WISCONSIN MOTOR VEHICLE CRASH REPORT

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

			_						
Document Number Overrio	de Primary Crash	Document #	5 ,			nvestigating Officer/Deputy DEPUTY B. TRAGER			
Crash Date	Crash Time	Crash Time		rrived		Time Arrived			
07/09/2023	04:18 PM		07/09/	/2023	04:27 PM				
Date Notified 07/09/2023	Time Notified 04:19 PM			Inits	Total Injure	Total Kill	ed		
On Emergency	Hit and Run	t and Run		Work Zone	Traile	or Towed	Reporting Threshold		
Government Property	hool Zone School Bus Related NO			Tags					
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRAS	H)		Amen	ded	Secondary Crash		
Description									
	4		3.0			Photos By DEPUTY M	ormation		
State	e Hwy 113 between	Cty Hwy DL at	nd Solu	Not to	Scale		INCIDENT, PHOTOS		
I, a sworn law enfo		ee that I have n	not adde	d any CJIS data in tl	nis report.				

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Crash Date 07/09/2023

Crash Time 04:18 PM

Loc	ation										
ON STH113 NB						Latitude			Longitud		
-	0.52 MI E					43.426677564			-89.687	943221	
	OF CTHDL NB IN THE TOWN OF GREENFIELD					X Coordinate			Y Coord		
	IN SAUK COUNTY					282427.75 4811708				18	
						Structure		_			
						NO STR	UCTURE				
Cra	sh Scene 💳										
First	Harmful Event					First Harr	nful Event	Location			
DIT	СН		ROADS	IDE							
	ner of Collision		Light Con								
00 - NO COLLISION W/VEHICLE IN TRANSPORT							HT				
Road	d Surface Condition(s)					Roadway	Factor(s)				
DRY	1										
Envi	ronment Factor(s)										
NON	NE					NONE					
Wea	ther Condition(s)										
CLE	. ,										
Anim	nal Type						To Trafficw	,			
Cros	h Classification - Location							NOT ON ROAI	,		
	BLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Tribal Land						Access Control Special Study				
							NO CONTROL				
	in Interchange Area	Junction Location			Intersection	••					
NO		NON-JUNCTION		1	NOT AN		CTION				
Closure Type Reasons for Clos						ure					
	SURE-ONE DIRECTION Initial Lane/Rd Closed	Time Initial Lane/Rd Close	-1	1 414/	ENEODO	EMENT 3	FOW TRI	ICK FIDE/EM			
	9/2023	04:35 PM	u	LAVV	ENFORC	CIVICINI, I	IOW IKC	JCK, FIRE/EM	3		
	All Lanes Open	Time All Lanes Open		Date 9	Scene Clear	eared Time Scene Cleared					
	9/2023	05:31 PM					5:31 PM				
Unit	t Summary =						l l				
	Status		Vehic	cle Ope	erating As C	lassification	n	Unit Type			
IN T	RANSIT		D CI	CLASS				AUTOMOE	ILE		
Vehi	cle Type							Operating A	Endorser	ments	
PAS	SENGER CAR										
	Occs	Train/Bus # Recorded		l # Citat	tions Issued		Total Tra	ailers	Total HazMat Types		
2		D: (: O(T)	3			0		,	0 mit Total Lanes		
YES	rance?	Direction Of Travel NORTHBOUND		Pre CrashTire Mark			Speed Limit 55		2		
	Harmful Event: Collision		Spec	sial Function		33	Emergency	Emergency Motor Vehicle Use			
DIT		vviui		SPECIAL FUNCTION			NOT APPLICABLE				
	ic Way		Traffi	ic Control			Traffic Control Inoperative/Missing				
<u> </u>					O CONTROL			NO			
Surface Type Roa					oad Curvature			Road Grade			
BLA	CKTOP (BITUMINOU	CUR	JRVE LEFT			LEVEL					
	k Bus or HazMat										
NO											
1	Vehicle										
License Plate Number Plate Type					St Country of Issuance						
	ARK8682				ITOMOBIL	.E	WI	UNITED STATES			
01	Vehicle Identification Nu		Mak				Year	Model			
0	JH4CU4F46AC002000 ACURA						2010	TSX			

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		Color	Body Style		Bus Use	ıs Use						
		SIL - SILVER (ALUMINUM)		SD - SEDAN								
	Щ	Initial Contact Point		Vehicle Damage	/ehicle Damage							
UNIT	2	12 - FRONT Extent Of Damage	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE									
n	VEHICLE	DISABLING DAMAGE	FRONT, 12 - FRONT	, 14 - UNDERCAR	RIAGE	5 4 3 2 1						
		Towed Due To Damage	Vehicle Removed By									
		TOWED DUE TO DISABLING	G DAMAGE	RAIGS TOWING								
		What Driver Was Doing		Vehicle Factors								
		GOING STRAIGHT Driver Prior Action Other		NOT APPLICABLE								
		Biller i noi /tottori Otrici										
		Driver Actions	L									
	쁘	RAN OFF ROADWAY										
UNIT	VEHICLE											
n	卓											
		Owner Name		Owner Address								
10	2	SETH DUNCAN (903) 574-2083		7011 LONGMEAI MADISON, WI 53								
				Í	,							
Sequence Of Events												
	Event											
	2	DITCH										
	05	Event										
	03	Event										
	40	Event										
_		L Policy Holder										
UNIT		Insurance Company		Individual								
⊃		GATEWAY-INS-CO		SETH DUNCAN								
	ı	Individual										
		Driver SETH DUNCAN	Citations Issued	Sex								
	A F	(903) 574-2083		3 Date of Birth	MALE Race							
_	DUAI			Bato of Birth	WHITE							
N O	INDIN	Address	Driver License Number									
_ ا		7011 LONGMEADOW RD MADISON, WI 53717, US		STATE: WISCONSIN COUNTRY: UNITED STATES								
		, , , , , , , , , , , , , , , , , , , ,										
		On Duty C	rash	Safety Equipment								
	Sat	fety Equipment										
		Row	Seat Position	SHOULDER & LAF	P BELT							
		01 - FRONT ROW Helmet Use	07 - LEFT	Helmet Compliance								
		TIGHTEL OSE		Treimer compliance								
		Eye Protection		Tint Compliance								
_	Ξ	Injury Seve	erity	Airbag								
01	00		TED MINOR INJURY	DEPLOYED-COMBINATION								
		l '	OT EJECTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED						
		Medical Transport		EMS Agency Identifie	r	EMS Run #						
		NOT TRANSPORTED										

