REEDSBURG, WI 53959, US						
		(****)		, ,						
	3	Sequence Of Events								
	01	Event MOTOR VEH IN TRANSPOR	т							
			•							
	8 Event									
	Event									
		Event								
	04	LVOIN								
		Policy Holder								
L N		Insurance Company		Ti eri i						
5		STATE-FARM-GENERAL-INS	S-CO	Individual JENNIFER KOWA	I SKI					
		Individual								
				Torrer 1						
		Driver JENNIFER KOWALSKI	Citations Issued	Sex						
	4	(608) 963-3983		1	FEMALE					
	DUAL	` '		Date of Birth	Race WHITE					
ᇦᅵ	9	A.1.								
	INDIN	Address 555 REED ST	Driver License Number							
	Z	REEDSBURG, WI 53959 , US	S	STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Cr	On Duty Crash			Safety Equipment				
	Saf	ety Equipment	asii	Safety Equipment						
		7	C+ D:::	SHOULDER & LAP BELT						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT							
		Helmet Use	07 - LL1 1							
		Heimer Ose	Helmet Compliance							
		Eye Protection		Tint Compliance						
		_, 5 0.000.011		7 III Compilation						
_	7	Injury Seve	Airbag							
05	002		RENT INJURY	NON DEPLOYED						
			ection Path			Trapped/Extricated				
		-	OT EJECTED/NOT APP	LICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifie	r	EMS Run #				
		NOT TRANSPORTED								

Form DT4000

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Crash Date 06/13/2023

		Hospital			Date of Death		Time of Death	
		Distracted By	Distracted By So	urce ABLE (NOT DISTRA	CTED)			
		Distracted By Action NOT DISTRACTED						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
UNIT	INDIVIDUAL							
5	Σ							
	=							
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcoh NO		Suspected Drug Use NO			•
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	e		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	005	Drug Type						
		Individual Condition						
		APPEARED NORM	IAL					
	,	Violations						
	05	UTC Number BG944579	Issue To? 002	Statute Number 346.31(1)	Description FAIL TO FOLLOW IN	NDICATED TURN	ı	
,	Wit	ness						
10	LUC	idual CAS KOHLMEYER 0) 253-1771			Address W8009 COUNTY ROA OXFORD, WI 53952,			Date of Birth
WITN								