23-08184

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	e Primary Crash	Document #	Agency (23-0818	Crash Number 4		ig Officer/Deputy W. VERTEIN	1
Crash Date 07/30/2023	Crash Time 03:25 PM		Date Arri 07/30/2		Time Arrive 03:32 PM		
Date Notified 07/30/2023	Time Notified 03:29 PM		Total Uni 02	ts	Total Injure 00		ed
On Emergency	Hit and Run	Lane Clos	ure	Work Zone	Traile	r or Towed	Reporting Threshold
Government Property	Active So	chool Zone	School B NO	us Related	Tags		
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH	I)		Amen	ded	Secondary Crash
Description 💻						-	
Diagram	Not to scale					Reconstruction	-
	_			Cedar St.		Additional Info PHOTOS	prmation
		Chestnu	C	02			
🖌 I, a sworn law enfo	rcement officer, agr	ee that I have no	ot added a	any CJIS data in th	nis report.		

Environment Factor(s)

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Location						
ON CHESTNUT ST 28 FT W	Latitude 43.472892413	Longitude -89.764174853				
OF CLINTON SQ IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	X Coordinate 276427.4375	Y Coordinate 4817043				
	Structure Type NO STRUCTURE					
Crash Scene						
First Harmful Event	First Harmful Event Location	l				
MOTOR VEH IN TRANSPORT	ON ROADWAY	ON ROADWAY				
Manner of Collision	Light Condition	Light Condition				
06 - SIDESWIPE/OPPOSITE DIRECTION	DAYLIGHT	DAYLIGHT				
Road Surface Condition(s)	Roadway Factor(s)					
DRY						

	NONE				NONE						
	Weather Condition(s) CLEAR										
							o Trafficwa				
		h Classification - Locatio	n			Crash Clas	ssification -	Jurisdiction			
	_	BLIC PROPERTY						ISDICTION			
	Triba	al Land				Access Co				Special Study	
						NO CON	TROL				
	Withi NO	in Interchange Area		Intersectio	n Type SECTION						
	Unit	t Summary									
	Unit Status Vehic			Vehicle Op	Vehicle Operating As Classification			Unit Type			
	ΙΝ Τ	RANSIT	D CLASS	TRU		TRUCK	TRUCK				
-	Vehicle Type							Operating /	As Endorse	ments	
01	UTILITY TRUCK/PICKUP TRUCK										
	Total Occs Train/Bus # Recorded			Total # Cita	Total # Citations Issued		Total Trai		Total Haz	zMat Types	
	1			0		0		0			
		rance?	Direction Of Travel	Pre	Pre CrashTire Mark		Speed Lir	mit Total Lan		ies	
F	YES		SOUTHBOUND				25		2		
UNIT		t Harmful Event: Collision		Special Function NO SPECIAL FUNC				Emergency Motor Vehicle Use			
	-	TOR VEH IN TRANSF	PORT	NO SPEC			NOT APPLICABLE				
		ic Way		Traffic Cont			Traffic Control Inoperative/Missing				
		D-WAY, NOT DIVIDE	D	NO CONT			NO				
		асе Туре		Road Curva			Ro		Road Grade		
	BLACKTOP (BITUMINOUS)			STRAIGHT				LEVEL			
		k Bus or HazMat									
	NO										
	Vehicle										
	License Plate Number			Plate Type		St		Country of Issuance			
		PJ2176			GHT TRUC	CK WI		UNITED STATES			
5	~	Vehicle Identification Nu		Make			Year	Model			
0	01	2GCEC130X812783	68	CHEVRO			2008	SLV			
		Color	Body Style		Bus Liso						

		Color	Body Style	Bus Use		
		BLK - BLACK	PK - PICKUP			
	щ	Initial Contact Point	Vehicle Damage		7 8 9 10 11	
	<u>C</u>	11 - LEFT FRONT CORNER		6		
	I	Extent Of Damage	11 - LEFT FRONT CORNER	- LEFT FRONT CORNER		
-	N N	MINOR DAMAGE			5 4 3 2 1	

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		Towed Due To Damage		Ve	hicle Removed By					
		NOT TOWED			PERATOR					
		What Driver Was Doing		Ve	hicle Factors					
		RIGHT TURN								
		Driver Prior Action Other			OT APPLICABLE					
		Driver Actions								
		IMPROPER TURN								
L	Ξ.									
UNIT	⊇									
	VEHICLE									
	>									
		Owner Name MASON RINGELSTETTER			Owner Address 214 11TH ST					
01	3	(920) 723-0859			BARABOO, WI 53	913 . US				
0	0	(,				
		Sequence Of Events								
	2	Event RIGHT TURN								
	0									
	02	Event								
	0	MOTOR VEH IN TRANSPORT								
	ო	Event								
	03									
	4	Event								
	04									
۱.		Policy Holder								
UNIT		Insurance Company			Individual					
5		PROGRESSIVE-CLASSIC-	INS-CO	MASON RINGELSTETTER						
		ndividual								
		Driver MASON RINGELSTETTER		Citations Issued Sex						
	Ļ	(920) 723-0859			0	MALE				
	Ľ,	()			Date of Birth	Race WHITE				
UNIT	INDIVIDUAL									
5	5	Address 214 11TH ST		Driver License Number						
	Z	BARABOO, WI 53913, US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	,								
		Or Duty	Dee e la							
	Sat	On Duty (fety Equipment	Jrash		Safety Equipment					
	•••					DEL T				
		Row	Seat Position	•	SHOULDER & LAP	BELI				
		01 - FRONT ROW	07 - LEFT							
		Helmet Use			Helmet Compliance					
					T ' 1 0 "					
		Eye Protection			Tint Compliance					
	_	Injury Sev	(ority		Airbag					
0	001	1 *								
	U		Ejection Path		NON DEPLOTED		Trapped/Extricated			
			NOT EJECTED/NOT A	או וסס			NOT TRAPPED			
		Medical Transport	NOT EJECTED/NOT A		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		riospitai								
		Distractor	d By Source							
		Distracted By								
		Distracted By Action								
		UNKNOWN								