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		Hospital			Date of Death		Time of Death						
	,	Distracted By	Distracted E UNKNOW	By Source N									
		Distracted By Action UNKNOWN											
		Non Motorist	Striking Uni	t# Locat	ion								
		Prior Action		•									
		Action											
	JAL												
LIND	INDIVIDUAL												
_	IND												
		Action Other							To/From School				
	L	Orug & Alcohol	Suspected / YES	Alcohol Use		Suspected Drug Use NO							
		Alcohol Test Given TEST GIVEN			ol Test Type OD			Alcohol Test Results PENDING					
		Drug Test Given TEST NOT GIVEN		Drug	Test Type		Drug Test Results						
5	001	Drug Type		*			•						
Individual Condition													
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL											
		ndividual											
	T	Passenger WILLOW MIKA MOSHER				Citations Issued 0	Sex FEMALE						
–	IDIVIDUAL					Date of Birth	Race WHITE						
L	DIV	Address 1264 WOODLAND DR				Driver License Number	er						
	Z	MILTON, WI 53563	TED STATES										
	Sat	ety Equipment	On Duty Crash Safety Equipment										
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT			SHOULDER & LAP BELT							
		Helmet Use			Helmet Compliance								
		Eye Protection				Tint Compliance							
5	005	Injury	Injury Sever	ity ED SERIOUS	INJUR	Airbag DEPLOYED-COME	BINATION						
		Ejected NOT EJECTED	Eje	ection Path		<u> </u>		Trapped/Extricated TRAPPED/EXTRICA	TFD				
		Medical Transport EMS GROUND				EMS Agency Identifier 6000368	r	EMS Run #					
		Hospital				Date of Death		Time of Death					
		ST CLARE HOSP											

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Crash Date 07/09/2023

Crash Time 04:18 PM

Distracted By Action									
Distracted by Action									
	Otalisia a I I ait #	I I ti							
Non Motorist	Striking Unit #	Location							
Prior Action									
Action									
Action Other						To/From School			
Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO									
Alcohol Test Given		Alcohol Test Type			Alcohol Test Results				
		Drug Test Type		Drug Test Results					
TEST NOT GIVEN		Drag root type		Drug Test Results					
Drug Type									
Individual Condition									
NOT OBSERVED									
iolations									
UTC Number	Issue To?	Statute Number	Description	EDATE WUILE II	NDER INELLIENCE 1	eT.			
	***			ENATE WHILE U	NDEK INFLUENCE T	31			
UTC Number BG944090	Issue To? 001	Statute Number 346.57(2)	Description UNREASONABLE A	ND IMPRUDENT	SPEED				
UTC Number BG944089	Issue To? 001	Statute Number 346.935(3)	Description KEEP OPEN INTOXI	CANTS IN MV-D	RIVER				
	Prior Action Act	Prior Action Action	Prior Action Action Action Action Action Action Action Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Type Alcohol Test Type Alcohol Test Type Test NOT GIVEN Drug Test Type Alcohol Test Type Test NOT Given Alcohol Test Type Alcohol Test Type Alcohol Test Type Test NOT Given Drug Test Type Alcohol Test Type Test NOT Given Drug Test Type Alcohol Test Type Test NOT Given Drug Test Type Alcohol Test Type Test NOT Given Drug Test Type Alcohol Test Type Test Not Given Statute Number Alcohol Test Type Drug Test Type Test Type Alcohol Test Type Test Type Alcohol Test Type Drug Test Type Test Type Alcohol Test Type Test Not Given Drug Test Type Test Type Alcohol Test Type Test Type Test Type Alcohol Test Type Test Type Test Type Statute Number Statute Number Alcohol Test Type Test	Prior Action Act	Prior Action Action Other Tug & Alcohol No Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Type Drug Test Type Drug Test Results TEX NUT GIVEN Drug Test Type Drug Test Results TEX NUT GIVEN Drug Test Type Drug Test Results TEX Number Sag944088 O1 346.63(2)(a)1 CAUSE INJURY/OPERATE WHILE U DESCription UNREASONABLE AND IMPRUDENT DITC Number Sag944090 DITC Number Susue To? Statute Number Description UNREASONABLE AND IMPRUDENT DITC Number Susue To? Statute Number Description UNREASONABLE AND IMPRUDENT	Prior Action Action Other Action Other Action Other Action Other Suspected Alcohol Use NO			