## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		/ Crash Number 185	Investigating Officer/Deputy DEPUTY W. NEUBAUER			
N IN	Crash Date <b>07/30/2023</b>	Crash Time 02:45 PM		Date A		Time Arrived	l		
UDOSSVVIVI	Date Notified 07/30/2023	Time Notified 02:47 PM		Total Units <b>02</b>		Total Injured	Total Ki	illed	
מםמ	On Emergency	Hit and Run	Lane Closu	ure	Work Zone	Trailer	or Towed	Reporting Threshold	
0 I L	Government Property	Active Sc	hool Zone	School <b>NO</b>	School Bus Related NO			•	
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)		Amend	led	Secondary Crash	
	Diagram				NOT TO S	SCALE	Photos By  Additional In NONE		
	STH 60								
	I, a sworn law enforc	DRIVEWAY WAITING T	O PULL OUT ON S	STH 60. U	NIT 2 WAS TRAVELING W	//B ON STH 60. U	NIT 2 DRIVER	FELL ASLEEP AND	
	CROSSED THE CENTER LINE UNIT 2 DRIVER CLAIMED MIN	E, RAN OFF THE ROAD	WAY TO THE RIGH	IT, ENTE	RED THE DITCH, STRUCK	UNIT 1 AND CA	ME TO REST	IN THE NORTH SIDE DITCH.	

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Crash Date 07/30/2023

L	oc.	ation <b>——</b>									
ſ	ON	STH60 WB				Latitude			Longitud	de	
		MI W				43.19717	72261		-89.944	1584847	
		ROY VILLAGE RD				X Coordin	ate		Y Coord	linate	
		HE TOWN OF TROY				260753.828125			478692		
	IN 5	AUK COUNTY				Structure	Type		1		
						Cirdotaro	. , , , , , , , , , , , , , , , , , , ,				
C	ras	sh Scene									
T	First	Harmful Event				First Harm	nful Event Lo	cation			
	PAR	ARKED MOTOR VEHICLE					DE				
Ī	Manr	ner of Collision				Light Cond	dition				
	02 -	FRONT TO FRONT				DAYLIG	HT				
r	Road	Surface Condition(s)				Roadway	Factor(s)				
	DRY										
F	Envir	onment Factor(s)									
	NON	IE				NONE					
ŀ	Weather Condition(s)  CLEAR  Animal Type										
ŀ							o Trafficway	/			
L							CWAY - ON				
		n Classification - Location					ssification				
	PUBLIC PROPERTY  Tribal Land					NO SPECIAL JURISDICTION					
						Access Co				Special Study	
ŀ	Withi	n Interchange Area	Junction Location		Intersection						
	NO	ir morenange / nea	NON-JUNCTION			INTERSE	CTION				
Ĺ	Jnit	Summary =	ļ		<u>.</u>						
		Status		Vehicle Op	erating As C	lassification		Unit Type			
	LEG	EGALLY PARKED D CLASS				AUTOMOBILE					
F	Vehic	/ehicle Type					Operating As Endorsements				
	PAS	SENGER CAR									
F	Total	Occs	Train/Bus # Recorded	Total # Citations Issue		ed Total Trail		lers Total H		Mat Types	
	3			0			0	0		anes	
H	Insur	ance?	Direction Of Travel	Pro	CrashTire	1	Speed Lim				
ŀ	YES		NOT ON ROADWAY		Mark	•	55	2			
		Harmful Event: Collision	With	Special Fur				Emergency I			
		OR VEH IN TRANSP	ORT		CIAL FUNC	TION		NOT APPL			
		c Way		Traffic Con				Traffic Contr	ol Inopera	tive/Missing	
		-WAY, NOT DIVIDED	<u> </u>	NO CONT				NO			
		се Туре		Road Curva				Road Grade			
_		CKTOP (BITUMINOU	S)	CURVE R	RIGHT			LEVEL			
	Trucl <b>NO</b>	Bus or HazMat									
+		/ehicle									
	Ī	License Plate Number		Plate Type	е		St	Country of Iss	suance		
		533WUX			JTOMOBIL	.E	WI	UNITED ST	ATES		
	01	Vehicle Identification Num 3FA6P0HD5LR22778		Make FORD			Year <b>2020</b>	Model FUSION			
		Color	··	Body Style	<u> </u>		2020	Bus Use			
		BLU - BLUE		SD - SEE				Das 096			
	ш	Initial Contact Point		Vehicle Da							
		10 - LEFT SIDE FRO	NT		ū	COPNE	2 10 - 1 = 5	T SIDE FRO	NT	7 8 9 10 11	
	Extent Of Damage						12 - FROI		,,	6 12	
		DISABLING DAMAGE									
	VEHICL	•	E	UNDER	CARRIAGE					5 4 3 2 1	

