WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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| 9 |

| Document Number Override | | 1 | | | Crash Number 164 | Investigating Officer/Deputy DEPUTY I. GALVAN | | | |
|------------------------------|--|------------------------|---------------|--------------------------------|---------------------|--|------------------------|---------------------|--|
| Crash Date 07/14/2023 | | Crash Time 12:49 PM | | Date Arrived 07/14/2023 | | Time Arrived 01:09 PM | | | |
| Date Notified 07/14/2023 | | Time Notified 12:51 PM | | Total Units 01 | | Total Injured 00 | Total Killed 00 | | |
| On Emergency Hi | | and Run Lane Closu | | re Work Zone | | Trailer or | Towed | Reporting Threshold | |
| Government Property | | Active Sc | hool Zone | School NO | Bus Related | Tags | | | |
| Crash Type DT4000 (S* | | | ANDARD CRASH) | | | Amended | | Secondary | |

Description



Reconstruction By

Photos By I.GALVAN

Additional Information **PHOTOS**

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

UNIT 1 TRAVELING SOUTHBOUND ON WILLOW ST BETWEEN LOCUST ST AND SHAW ST. UNIT 1 SWERVED TO MISS HITTING A CAT AND STUCK THE END OF A GUARD RAIL. NO INJURIES WERE REPORTED. UNIT 1 WAS TOWED BY CRIAGS TOWING.

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Crash Time 12:49 PM

| L | oc | ation — | | | | | | | | |
|------|---|---|----------------------|--|---------------------------|-------------------------|---------------------------|--|--------------|---------------|
| П | ON | WILLOW ST | | | | Latitude | | | Longitu | ıde |
| | | TN | | | 43.471582633 | | | -89.76 | 1626564 | |
| | | SHAW ST HE VILLAGE OF WES | ST BADAROO | | X Coordin | ate | | Y Coor | Y Coordinate | |
| | | AUK COUNTY | 31 BARABOO | | | 276628.71875 | | 48168 | 4816890.5 | |
| | | | | | | Structure NO STR | Type UCTURE | | | |
| C | ra | sh Scene | | | | | | | | |
| _ | - | Harmful Event | | | | First Harm | nful Event Lo | ocation | | |
| | | N DOMESTICATED A | NIMAL (ALIVE) | | ON ROA | | ocation | | | |
| | | ner of Collision | := (- :=: :=) | | | Light Con | | | | |
| - 10 | 00 - | NO COLLISION W/VE | EHICLE IN TRANSPORT | | | DAYLIG | | | | |
| ī | Road | Surface Condition(s) | | | | Roadway | Factor(s) | | | |
| ŀ | DRY | • | | | | | | | | |
| ī | Envir | onment Factor(s) | | | | 1 | | | | |
| | ANII | MAL (S) IN ROADWA | Υ | | | NONE | | | | |
| 1 | Nea | ther Condition(s) | | | | | | | | |
| | CLE | • • | | | | | | | | |
| L | Anim | al Type | | | | Relation T | o Trafficway | 1 | | |
| | | IER NON DOMESTIC | ATED | | | | CWAY - OI | | | |
| | | h Classification - Location | | | | | ssification - | | | |
| | | BLIC PROPERTY | | | | NO SPECIAL JURISDICTION | | | | |
| - | Triba | ll Land | | | Access Control NO CONTROL | | | Special Study | | |
| | Within Interchange Area Junction Location | | | | | ersection Type | | | | |
| L | МО | | INTERSECTION-RELAT | ED | T-INTER | SECTION | | | | |
| | | t Summary 💻 | | | | | | | | |
| Т | Jnit : | Status | | Vehicle Ope | | lassification | 1 | Unit Type | | |
| | | RANSIT | | D CLASS | | AUTOMOBILE | | | | |
| | | cle Type | | | | | Operating As Endorsements | | | |
| Ľ | _ | SENGER CAR | Train/Bus # Recorded | T-4-1 # 0:4- | tions Issued | d I Total Traile | | ilers Total HazMat Types | | -Mot Types |
| | i otai 2 | Occs | Train/bus # Recorded | 0 | itions issued | 0 | | 1 Otal Haziviat Types | | zwat Types |
| | | ance? | Direction Of Travel | | CrashTire | | Speed Lim | | | nes |
| | YES | | SOUTHBOUND | □ Pre | Mark | 25 | | 2 Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing NO Road Grade | | |
| h | Most | Harmful Event: Collision | With | Special Fun | nction | | | | | |
| - | GUA | ARDRAIL END | | NO SPEC | IAL FUNC | | | | | |
| | | ic Way | | Traffic Cont | | | | | | ative/Missing |
| | | D-WAY, NOT DIVIDED |) | NO CONT | | | | | | |
| | | ace Type | 16/ | Road Curva | | | | | | |
| | | CKTOP (BITUMINOU k Bus or HazMat | 15) | STRAIGH | 1 | | | LEVEL | | |
| | ruci NO | N DUS OF MAZIVIAT | | | | | | | | |
| | ' | Vehicle | | | | | | | | |
| | | License Plate Number | | Plate Type | | St | | Country of Issuance | | |
| | | ABT8427 | | AUT - AUTOMOBILE | | WI | UNITED STATES | | | |
| | 01 | Vehicle Identification Nu JN8AS5MV4CW7026 | Make NISSAN | Make NISSAN | | Year 2012 | Model ROGUE | | | |
| | | Color | Body Style | | | 2012 | Bus Use | | | |
| | | GRY - GRAY | 4D - 4DR | | | | _ == ==== | | | |
| | щ | Initial Contact Point | | Vehicle Damage | | | | | | |
| | | | | 04 810 | | | | LIT CIDE | | 7 8 9 10 11 |
| | /EHICL | Extent Of Damage DISABLING DAMAG | | O1 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT | | | | | 6 | |
| , , | | DICADI INC DAMAC | | | | | | | | |

