WISCONSIN MOTOR VEHICLE CRASH REPORT

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

					(•	,		
Document Number Override	Primary Crash Document	3 , -	Agency Crash Number 23-07614		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI			
Crash Date 07/17/2023	Crash Time 03:33 PM	Date Arriv 07/17/20		Time Arrived 03:50 PM				
Date Notified 07/17/2023	Time Notified 03:33 PM	Total Units	S	Total Injured 00	Total Killed 00			
On Emergency	Hit and Run Lan	ne Closure	Work Zone	Trailer or		eporting nreshold		
Government Property	Active School Zo	ne School Bu	is Related	Tags				
✓ Reportable	Crash Type DT4000 (STANDARD CRASH)			Amended	S	econdary Crash		
Description								
Diagram				Re	construction By			

STOP ()	
I-94 ALT	44————————————————————————————————————
33_	
	Goodle

Photos By
Additional Information NONE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 2 WAS WEST BOUND ON LINN ST/HWY136. UNIT 1 DEPARTED A DRIVEWAY FROM THE NORTH ONTO LINN ST & ENTERED THE PATH OF UNIT 2, NOT LEAVING ENOUGH TIME FOR UNIT 2 TO STOP IN TIME, RESULTING IN A COLLISION.

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	Loc	ation									
		STH33 WB				Latitude			Longitu	de	
	262	FT W				43.47482	25427		_	9889803	
		STH136 WB	X Coordin	ate		Y Coor	dinate				
		HE VILLAGE OF WES	ST BARABOO			275972.3			4817273		
	IN S	SAUK COUNTY				Structure			1		
				UCTURE							
	Cra	sh Scene				•					
	First	Harmful Event				First Harm	nful Event L	ocation			
	MOTOR VEH IN TRANSPORT Manner of Collision						DWAY				
							dition				
							HT				
	Road	d Surface Condition(s)				Roadway	Factor(s)				
	DRY	. ,					. ,				
	Envi	ronment Factor(s)				-					
	МОИ	NE				NONE					
	Wea	ther Condition(s)				-					
	CLE	AR									
	Anim	nal Type					o Trafficwa	•			
	Cras	h Classification - Location					CWAY - O				
		BLIC PROPERTY	ı			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION Access Control Special Study					
	Triba	al Land									
	١٨/:4١-	in Internal come Area	I lunction I continu		I late se e etie	PARTIAL CONTROL					
	NO	in Interchange Area	Junction Location NON-JUNCTION		Intersection NOT AN	INTERSE	CTION				
	Llnit	t Summary =									
		Status —		Vehicle On	erating As C	lassification	1	Unit Type			
		RANSIT		D CLASS	•	AUTOMOBILE					
		cle Type		D CLAGO	'	Operating As Endorsements			aments		
6		SENGER CAR				Operating As Endorsements				monto	
		I Occs	Train/Bus # Recorded	Total # Cita	tions Issued	1 Total Trail		lers I Total Haz		zMat Types	
	1	1 0003	Train/Bdo // Trocordod	1	illoris issued		0	0		azmat Typoo	
		rance?	Direction Of Travel		0 17		Speed Lir	nit		otal Lanes	
_	YES		SOUTHBOUND		CrashTire Mark	•	25		4	ands	
LNO	Most	t Harmful Event: Collision	With	Special Fur	Special Function				Motor Vel	hicle Use	
–	МО	TOR VEH IN TRANSP	PORT	NO SPEC	IAL FUNC	CTION		NOT APPLICABLE			
		ic Way		Traffic Cont				Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDED)	STOP SIG				NO			
		ace Type		Road Curva				Road Grade LEVEL			
		NCRETE		STRAIGH	IT						
	Truci NO	k Bus or HazMat									
	,	Vehicle									
		License Plate Number		Plate Type)		St	Country of Is	suance		
		AEZ8692		AUT - AU	JTOMOBIL			UNITED ST	TATES		
_		Vehicle Identification Nu	mber	Make			Year	Model ACCORD			
5	01	1HGCG165X1A0607	99	HONDA			2001				
		Color		Body Style	9			Bus Use			
		DGR - GREEN, DAR	K	SD - SED							
_	щ	Initial Contact Point		Vehicle Da	amage					7 8 9 10 11	
\vdash											
=	\simeq	Extent Of Damage				AD			ļ	6 7 12	
LIND	H			08 - LEF	T SIDE RE	AR				6 2 3 1	
N N	VEHICL	Extent Of Damage FUNCTIONAL DAMA	AGE	08 - LEF	T SIDE RE	EAR				6 5 4 3 2 1	