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		Towed Due To Damage		Veh	icle Removed By			
		TOWED DUE TO DISABLII	NG DAMAGE	EV	ERETTS TOWING			
		What Driver Was Doing		Veh	icle Factors			
		LEGALLY PARKED						
		Driver Prior Action Other		NO	T APPLICABLE			
		Driver Actions						
	щ	NO CONTRIBUTING ACTION	ON					
≒	<u></u>							
LNO	VEHICLE							
	VE							
		Owner Name			Owner Address			
7	01	CAROL SCHMIDT			210 S FRANKLIN S LIVINGSTON, WI 5			
0	0				LIVINGOTON, WIS	3334 , 00		
		Sequence Of Events						
	01	Event PARKED MOTOR VEHICL	F					
	)							
	02	Event MOTOR VEH IN TRANSPO	)RT					
	)							
	03	Event						
	)	_						
	04	Event						
╘	l	Policy Holder						
LNO		Insurance Company			ıdividual			
_		RURAL-MUTUAL-INS-CO-	(ATTN:-CLAIMS-DEPT)	С	AROL SCHMIDT			
	1	Individual						
		Occupant Of Motor Vehicle Not	In Transport	С	itations Issued	Sex		
	_	CAROL SCHMIDT (608) 331-7245			0 FEMALE			
	JA				ate of Birth	Race		
⊨	INDIVIDUAL					WHITE		
LNO	<u>&gt;</u>	Address		D	Driver License Number			
	N	210 S FRANKLIN ST LIVINGSTON, WI 53554, I	us	STATE: WISCONSIN COUNTRY: UNITED STATES				
		LIVINGOTON, WI 00004 ,						
			0 1					
	Sat	On Duty fety Equipment	Crash	Safety Equipment				
	Ou.		T	୷ୣ	HOLLI DED 8 I AD I	) F. T		
		Row 02 - SECOND ROW	Seat Position  07 - LEFT	5	HOULDER & LAP E	BELI		
		Helmet Use	U/ - LEFT		elmet Compliance			
		Heimer Ose		-   ''	eimet Compilance			
		Eye Protection			int Compliance			
		Lyc i rotcouori		'	int Compliance			
_	_ '	Injury Se	verity	A	irbag			
2	00		PARENT INJURY		NKNOWN			
			Ejection Path				Trapped/Extricated	
	UNKNOWN UNKNOWN					UNKNOWN		
	Medical Transport				EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED						
		Hospital		D	ate of Death		Time of Death	
		Distracted By Distracte	d By Source					
		Distracted By Action						

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

		<u> </u>										
		Non Motorist	Striking U	nit#	Location							
		Prior Action			•							
LIND	INDIVIDUAL	Action										
	Z	Action Other							To/From School			
		Action Other							10/110/11 OCHOOL			
	Ĺ	Drug & Alcohol	Suspected <b>NO</b>	Alcohol U	lse	Suspected Drug Use						
	Alcohol Test Given Alcohol Test TEST NOT GIVEN				Alcohol Test Type	)		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	5				
Drug Type												
		Individual Condition										
		APPEARED NORM	IAL									
		Individual	1:1 1:1	<u> </u>		Long e	To					
		Occupant Of Motor Ve	enicie Not i	n iranspo	π	Citations Issued  0	Sex FEMALE					
_	JUAL	(608) 391-2759	608) 391-2759			Date of Birth	Race WHITE					
LIND	INDIVIDUAL	Address 1417 WISCONSIN AVE BOSCOBEL, WI 53805, US			Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	fety Equipment	On Duty C	rash		Safety Equipment						
	Ou,	Row 01 - FRONT ROW		Seat Po		SHOULDER & LAP BELT						
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
2	005	Injury	NO APP	ARENT I		Airbag UNKNOWN						
		Ejected UNKNOWN		jection Pa				Trapped/Extricated UNKNOWN				
	Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #					
		Hospital	D:-/ · ·	D. C		Date of Death		Time of Death				
		Distracted By	Distracted	By Source	=							
		Distracted By Action	01.11		Tr. e							
		Non Motorist	Striking U	nit#	Location							

