

6TL0D0GSLH
23-08425

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D0GSLH

| | | | | | |
|--|---|--|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 23-08425 | Investigating Officer/Deputy DEPUTY G. AKERS | |
| Crash Date 08/04/2023 | | Crash Time 09:21 PM | Date Arrived 08/04/2023 | Time Arrived 09:24 PM | |
| Date Notified 08/04/2023 | | Time Notified 09:21 PM | Total Units 01 | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed | <input type="checkbox"/> Reporting Threshold |
| <input type="checkbox"/> Government Property | <input type="checkbox"/> Active School Zone | School Bus Related NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|---------|---------------------------------------|
| Diagram | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

V1 WAS TRAVELING EASTBOUND ON HWY 12 BETWEEN THE N. REEDSBURG RD EXIT AND THE HWY 33 EXIT WHEN IT STRUCK THE REMAINS OF A SEMI TIRE TREAD. THE VEHICLE HAS MINOR DAMAGE TO THE FRONT BUMPER AND RIGHT CORNER. THE VEHICLE WAS STILL DRIVABLE.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON USH12 EB 0.48 MI N OF STH33 EB IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.521487373 | Longitude -89.786887147 |
| | X Coordinate 274771.1875 | Y Coordinate 4822501.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | | |
|--|--|---|---------------|
| First Harmful Event OTHER OBJECT - NOT FIXED | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) DRY | | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) CLEAR | | | |
| Animal Type | | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION | |

Unit Summary

| | | | | | | |
|-------------|---|---|---|----------------------------|--|--|
| UNIT | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 65 | Total Lanes 4 | |
| | Most Harmful Event: Collision With OTHER OBJECT - NOT FIXED | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | | | |
|---|----------------|---|--|---|---------------------|---|--|
| UNIT | Vehicle | | | | | | |
| | VEHICLE | License Plate Number 318YHU | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 3KPF24AD8LE180367 | | Make KIA MOTORS CORPORAT | Year 2020 | Model FORTE | |
| | | Color GRY - GRAY | | Body Style SD - SEDAN | | Bus Use | |
| | | Initial Contact Point 12 - FRONT | | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT | | | |
| Extent Of Damage MINOR DAMAGE | | | | | | | |



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| | | | | |
|---|---|--|---|----------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | Owner Name GWENDOLYN SVEUM (608) 774-9276 | | Owner Address 922 KENNEDY ST # 415 BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event OTHER OBJECT - NOT FIXED | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company FARM-BUREAU-INS-CO-OF-NEBRASKA | | Individual GWENDOLYN SVEUM | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver GWENDOLYN SVEUM (608) 774-9276 | | Citations Issued 0 | Sex FEMALE |
| | Address 922 KENNEDY ST # 415 BARABOO, WI 53913 , US | | Date of Birth | Race WHITE |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | | | SHOULDER & LAP BELT | |
| | Helmet Use | | Safety Equipment | |
| | Eye Protection | | Helmet Compliance | |
| | | | Tint Compliance | |
| 001 | Injury | | Injury Severity NO APPARENT INJURY | |
| | | | Airbag NON DEPLOYED | |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| | Medical Transport NOT TRANSPORTED | | Trapped/Extricated NOT TRAPPED | |
| | Hospital | | EMS Agency Identifier | |
| | | | EMS Run # | |
| | | Date of Death | | |
| | | Time of Death | | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | | |
|-------------|--|---------------------|------------------------------------|---------------------------------|----------------|--|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | Action | | | | | |
| | Action Other | | | | To/From School | |
| | Drug & Alcohol | | Suspected Alcohol Use NO | 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 | | |
| | Drug Type | | | | | |
| | Individual Condition APPEARED NORMAL | | | | | |
| | 01 | 001 | | | | |