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		Towed Due To Damage		Ve	hicle Removed By					
		NOT TOWED		1						
		What Driver Was Doing		V/o	hicle Factors					
		LEAVING TRAVEL LANE		l ve	nicle Factors					
				— NC	T APPLICABLE					
		Driver Prior Action Other		''`	71 AIT LIOABLE					
		Driver Actions								
		FAILED TO YIELD RIGHT	-OF-WAY							
_	=	TAILLE TO TILLE RIGHT	-01-WA1							
UNIT	\simeq									
5	VEHICLE									
	>									
					1					
		Owner Name AMANDA SEEFELD	т		Owner Address 305 LYNN AVE # 0	106				
2	10	(608) 393-0295	•		BARABOO, WI 53					
٦	_	(000,000 0200				,				
		Sequence Of Events								
	10	Event MOTOR VEH IN TRANSP	OPT							
	0	WOTOR VEH IN TRANSP	OKI							
	02	Event								
	0									
	03	Event								
	0									
	4	Event								
	04									
۱.		Policy Holder								
E N		Insurance Company		Т	Individual					
5		STATE-FARM-GENERAL	-INS-CO		AMANDA SEEFELD	т				
				1.	ANATON VEEL EED I					
		Individual								
		Driver AMANDA SEEFELD	-	- 1	Citations Issued Sex					
	7	(608) 393-0295	1	L	1 FEMALE					
	'n	(000) 000 0200			Date of Birth	Race WHITE				
I≡	₽					W				
F	INDIVIDUAL	Address 305 LYNN AVE # C106			Driver License Number					
	Z	BARABOO, WI 53913 , U	s							
		2, , ,	•							
	Sat	On Duty fety Equipment	Crash	- 1	Safety Equipment					
	Ou,	cty Equipment								
		Row	Seat Position	- 1	SHOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LEFT							
		Helmet Use			Helmet Compliance					
		Eye Protection		ľ	Tint Compliance					
2	9	Injury Se	PARENT INJURY		Airbag					
-	•				NON DEPLOYED		I Td/F-t-it-d			
		Ejected	Ejection Path				Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT				NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED			D-1(D"		T(D"			
		Hospital		[Date of Death		Time of Death			
			10.0							
		Distracted By NOT A	ed By Source PPI ICARI F (NOT DIS	TRAC	TED)					
			FFLICABLE (NOT DIS	INAC	120)					
		Distracted By Action NOT DISTRACTED								
1		NOIDISTRACTED								

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This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 6 \end{tabular}$

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		Non Motorist	Striking Uni	t #	Location							
		Prior Action										
		Action										
	ب											
_	Ş											
	9											
_	INDIVIDUAL											
	=											
		Action Other										To/From School
			Suspected	Alcohol l	Jse		Suspected Drug Use					
	L	Drug & Alcohol	NO				NO					
		Alcohol Test Given			Alcohol Test T	уре				Alcohol Test	Results	
		TEST NOT GIVEN			Drug Toot Typ	_		D	F D II-			
		Drug Test Given TEST NOT GIVEN			Drug Test Type	е		Drug	Test Results			
2	7	Drug Type										
•	001											
		Individual Condition										
		APPEARED NORMAL										
		ATTEARED NOR										
	,	Violations										
	2	UTC Number BK260403	Issue To? 001		itute Number 6.18(3)		Description FAIL/YIELD RIGHT/	VAY F	ROM STO	P SIGN		
I		t Summary •										
		Status				Ve	Vehicle Operating As Classification Unit Type					
		RANSIT				D CLASS			AUTOMOBILE			
05		icle Type ORT) UTILITY VEH	ICI E							Operating A	s Endorsem	nents
		l Occs		Bus # Re	ecorded	orded Total # Citations Issued Total Tra			Total Traile	ers	Total Hazl	Mat Types
	1					0			0	0		
		rance?		ion Of Tr		T-	- Fie Grasiffile		Speed Lim	it	Total Lane	s
FNS	YES	5 t Harmful Event: Collisi		TBOUN	ID	Sr	Mark 25 Special Function			4 Emergency Motor Vehicle Use		
5		TOR VEH IN TRANS					O SPECIAL FUNCTIO	N		NOT APPLICABLE		
		fic Way				Traffic Control				Traffic Control Inoperative/Missing		
		O-WAY, NOT DIVID	ED				O CONTROL			NO Paral Crade		
		NCRETE					oad Curvature FRAIGHT			Road Grade		
		k Bus or HazMat				<u> </u>				<u> </u>		
	NO											
	'	Vehicle							0:	0		
		License Plate Numbe 270WGL	r				late Type		St WI	Country of Iss UNITED ST		
		Vehicle Identification	Number				lake		Year	Model	A120	
05	05	2T3JF4DV7CW22	7119				ОҮОТА		2012	RAV4		
		Color	IMINITIM				ody Style .L - CARRYALL			Bus Use		
1		SIL - SILVER (ALL Initial Contact Point	JIVIIIVUIVI)			+-	L - CARRIALL					
		12 - FRONT										7 8 9 10 11
					·							5 4 3 2 1