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

Crash Date 07/30/2023

ı											
		Prior Action									
UNIT	Action Other  Action Other										
		Suspection NO	ed Alcohol Us	se	Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	9		Alcohol Test Results				
		TEŠT NOT GIVEN		Drug Test Type		Drug Test Results					
6	002	Drug Type	Jrug Type								
		ndividual Condition  APPEARED NORMAL									
		ndividual									
		Occupant Of Motor Vehicle Not In Transport MATTHEW FRANCIS (715) 279-7884			Citations Issued  0  Date of Birth	Sex MALE					
⊨	INDIVIDUAL		dress			Race					
LIND	INDI	Address 1502 10TH ST E MENOMONIE, WI 54751,				N COUNTRY: UNI	ITED STATES				
	Saf	On Duty fety Equipment	Crash		Safety Equipment						
		Row 01 - FRONT ROW	Seat Pos 09 - RIC		NONE USED - VEHI	CLE OCCUPANT	г				
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
5	003	Injury Se NO AP	everity PARENT IN	IJURY	Airbag UNKNOWN						
		Ejected UNKNOWN	Ejection Pat				Trapped/Extricated UNKNOWN				
		Medical Transport			EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED  Hospital			Date of Death		Time of Death				
			ed By Source								
		Distracted By Action	a by source								
		Distracted by Action									
		Non Motorist Striking	Unit#	Location							
		Prior Action	I								

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Crash Date 07/30/2023

		Action									
	_										
_	INDIVIDUAL										
	ΔI										
ے ا	בַּ										
	_										
		A stinus Others							Ta/Farm Oabaal		
		Action Other							To/From School		
	,	Orug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use						
		Alcohol Test Given		Alcohol Test Type	NO	t Results					
		TEST NOT GIVEN		Alcohol Test Type	7.000.00.7000.7500			i ivesuits			
		Drug Test Given TEST NOT GIVEN				Drug Test Res	ults				
7	003	Drug Type									
	0										
		Individual Condition									
		APPEARED NORMAL									
Unit Summary											
		Status		V	ehicle Operating As Class	ification	Unit Type				
	IN TRANSIT				CLASS		AUTOMOI		a anta		
02	Vehicle Type (SPORT) UTILITY VEHICLE					Operating A	is Endorser	nents			
	Total	al Occs Train/Bus # Recorded					railers		Mat Types		
	2 Insur	rance?	Direction Of Travel			0 Speed	l imit	<b>0</b> Total Lane	25		
⊨	YES		WESTBOUN		Pre CrashTire Speed Lili 55			2			
LIND		Harmful Event: Collision W			pecial Function IO SPECIAL FUNCTIO		Emergency Motor Vehicle Use NOT APPLICABLE				
	Traff	ic Way			raffic Control		Traffic Control Inoperative/Missing				
		D-WAY, NOT DIVIDED ace Type			oad Curvature		NO Road Grade	NO Road Grade			
		CKTOP (BITUMINOUS)	)		URVE RIGHT		LEVEL				
	Truci	k Bus or HazMat		•			<b>'</b>				
		Vehicle									
		License Plate Number		F	Plate Type	St	Country of Is	suance			
		ANN4087			AUT - AUTOMOBILE	WI	UNITED ST	TATES			
07	02	Vehicle Identification Numb 1C4NJRBB7FD240492			Make JEEP	Year <b>2015</b>	Model PATRIOT				
		Color BLU - BLUE			Body Style  JT - SPORT UTILITY \	/EHICLE	Bus Use				
	삠	Initial Contact Point			/ehicle Damage		1		7 8 9 10 11		
LNO	= IC	12 - FRONT Extent Of Damage			01 - RIGHT FRONT C				6 7 12		
<b>–</b>	VEHICL	DISABLING DAMAGE			CORNER, 12 - FRONT	, 14 - UNDER	CARRIAGE		5 4 3 2 1		
		Towed Due To Damage			Vehicle Removed By  EVERETTS TOWING						
		TOWED DUE TO DISA	BLING DAMA		EVERETTS TOWING						

