WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/21/2023 01:53 PM 06/21/2023 02:19 PM Date Notified 06/21/2023 01:55 PM 02 00 00 00 On Emergency Hit and Run Lane Closure Work Zone Trailer or Towed The Property Crash Type Crash Type Crash Type Date Arrived 06/21/2023 02:19 PM Total Units Total Injured 00 00 00 00 00 00 00 00 00 00 00 00 00	Investigating Officer/Deputy DEPUTY J. GREENWOOD		
Reportable Crash Type DT4000 (STANDARD CRASH) Diagram Reconstruction By Photos By DEPUTY GREENWOOD Additional Information PHOTOS	Time Arrived		
Reportable Crash Type DT4000 (STANDARD CRASH) Description USH 12 Reconstruction By Photos By DEPUTY GREENWOOD Additional Information PHOTOS			
Reportable Crash Type DT4000 (STANDARD CRASH) Diagram Reconstruction By Photos By DEPUTY GREENWOOD Additional Information PHOTOS			
Reportable Crash Type DT4000 (STANDARD CRASH) Description USH 12 Reconstruction By Photos By DEPUTY GREENWOOD Additional Information PHOTOS	porting eshold		
Description Diagram USH 12 Photos By DEPUTY GREENWOOD Additional Information PHOTOS			
Diagram USH 12 Photos By DEPUTY GREENWOOL Additional Information PHOTOS	condary Crash		
Photos By DEPUTY GREENWOOD Additional Information PHOTOS			
not to scale ✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 1 WAS STOPPED IN TRAFFIC WITH CONGESTION. UNIT 2 WAS NOT PAYING ATTENTION TO THE STOPPED TRAFFIC AND WAS TO ABLE TO SV STILL STRUCK UNIT 1 WITH MINOR DAMAGE.			

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LU	cation								
01	USH12 EB			Latitu	Latitude		Longitude		
	66 MI S			43.3	05155627		-89.759145196		
_	· USH12 EB THE TOWN OF PRAIF	DIE DII SAC		X Co	ordinate		Y Coordinate		
	SAUK COUNTY	RIE DU SAC		2762	217.5		4798400		
				Structure Type NO STRUCTURE					
Cra	ash Scene			'					
	st Harmful Event				Harmful Event	Location			
	OTOR VEH IN TRANSI	PORT		ON ROADWAY					
	nner of Collision				Condition				
	- FRONT TO REAR				LIGHT				
	ad Surface Condition(s)			Road	lway Factor(s)				
DF									
	vironment Factor(s)			ВАС	KUP DUE T	O REGULA	R CONGESTION		
	eather Condition(s)								
	` ,								
	EAR								
Ani	mal Type			Relation To Trat TRAFFICWAY					
Cra	ash Classification - Locatio	n		Crash	n Classification	- Jurisdiction	1		
	UBLIC PROPERTY				NO SPECIAL JURISDICTION				
Tribal Land Within Interchange Area Junction Location NO NON-JUNCTION				Access Control NO CONTROL			Special Study		
				Intersection Type NOT AN INTERSECTION					
	it Summary								
	t Status		·	erating As Classific	ation	Unit Type			
	TRANSIT	D CLASS	D CLASS		AUTOMOBILE Operating As Endorsements				
	nicle Type PORT) UTILITY VEHIO	CLE					g As ⊨ndorsements		
Tot	al Occs	Train/Bus # Recorded	Total # Cita	tions Issued	Total Tr	ailers	Total HazMat Types		
1			0		0		0		
	urance?	Direction Of Travel EASTBOUND	Pre	CrashTire	Speed L	imit	Total Lanes		
YE		0	Mark	55	Emergency Motor Vehicle Use				
	st Harmful Event: Collisior OTOR VEH IN TRANSI	Special Fur	ction		NOT APPLICABLE				
	ffic Way	Traffic Con	trol	1		Traffic Control Inoperative/Missing			
ΤW	O-WAY, NOT DIVIDE	NO CONTROL		NO					
Sui	face Type	Road Curva	ature		Road Grade				
	BLACKTOP (BITUMINOUS)			IT		LEVEL			
Tru NC	ick Bus or HazMat)			_	_				
	Vehicle								
	License Plate Number 627ZPF Vehicle Identification Number		Plate Type		St	Country of Issuance UNITED STATES Model			
				JTOMOBILE	WI				
			Make		Year				
_				TOYOTA			SEQUOIA		
10	5TDDW5G16ES095				2014		A		
10	5TDDW5G16ES095 Color		Body Style	9		Bus Use	Α		
10	5TDDW5G16ES095		Body Style				Α		

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	Щ	[v		Vehicle Damage					
LIND	길			M - DIGHT SIDE DEA	P 05 - PIGHT PE	AP COPNED	7 8 9 10 11 6		
5	VEHICLE	Extent Of Damage		OC DEAD			5 4 3 2 1		
	>	MINOR DAMAGE		/ I : I D I I D					
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR						
		What Driver Was Doing		/ehicle Factors					
		SLOW/STOPPING							
		Driver Prior Action Other	1	NOT APPLICABLE					
		Driver Actions	on.						
	Щ	NO CONTRIBUTING ACTION	UN						
UNIT	≌								
n	VEHICL								
	>								
		Owner Name		Owner Address					
01	7	JILL WIMER		S10046 PINE MEA PRAIRIE DU SAC,					
0	0			PRAIRIE DU SAC,	WI 55576 , US				
	,	Sequence Of Events Event							
	2	MOTOR VEH IN TRANSPO	ORT						
	05	Event							
		Event							
8									
	04	Event							
_	1	Policy Holder							
UNIT		Insurance Company		Individual					
_		RURAL-MUTUAL-INS-CO-	(ATTN:-CLAIMS-DEPT)	JILL WIMER					
	ı	Individual							
		Driver JILL WIMER		Citations Issued	Sex FEMALE				
	A	OILL WHILK		0 Date of Birth	Race				
_	DIVIDUAL			Date of Biltin	WHITE				
UNIT	₹	Address		Driver License Number					
ן		S10046 PINE MEADOW R		STATE: WISCONSIN COUNTRY: UNITED STATES					
	=	PRAIRIE DU SAC, WI 5357	78,05						
		On Duty	Crash	Safety Equipment					
	Sat	fety Equipment	Ordon	Salety Equipment					
		Row	Seat Position	SHOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Injury Se	vority	Airbag					
01	90	Injury _{NO API}	PARENT INJURY	NON DEPLOYED					
			Ejection Path	IOADI E		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPL	LICABLE EMS Agency Identifier		NOT TRAPPED			
		NOT TRANSPORTED		Livio Agency Identifier		EMS Run #			
		Hospital		Date of Death		Time of Death			

