23-08677

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash [Document #	Agency 23-086	Crash Number	Investigating		
ო	Crash Date	Crash Time		Date Ar		Time Arrived	-	-
ŝ	08/11/2023	05:15 PM		08/11/2		05:27 PM		
3 Q B	Date Notified 08/11/2023	Time Notified 05:20 PM		Total U 03	nits	Total Injured 02	l Total 00	Killed
0CI	On Emergency	t and Run	Lane Closu	ure	Work Zone	Trailer	or Towed	Reporting
6TL0CBQ6S	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags		
•	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)		Ameno	led	Secondary Crash
l	Description							
	Diagram	Not to Scal	e				Photos By LAKE DE	ELTON POLICE
								Information
	СТҮ ТК Р						PHOTOS	5
	[<u>[01]</u> [<u>[02]</u> [<u>[03]</u>							
			_					
	✔ I, a sworn law enforceme							
	UNIT 1 TRAVELING EASTBOUND C TURN SIGNAL ON. UNIT 1 ADMITT VEHICLES BUT NO STOPPING LIG OF UNIT 3. ALL VEHICLES SUSTAI	ED TO BEING INA HTS. UNIT 1 COL	ATTENTIVE DURING	G DRIVING EAR OF L	G. UNIT 1 THEN STATED JNIT 2. UNIT 2 THEN W) LEFT TURN SIG AS PUSHED FORV	VALS WERE	OBSERVED FROM THE

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Loc	ation 🛛 🗖										
	CTHP EB					Latitude			Longitud	le	
	FT W					43.590394	114		-89.819	117106	
	BIRCHWOOD RD					X Coordinat	te		Y Coord	inate	
	HE TOWN OF DELTO	N				272426			483024	2.5	
	AUK COUNTY					Structure Ty	/pe				
						NO STRU		E			
Cras	sh Scene										
First	Harmful Event					First Harmful Event Location					
мот	FOR VEH IN TRANSPO	DRT				ON ROADWAY					
Manr	ner of Collision	-				Light Condition					
03 -	FRONT TO REAR					DAYLIGHT					
Road	Surface Condition(s)					Roadway Fa	actor(s)			
DRY						,	× .				
Envir	onment Factor(s)					_					
NON	IE					NONE					
Weat	Weather Condition(s)					1					
CLC	UDY										
Anim	al Type			Relation To							
Cras	h Classification - Location						ON ROAD				
	I Land					NO SPECIAL JURISDICTION Access Control Special Study					
					NO CONT				opoolal olday		
Withi	in Interchange Area	Junction Location			Intersection	on Type				•	
NO		INTERSECTION			T-INTER	SECTION					
Closu	ure Type			Rease	ons for Clos	ure					
LAN	E CLOSURE										
Date	Initial Lane/Rd Closed	Time Initial Lane/R	d Closed	LAW	ENFORC	EMENT, FI	RE/EN	IS			
08/1	1/2023	05:23 PM									
Date	All Lanes Open	Time All Lanes Op	en	Date	Scene Clea	red		Time Scene Clea	ared		
08/1	1/2023	05:51 PM		08/11	1/2023	05:51 PM					
	Summary										
	Status			•	erating As C	lassification		Unit Type			
	RANSIT		DC	LASS					AUTOMOBILE		
	cle Type							Operating As Endorsemen		nents	
	SENGER CAR	• · · · · -									
	Occs	Train/Bus # Recorded		al # Cita	tions Issued		Total T	railers		Mat Types	
1		Direction Of Travel	1				0 Speed	1 : :4	0		
	ance?	Direction Of Travel		Pre	CrashTire	;	•	Limit	Total Lane	es	
YES		EASTBOUND		aial Fur	Mark		55	Emergency	2		
	Harmful Event: Collision \ FOR VEH IN TRANSPO			cial Fur SPEC		TION		NOT APP		cie Use	
Traff	ic Way		Traf	fic Cont	rol			Traffic Cont	rol Inoperat	tive/Missing	
тwo	D-WAY, NOT DIVIDED		NO	CONT	ROL			NO			
Surfa	-				ature			Road Grade	e		
				RAIGH	т			LEVEL			
Truck	k Bus or HazMat										
	Vehicle										
	License Plate Number P				•		St	Country of Issuance			
	ARY4315		AU	IT - AL	томові	DBILE WI UNITED STATES					
_	Vehicle Identification Nun	nber	Ma	ke			Year	Model			
01	1FADP3F29DL20824	8	FO	RD		2	2013	FOCUS			