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		Non Motorist	king Unit #	Location								
		Prior Action										
		Action										
	Ļ											
┝	INDIVIDUAL											
UNIT												
-	ND											
	-											
		Action Other							To/From School			
	L	Drug & Alcohol NO	pected Alcohol U	lse	Suspected Drug Use							
		Alcohol Test Given		Alcohol Test Type			Alcohol Tes	st Results				
		TEST NOT GIVEN										
		Drug Test Given Drug TEST NOT GIVEN		Drug Test Type		Drug Test Res	ults					
2	001	Drug Type										
	0											
		Individual Condition										
		APPEARED NORMAL										
		t Summary										
	-	Status RANSIT			Vehicle Operating As Classification Unit Type D CLASS AUTOMOBI			BILE				
2		cle Type					Operating As Endorsements					
02	-		Train/Bus # Re	oordod T.		railers	ilers Total HazMat Types					
	1 ota	l Occs	Haili/Bus # Re	0 Conded	otal # Citations Issued	0		mat Types				
	Insur YES	rance?	Direction Of Tra		Pre CrashTire	Limit	.imit Total Lanes 2					
UNIT	_	Harmful Event: Collision W		S	Mark pecial Function		Emergency Motor Vehicle Use					
		TOR VEH IN TRANSPO	RT		O SPECIAL FUNCTIO		NOT APPLICABLE					
		ic Way D-WAY, NOT DIVIDED			raffic Control O CONTROL	I raffic Cont NO	Traffic Control Inoperative/Missing					
	Surfa	асе Туре		R	oad Curvature	Road Grade	Road Grade					
		CKTOP (BITUMINOUS) k Bus or HazMat		S	STRAIGHT LEVEL							
	NO	K Dus of Haziviat										
	١	Vehicle										
		License Plate Number Q165207			Plate Type	St	Country of Is					
		Vehicle Identification Numb	ber		AUT - AUTOMOBILE	IL Year	Model	UNITED STATES				
03	02	1B3CB3HA4AD653027		C	DODGE	2010	CALIBER					
		Color			Body Style Bus Use							
	ш	RED - RED Initial Contact Point			IH - HATCHBACK 4 DO /ehicle Damage	JUR						
⊨	CLI	09 - LEFT SIDE MIDDL	E		07 - LEFT REAR CORI				7 8 9 10 11			
UNIT	VEHICLE	Extent Of Damage	E		LEFT SIDE MIDDLE	167, VO - LEI		., 03 -	6 5 4 3 2 1			
	>	FUNCTIONAL DAMAG Towed Due To Damage	E	\	/ehicle Removed By							
		NOT TOWED			OPERATOR							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doing		Ve	hicle Factors				
		RIGHT TURN							
		Driver Prior Action Other		NC	OT APPLICABLE				
		Driver Actions							
		NO CONTRIBUTING ACT	ION						
Ŀ	CLE								
UNIT	VEHICLE								
	VE								
ļ									
		Owner Name DANIEL JOHNSON			Owner Address 914 CENTRAL PAR	סע אס			
07	02	(847) 650-7649			ROUND LAKE, IL				
-									
		Sequence Of Events							
		Event							
	01	RIGHT TURN							
	02	Event MOTOR VEH IN TRANSPO	ORT						
	03	Event							
	04	Event							
		Daliay Haldar							
UNIT		Policy Holder Insurance Company			Individual				
5		FARMERS-INS-CO-INC			DANIEL JOHNSON				
		ndividual							
		Driver			Citations Issued Sex				
	_	DANIEL JOHNSON (847) 650-7649			0 MALE				
	INDIVIDUAL				Date of Birth	Race			
Ę	<u>I</u> D				WHITE				
UNIT		Address 914 CENTRAL PARK DR			Driver License Number				
	Z	ROUND LAKE, IL 60073,	, US	:	STATE: ILLINOIS COUNTRY: UNITED STATES				
Ì	Sat	On Duty	/ Crash	:	Safety Equipment				
	Jai								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance				
ľ		Eye Protection			Tint Compliance				
	~	Injury Se	everity		Airbag				
6	002	Injury NO AP	PARENT INJURY						
		Ejected	Ejection Path				Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT A	PPLIC	CABLE		NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
ŀ		Hospital			Date of Death		Time of Death		
		- F							
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTI	RACI	ED)				
		Distracted By Action NOT DISTRACTED							
		Non Motorict	Unit # Location						
		Non Motorist							

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		Prior Action					
		Action					
⊑	DUAL						
UNIT	INDIVIDUAL						
		Action Other					To/From School
	L	Drug & Alcohol NO	ected Alcohol Use	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	002	Drug Type			•		
		Individual Condition					
		APPEARED NORMAL					