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	щ			Vehicle Damage					
TINO	VEHICLE			01 - RIGHT FRONT CO	ORNER, 11 - LEFT FRONT				
5	표	Extent Of Damage		CORNER, 12 - FRONT	T				
	>	FUNCTIONAL DAMAGE		/-L'-l- DI D-					
		Towed Due To Damage NOT TOWED	'	Vehicle Removed By					
		What Driver Was Doing	,	Vehicle Factors					
		GOING STRAIGHT							
		Driver Prior Action Other	[NOT APPLICABLE					
		Driver Actions							
	щ	NO CONTRIBUTING ACTIO	ON						
I≒	걸								
NS NS	VEHICLE								
	>								
		Owner Name		Owner Address					
١	٠.	STEPHEN ABBO	ОТТ	9 BACKBAY CIR					
05	05	(502) 436-2966		MADISON, WI 537	17 , US				
	. ;	Sequence Of Events							
	2	Event MOTOR VEH IN TRANSPO	RT						
	02	Event							
		Event							
	03								
	4	Event							
L	- 1	Policy Holder							
Ħ		Insurance Company		Individual					
TINO		Insurance Company STATE-FARM-GENERAL-II	NS-CO	Individual ASHLEY ABBOTT					
LIND		Insurance Company STATE-FARM-GENERAL-II Individual	NS-CO	ASHLEY ABBOTT	I Cau				
TINO		Insurance Company STATE-FARM-GENERAL-II	NS-CO	ASHLEY ABBOTT Citations Issued	Sex FFMALF				
TINO		Insurance Company STATE-FARM-GENERAL-II Individual Driver	NS-CO	ASHLEY ABBOTT	Sex FEMALE Race				
		Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT	NS-CO	ASHLEY ABBOTT Citations Issued 0	FEMALE				
		Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address	NS-CO	ASHLEY ABBOTT Citations Issued 0	FEMALE Race				
TINU TINO		Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR	NS-CO	Citations Issued 0 Date of Birth	FEMALE Race				
		Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address	NS-CO	Citations Issued 0 Date of Birth	FEMALE Race				
	INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717, US		Citations Issued 0 Date of Birth Driver License Number	FEMALE Race				
	INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717, US		Citations Issued 0 Date of Birth	FEMALE Race				
	INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717, US Fety Equipment Row	Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number	FEMALE Race WHITE				
	INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717, US Fety Equipment Row 01 - FRONT ROW	Crash	ASHLEY ABBOTT Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	FEMALE Race WHITE				
	INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717, US Fety Equipment Row	Crash Seat Position	ASHLEY ABBOTT Citations Issued 0 Date of Birth Driver License Number Safety Equipment	FEMALE Race WHITE				
	INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717, US Fety Equipment Row 01 - FRONT ROW	Crash Seat Position	ASHLEY ABBOTT Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	FEMALE Race WHITE				
TINO	INDIVIDUAL Sat	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717 , US On Duty Company Row 01 - FRONT ROW Helmet Use	Crash Seat Position 07 - LEFT	ASHLEY ABBOTT Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	FEMALE Race WHITE				
	INDIVIDUAL Sat	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev	Crash Seat Position 07 - LEFT	ASHLEY ABBOTT Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance	Race WHITE				
TINO	INDIVIDUAL Sat	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected Injury Injury Sev NO APP	Crash Seat Position 07 - LEFT Verity VARENT INJURY Ejection Path	ASHLEY ABBOTT Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE BELT Trapped/Extricated				
TINO	INDIVIDUAL Sat	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Ejected NOT EJECTED	Crash Seat Position 07 - LEFT verity ARENT INJURY	ASHLEY ABBOTT Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE BELT Trapped/Extricated NOT TRAPPED				
TINO	INDIVIDUAL Sat	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected Injury Injury Sev NO APP	Crash Seat Position 07 - LEFT Verity VARENT INJURY Ejection Path	ASHLEY ABBOTT Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE BELT Trapped/Extricated				
TINO	INDIVIDUAL Sat	Insurance Company STATE-FARM-GENERAL-II Individual Driver ASHLEY ABBOTT (502) 436-2966 Address 9 BACKBAY CIR MADISON, WI 53717 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Ejected NOT EJECTED Medical Transport	Crash Seat Position 07 - LEFT Verity VARENT INJURY Ejection Path	ASHLEY ABBOTT Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE BELT Trapped/Extricated NOT TRAPPED				

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			NOT APPLICABL	E (NOT DISTRAC	CTED)			
		NOT DISTRACTED)					
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	UAL							
L	INDIVIDUAL							
	N N							
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO	se	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	I	
05	005	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					