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| | | Towed Due To Damage | | Vehicle Removed By | | | | | | | |
|--------|--------------|---|------------------------------------|---|---------------|--------------------------------|--|--|--|--|--|
| | | TOWED DUE TO DISABL | ING DAMAGE | CRAIGS TOWING | | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | | |
| | | GOING STRAIGHT | | | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | | | |
| LINO | VEHICLE | Driver Actions SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC. | | | | | | | | | |
| 6 | 10 | Owner Name EUGENIA STEINER (608) 963-8429 | | Owner Address 219 W OAK ST BARABOO, WI 53 | | | | | | | |
| | | Sequence Of Events | | | | | | | | | |
| | 01 | NON DOMESTICATED AN | NIMAL (ALIVE) | | | | | | | | |
| | 02 | Event GUARDRAIL END | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | 04 | Event | | | | | | | | | |
| _ | l | Policy Holder | | | | | | | | | |
| LNO | | Insurance Company PROGRESSIVE-UNIVERS | SAL-INSURANCE-COMP | Individual EUGENIA STEINER | | | | | | | |
| | | Individual | | | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | | | |
| | _ | TREVA EWING | | 0 | 0 FEMALE | | | | | | |
| _ | INDIVIDUAL | (608) 434-0214 | | Date of Birth | Race WHITE | | | | | | |
| L N | Ξ | Address | | Driver License Number | | | | | | | |
| _ | IND | 219 W OAK ST BARABOO, WI 53913 , U | S | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | Sat | On Duty fety Equipment | Crash | Safety Equipment | | | | | | | |
| | J., | Row | Seat Position | SHOULDER & LAP | RFI T | | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | DLL1 | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | | |
| 2 | NON DEFECTED | | | | | | | | | | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT API | PLICABLE | | Trapped/Extricated NOT TRAPPED | | | | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | | | | | | |
| | | Hospital | | Date of Death | | Time of Death | | | | | |
| | | Distracted By NOT A | ed By Source PPLICABLE (NOT DISTR | ACTED) | | ı | | | | | |
| | | Distracted By Action NOT DISTRACTED | · | - | | | | | | | |
| | | NOT DISTRACTED | | | | | | | | | |

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| | | <u>_</u> | | | | | | | | | |
|------|------------|---|------------------------|-----------|--|------------------------------|---------|----------------|----------------------|-----------------|--|
| | | Non Motorist | Striking Ur | nit# | Location | | | | | | |
| | | Prior Action | | | | | | | | | |
| TINO | INDIVIDUAL | Action | | | | | | | | | |
| | | Action Other | | | | | | | | To/From School | |
| | | Action Other | | | | | | | | 10/FIOTH SCHOOL | |
| | L | Drug & Alcohol | Suspected NO | Alcohol U | lse | Suspected Drug Us | se | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | | Alcohol Test Typ | e | | | Alcohol Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | | Drug | g Test Results | | | |
| 2 | 001 | Drug Type | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORM | IAL | | | | | | | | |
| | l | Individual | | | | 1000 | 10 | | | | |
| | | Passenger CONNER EWING | | | | Citations Issued Sex 0 MALE | | | | | |
| _ | DUA | (608) 393-3963 | | | | Date of Birth | | Race WHITE | | | |
| LIND | INDIVIDUAL | Address 219 W OAK ST BARABOO, WI 539 | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | Sat | fety Equipment | On Duty C | rash | | Safety Equipment | | | | | |
| | | Row 01 - FRONT ROW | | Seat Po | | SHOULDER & L | AP BELT | г | | | |
| | | Helmet Use | , | | | Helmet Compliance | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | |
| 5 | 005 | Injury | NO APP | ARENT II | | Airbag NON DEPLOYE | D | | | | |
| | | Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED | | | | | | | | | |
| | | Medical Transport NOT TRANSPORT | ED | | | EMS Agency Ident | ifier | | EMS Run # | | |
| | | Hospital | | | | Date of Death | | | Time of Death | | |
| | | Distracted By | Distracted | By Source | 9 | • | | | • | | |
| | | Distracted By Action | | | | | | | | | |
| | | Non Motorist | Striking Ur | nit# | Location | | | | | | |

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| | | Prior Action | | | | | | | | |
|---------|--------------|---|------------------------------|---------------------------------|--|------|----------------------|-----------------------------|--|--|
| TINO | INDIVIDUAL | Action | | | | | | | | |
| | 2 | Action Other | Suspected Alcohol U | lse | Suspected Drug Use | | | To/From School | | |
| | L | Orug & Alcohol NO | | | NO | | | | | |
| | | Alcohol Test Given Alcohol Test NOT GIVEN | | Alcohol Test Type | Э | | Alcohol Test Results | | | |
| • | | Drug Test Given TEST NOT GIVEN | | Drug Test Type Drug Test Result | | | | | | |
| 2 | 005 | Drug Type | | | | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | | | | |
| | Dro | perty Owne | or | | | | | | | |
| PROP 01 | Gove VILI | perty Owne ernment AGE OF WEST 3) 356-2516 | | | Address 500 CEDAR ST BARABOO, WI 53913 | , us | | | | |
| | Fixe | ed Objects S | | | | | | | | |
| | 2 | Striking Unit 01 | Struck Object GUARDRAIL END | | | | | Damage Tag Number 337892 | | |