# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #	Agency (	Crash Number 16		g Officer/Deputy <b>S. MESSNER</b>			
Crash Date <b>07/07/2023</b>	Crash Time 01:54 PM	Date Arri 07/07/2		Time Arrive	Time Arrived 01:59 PM			
Date Notified	Time Notified	Total Uni	ts		Total Injured Total Killed			
07/07/2023	01:54 PM	01		00	00			
Crash Date 07/07/2023  Date Notified 07/07/2023  On Emergency Hit Government Property	and Run Lane Clos		Work Zone		r or Towed	Reporting Threshold		
Government Property	Active School Zone	School B NO	us Related	Tags	Tags			
<b>✓</b> Reportable	Crash Type DT4000 (STANDARD CRASI	Н)		Amend	ded	Secondary Crash		
Description  Diagram					I December 1	- Por		
Diagram			Not to scale	<b>\$</b>	Photos By DEP. S. MES	•		
					Additional Info	rmation		
Eastbound lan	nes of I-94, west of US 12							
	Unit 1							
, a sworn law enforcement	nt officer, agree that I have n	ot added	any CJIS data in tl	his report.				
ON 7/7/2023, AT APPROXIMATELY BY CHRISTINA K. KURSCHNER. UN UNIT ON THE ROAD WAY, STRIKIN FROM THE SCENE.	NIT 1 WAS EASTBOUND ON I-94, W	EST OF US	12. A PIECE OF PART	TAL PLYWOOD BO	DARD WAS KICK	ED UP BY AN UNKNOWN		

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	Loc	ation <b></b>									
	ON IH90 EB						Latitude			Longitude	
	0.43 MI W						43.570544999		-89.78	7035004	
	OF USH12 EB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY						X Coordinate 274941.96875		Y Coor	rdinate	
									48279		
	IN 3	AUK COUNTY	Structure 7	Type		ı					
				UCTURE							
	Cra	sh Scene									
	First	Harmful Event				First Harm	ful Event Lo	cation			
	OTH	IER OBJECT - NOT F	IXED			ON ROA	DWAY				
	Manr	ner of Collision	Light Cond	dition							
	00 -	NO COLLISION W/VE	EHICLE IN TRANSPORT			DAYLIGI	HT				
	Road	Surface Condition(s)				Roadway	Factor(s)				
	DRY	,									
	Envir	ronment Factor(s)									
	NON	<b>IE</b>				NONE					
	Wea	ther Condition(s)									
	CLC	OUDY									
	Anim	al Type				Relation T	o Trafficway	/			
							CWAY - O				
		h Classification - Location	1				ssification -				
		I Land				NO SPECIAL JURISDICTION					
	Пиа	ii Lanu				Access Control Special Study NO CONTROL					
		n Interchange Area	Junction Location		Intersection	21					
	NO		NON-JUNCTION		NOI AN	INTERSE	CHON				
		Summary =									
		Unit Status Vehicle Operating As C				1 31					
		IN TRANSIT D CLASS					AUTOMOBILE				
5		cle Type ORT) UTILITY VEHICI	16		Operating As Endorsements					ements	
		Occs	Train/Bus # Recorded	Total # Cita	ationa laguad		Total Traile			azMat Types	
	10lai	Occs	Trail/Du3 # Necorded	Total # Citations Issue		0		0		iziwat Types	
	Insur	ance?	Direction Of Travel		CrachTiro	- C-		nit	Total La	nes	
_	YES		EASTBOUND		Pre CrashTire Mark		65		4		
	Most	Harmful Event: Collision	With	Special Fur				Emergency Motor Vehicle Use			
_	OTTIER OBJECT - NOT TIXED					. FUNCTION			NOT APPLICABLE		
	Traffic Way Traffic Con								Traffic Control Inoperative/Missing		
		DED HWY W/TRAFFI						NO Road Grade			
		CKTOP (BITUMINOU	ie)		Road Curvature STRAIGHT			LEVEL			
		R Bus or HazMat	13)	STRAIGH							
	NO	( Buo of Flaziviac									
	1	/ehicle									
	License Plate Number				Plate Type St AUT - AUTOMOBILE WI			Country of Issuance UNITED STATES			
		AFE2299									
5	01	Vehicle Identification Number			Make Year			Model Model			
_	0				TOYOTA 2016 HIGHLANDER						
		Color BLU - BLUE			Body Style UT - SPORT UTILITY VEHICLE Bus Use						
	■ Initial Contact Point			Vehicle Da							
⊨										7 8 9 10 11	
	/EHICL	Extent Of Damage			IOP			6 7 12			
-	Æ	FUNCTIONAL DAMAGE				5 4 3 2 1				5 4 3 2 1	

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date **07/07/2023**Crash Time **01:54 PM** 

### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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		Towed Due To Damag	je		1	cle Removed By					
		NOT TOWED				RATOR					
		What Driver Was Doin GOING STRAIGHT	_		Vehicle Factors						
		Driver Prior Action Oth			NOT APPLICABLE						
		Driver Frior Action Oth	ici								
		Driver Actions									
	ш	NO CONTRIBUTIN	G ACTION	ı							
ı⊨	CL										
LIND	VEHICLE										
-	VE										
		Owner Name				Owner Address					
2	10	(715) 308-3763	STEVEN KURSCHNER (715) 308-3763			23990 8TH ST TREMPEALEAU, WI 54661, US					
٦	•	(1.10) 000 0100					,				
		015									
	•	Sequence Of Ev Event	ents								
	10	OTHER OBJECT -	NOT FIXE	D							
		Event									
	02										
	~	Event									
	03										
	94	Event									
	0										
⊢	1	Policy Holder									
E N		Insurance Company			In	Individual					
-		PROGRESSIVE-UNIVERSAL-INSURANCE-COMP				CHRISTINA KURSCHNER					
	ı	Individual Control of the Control of									
		Driver			itations Issued	Sex					
	Ţ	CHRISTINA KURSCHNER (715) 308-3763			0		FEMALE				
	'n				Di	Date of Birth Race WHITE					
FIN	INDIVIDUAL	Address				river Lieenee Number	******				
5		23990 8TH ST			l l	river License Number					
	Z	TREMPEALEAU, V	VI 54661 ,	US							
			On Duty Cra	ash	Sa	Safety Equipment					
	Sat	ety Equipment									
				Seat Position	SHOULDER & LAP BELT		BELT				
		01 - FRONT ROW	ROW 07 - LEFT								
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
		2,01100000			- ["	nt compliance					
_	Ξ	Injury Severity				Airbag					
0	90	Injury	NO APPA	RENT INJURY	N	ON DEPLOYED					
		Ejected		ection Path				Trapped/Extricated			
		NOT EJECTED						NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			E	EMS Agency Identifier		EMS Run #			
		Hospital			D:	Date of Death		Time of Death			
		Поэрна				ato of Death		Table of Death			
	Distracted By Source										
		Distracted By	NOT APP	LICABLE (NOT DISTR	RACTE	ED)					
		Distracted By Action									
		NOT DISTRACTED	)								
\\/:~~	nein M	Motor Vehicle Crash		This ren	oort do	es not include any CJIS	S data	Crash Date	07/07/2023		

Wisconsin Motor Vehicle Crash Form DT4000

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol U NO	Jse	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			
01	001	Drug Type						
		Individual Condition  APPEARED NORM	MAL					