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						Vel	nicle Factors					
							T ADDI ICADI E					
		Driver Prior Action Oth	ner			NC	T APPLICABLE					
		Driver Actions										
	ш	OTHER CONTRIBI	UTING A	CTION								
╘	VEHICLE											
LNO	Ĭ											
_	7											
		Owner Name	Owner Name ANNA HODGES				Owner Address S12024 HILTON DF	2				
02	02	(608) 448-7045					SPRING GREEN, WI 53588, US					
	9	L Sequence Of Ev	<i>i</i> onte									
		Event										
	2	CROSS CENTERL	INE									
	02	Event RUN OFF ROADW	AY RIGH	IT								
	03	Event DITCH										
	₩.	Event										
	04	PARKED MOTOR	VEHICLE									
╘	Į.	Policy Holder										
LNO		Insurance Company					ndividual					
_		PROGRESSIVE-CA	ASUALI	Y-INS-CC	)		ANNA HODGES					
	- 1	Individual				1	27. 6					
		Driver ANNA HODGES					Citations Issued	Sex FEMALE				
	¥	(608) 448-7045					Date of Birth	Race				
_	INDIVIDUAL							WHITE				
	Σ	Address	_			1	Oriver License Number					
		S12024 HILTON DR SPRING GREEN, WI 53588 , US				STATE: WISCONSIN	COUNTRY: UN	ITED STATES				
			On Duty (	Crash			Safety Equipment					
	Sat	fety Equipment	-				Caloty Equipment					
		Row		Seat Po		- ;	SHOULDER & LAP E	BELT				
		01 - FRONT ROW		07 - LI	EFT							
		Helmet Use				Helmet Compliance						
		Eye Protection				+	Fint Compliance					
		_										
07	004	Iniury	Injury Sev	erity	IOR INJURY		Airbag					
	0	Ejected	SUSPE	Ejection Pa	NOR INJURY	_   '	NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED		,	 CTED/NOT API	PLIC	ABLE		NOT TRAPPED			
		Medical Transport				I	EMS Agency Identifier		EMS Run #			
	NOT TRANSPORTED											
	Hospital					ا	Date of Death		Time of Death			
		Distracted By	Distracted	By Source	e				ı			
		Distracted By  Distracted By Action	UNKNO	WN								
		UNKNOWN										
		Non Motorist	Striking U	nit#	Location							
					1							

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		Prior Action								
		Action								
	INDIVIDUAL									
<b>≒</b>	DO									
UNIT	$\overline{\geq}$									
	N									
		A ( O)					T = 0			
		Action Other					To/From School			
		Suspected A	Alcohol Use	Suspected Drug Use			<u> </u>			
	L	Drug & Alcohol NO		NO						
		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results				
		TEST NOT GIVEN	Drug Test Type		I D T4 D ! 4-					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results					
02	004	Drug Type			<u> </u>					
0	ŏ									
		Individual Condition								
		APPEARED NORMAL								
	ı	Individual								
		Passenger CORY WILLARD		Citations Issued	Sex					
	AL	(608) 583-2482		<b>0</b> Date of Birth	MALE Race					
⊨	INDIVIDUAL			Bato of Birth	WHITE					
L N N	Σ	Address 610 E. HOWARD APT 5		Driver License Number						
	Z	PORTAGE, WI 53901, US		STATE: WISCONSIN	I COUNTRY: UNI	TED STATES				
	Sat	On Duty Cra fety <b>Equipment</b>	sh	Safety Equipment						
	<b>-</b>	Row	Seat Position	SHOULDER & LAP BELT						
		01 - FRONT ROW	09 - RIGHT	0110025211 01 27 11						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
				Tint Compliance						
05	900	Injury Seven		Airbag						
	0	, , , , , , , , , , , , , , , , , , ,	RENT INJURY ection Path	NON DEPLOYED		Trapped/Extricated				
			OT EJECTED/NOT APPL	LICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED		Data of Danib		Time of Dooth				
		Hospital		Date of Death		Time of Death				
		Distracted By	y Source	1		ı				
		Distracted By Action								
		Distracted by Action								
		Non Motorist Striking Unit	# Location							
		Prior Action								
I		/ (011011								

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		Action						
•	AL 							
LIND	INDIVIDUAL							
<b>D</b> !	<u>≥</u>							
	<b>∠</b>							
		Action Other					To/From School	
	L	Orug & Alcohol	uspected Alcohol Use O	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results		
		Drug Test Given	Drug Test Type		Drug Test Results	5		
		TEST NOT GIVEN						
02	005	Drug Type						
		L F : L 10 FF						
		Individual Condition						
		NOT OBSERVED						
		Individual Condition NOT OBSERVED						