Form DT4000

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

Crash Date 06/21/2023

Crash Time 01:53 PM

		Distracted By NO	racted By Source T APPLICABI	e Le (not distr <i>i</i>	AC	TED)					
	Distracted By Action NOT DISTRACTED										
	Non Motorist Striking Unit # Location										
		Prior Action		·							
		Action									
	JAL										
L N N	INDIVIDUAL										
	IND										
		Action Other									To/From School
	L	Orug & Alcohol NO	pected Alcohol I	Jse		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	ре				Alcohol Tes	t Results	
				Drug Test Type			Drug 7	Test Results			
10	001	Drug Type									
)	Individual Condition									
		APPEARED NORMAL									
	llni	t Summary									
		Status ——			Vel	nicle Operating As Classif	fication		Unit Type		
		RANSIT			D CLASS			TRUCK			
8		Vehicle Type				7.7			Operating A	s Endorsem	nents
05		LITY TRUCK/PICKUP TI									
	Total Occs Train/Bus # Recorded 1			Total # Citations Issued Total Trail 0 0		Total Traile 0	0		Mat Types		
_	Insurance? Direction Of Travel YES EASTBOUND				Pre CrashTire Speed Lim Mark 55		imit Total Lanes 2		S		
LIND		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
						Traffic Control			Traffic Control Inoperative/Missing		
	TWO-WAY, NOT DIVIDED Surface Type					CONTROL			NO Road Grade		
	BLACKTOP (BITUMINOUS)								LEVEL		
	Truck Bus or HazMat					STRAIGHT					
	NO.										
		Vehicle License Plate Number			П	ata Tima	1	St	Country of Is	ruanco	
					71		Country of Issuance UNITED STATES				
		Vehicle Identification Number				ake	Year Model		IMIES		
05	02	1GCEK29099Z231695				HEVROLET			SILVERAD		
		Color WHI - WHITE				ody Style K - PICKUP			Bus Use		
I		Initial Contact Point			Ė						
		10 - LEFT SIDE FRON	Т								

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	Щ	V		Vehicle Damage					
UNIT	VEHICLE					7 8 9 10 11			
Z	Ì	Extent Of Damage		09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT					
_	Ä	MINOR DAMAGE		5 4 3 2 1					
		Towed Due To Damage	V	/ehicle Removed By		1			
		NOT TOWED		OPERATOR .					
		What Driver Was Doing	\	/ehicle Factors					
		SLOW/STOPPING							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	ш	OTHER CONTRIBUTING	ACTION						
_	긌								
UNIT	≅								
n	VEHICL								
	>								
		Owner Name		1 O A d d					
		Owner Name LEVI KINDSCHI		Owner Address S6975 COUNTY R	OAD D				
02	02	LEVIKINDSCIII		LOGANVILLE, WI					
)				,	,				
	;	Sequence Of Events							
	2	Event MOTOR VEH IN TRANSP	OPT						
	0	WOTOR VEH IN TRANSP	UKI						
	05	Event							
	0								
	က	Event							
	03								
	₩.	Event							
	9								
_		Policy Holder							
UNIT		Insurance Company Individual							
5		WISCONSIN-MUTUAL-IN	s-co	LEVI KINDSCHI					
		Individual							
		Driver		Citations Issued	Sex				
		LEVI KINDSCHI		0	MALE				
	4			Date of Birth	Race				
_	Š			Date of Birth	WHITE				
UNIT	IDINIDUAL	Addes		Dahara Liaanaa Namahan					
5	á	Address S6975 COUNTY ROAD D		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		LOGANVILLE, WI 53943	, US						
		,	•						
		On Dut	Crook	Safaty Equipment					
	Sai	On Duty Crash fety Equipment		Safety Equipment					
			T	SHOULDER & LAP	DELT				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	DELI				
			U/ - LEF1	Halmant Campaliana					
		Helmet Use		Helmet Compliance					
		Tuo Drotostion		Tito					
		Eye Protection		Tint Compliance					
	O.	Injury S	everity	Airbag					
02	002	Injury NO AD	PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path	HOR DEFECTED	Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APPL	ICABLE	NOT TRAPPED				
		Medical Transport	EULUILD/MOTAFFE	EMS Agency Identifier	EMS Run #				
		NOT TRANSPORTED			LINO IXIII #				
		Hospital		Date of Death	Time of Death				
		The first state of the first sta			51 25441				
				i .	ľ				

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		Distracted By UNKNOWN	ırce							
		Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)								
		Non Motorist Striking Unit #	Location							
		Prior Action								
		Action								
	UAL									
L	INDIVIDUAL									
	IND									
		Action Other					To/From School			
							10/From School			
	L	Drug & Alcohol NO	ol Use	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	3				
02	002	Drug Type	1							
		Individual Condition								
		APPEARED NORMAL								