5

UNIT

2

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use			
		BLK - BLACK		SD - SEDAN					
┝┍╴	Щ	Initial Contact Point 12 - FRONT		Vehicle Damage			7 8 9 10 11		
UNIT	₽	Extent Of Damage		01 - RIGHT FRONT C FRONT, 10 - LEFT SI	DE FRONT. 11 - L	EFT FRONT	6 12		
	VEHICLE	DISABLING DAMAGE		CORNER, 12 - FRON			5 4 3 2 1		
	-	Towed Due To Damage		Vehicle Removed By					
			ING DAMAGE	PLATTS WRECKER					
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors					
		Driver Prior Action Other		NOT APPLICABLE					
			ICLE IN INATTENTIVE, C						
⊢	VEHICLE	OPERATED MOTOR VEP	IICLE IN INATTENTIVE, C	ARELESS ON ERRAT					
UNIT	Ĕ								
	× N								
		•							
		Owner Name DONNA MICHAEL		Owner Address S1310A LYNDON	RD				
5	01	(608) 432-8575		WISCONSIN DEL		S			
	:	Sequence Of Events							
	2	Event MOTOR VEH IN TRANSP	ORT						
	_	Event							
	02	MOTOR VEH IN TRANSP	ORT						
	03	Event							
	04	Event							
E	1	Policy Holder							
UNIT		Insurance Company WISCONSIN-MUTUAL-IN	IS-CO	Individual DONNA MICHAEL					
	1	Individual							
		Driver KAREN MICHAEL-DUVA		Citations Issued	Sex				
	AL	(608) 350-6489	LL	1 Date of Birth	FEMALE Race				
⊢⊢	DUAL			Date of Dirtit	WHITE				
N.	Σ	Address		Driver License Numbe	r				
 	INDIVI	S1310A LYNDON RD WISCONSIN DELLS, WI	53965 . US	STATE: WISCONSIN COUNTRY: UNITED STATES					
		,,,,,	,						
		On Dut	y Crash	Safety Equipment					
	Sai	fety Equipment							
			Seat Position	SHOULDER & LAP	BELT				
		01 - FRONT ROW Helmet Use	07 - LEFT	Helmet Compliance					
		Eye Protection		Tint Compliance					
2	001	Injury S Injury SUSP	Severity	Airbag DEPLOYED-COME					
		Ejected	Ejection Path	Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT AP						
		Medical Transport EMS GROUND		EMS Agency Identifier EMS Run # 6000123 804					
' Wiego	noin	Motor Vehicle Crash	This ren	ort does not include any C	IIS data	Crash Da	ate 08/11/2023		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital REEDSBURG ARE	EA MED CTR	2		Date of Dea	th			Time of Dea	ath	
		Distracted By	Distracted By EXTERNAL	Source (TO V	EHICLE/NON-N	IOTORIST A	REA)					
		Distracted By Action OTHER ACTION (L		NAY F	ROM TASK ET	C)						
		Non Motorist	Striking Unit #	<u>!</u>	Location							
		Prior Action										
		Action										
	UAL											
UNIT	NDIVIDUAL											
	IND											
		Action Other										To/From School
			Suspected Ale			Suspected [
	L	Drug & Alcohol		conol U		NO	Drug Use					
		Alcohol Test Given TEST NOT GIVEN	OT GIVEN		Alcohol Test Typ	9			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug T	est Results			
6	001	Drug Type										
		Individual Condition										
		APPEARED NORM	IAL									
	,	Violations										
	0	UTC Number BG944584	Issue To? 001		ute Number .89(1)	Description INATTENTIVE DRIVING						
	llni	t Summary		l.								
		Status			N	/ehicle Operati	ng As Classi	fication		Unit Type		
	ΙΝ Τ	RANSIT			1	CLASS				AUTOMO	BILE	
02		cle Type SENGER CAR								Operating A	s Endorsem	ents
	Tota 1	l Occs	Train/Bu	is # Red		Fotal # Citations	s Issued		Total Traile	ers	Total HazN 0	/at Types
		rance?	Direction	n Of Tra		Pre Cra	shTire		Speed Lim	it	Total Lane	s
E	YES		EASTE	OUNE		Ma			55	_	2	
UNIT		t Harmful Event: Collision TOR VEH IN TRANS				Special Functio		N		Emergency NOT APP	Motor Vehic	le Use
		ic Way D-WAY, NOT DIVIDE	ED			Traffic Control	L			Traffic Cont	rol Inoperati [,]	ve/Missing
	Surfa	асе Туре			F	Road Curvature				Road Grade	9	
		CKTOP (BITUMINC k Bus or HazMat	DUS)			STRAIGHT				LEVEL		
	NO			_				_				
		Vehicle				<u></u>			0	Onum 1		
		License Plate Number 615TYX	r			Plate Type AUT - AUTO				Country of Is		
	~								•••			
	02											

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WISCONSIN MOTOR VEHICLE CRASH REPORT

02		Vehicle Identification Number		Make	Year	Model			
0		3C3AY75S45T265793		CHRYSLER	2005	PT CRUISER			
		Color		Body Style		Bus Use			
		BLU - BLUE		CV - CONVERTIBL	E				
	щ	Initial Contact Point		Vehicle Damage			7 8 9 10 11		
UNIT	VEHICLE	06 - REAR		01 - RIGHT FRONT			6		
S	Ξ	Extent Of Damage		FRONT, 04 - RIGHT			5 4 3 2 1		
_	3	DISABLING DAMAGE		CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 -					
	-	Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLIN	NG DAMAGE	PLATTS WRECKER	र				
		What Driver Was Doing		Vehicle Factors					
		LEFT TURN							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions		•					
	щ	NO CONTRIBUTING ACTIO	ON						
⊑	VEHICLE								
	Ξ								
_	3								
		Owner Name		Owner Address					
8	02			143 SANDSTO					
0	0	(608) 630-1471		WISCONSIN DE	ELLS, WI 53965,	03			
	:	Sequence Of Events							
	~	Event							
	0	MOTOR VEH IN TRANSPO	DRT						
	02	Event MOTOR VEH IN TRANSPO	DRT						
		Event							
	03								
		Event							
	04								
╘		Policy Holder							
UNIT		Insurance Company		Individual					
5		WISCONSIN-MUTUAL-INS	-CO	KENNETH KEEN	E				
		Individual							
		Driver		Citations Issued	Sex				
		KENNETH KEENE		0	MALE				
	AL	(608) 630-1471		Date of Birth	Race				
	Ď			Date of Birtin	WHITE				
UNIT	₹	Address		Driver License Num	bor				
5	INDIVIDUA	143 SANDSTONE DR #11		Differ License Num					
	Z	WISCONSIN DELLS, WI 53	3965,US	STATE: WISCON	SIN COUNTRY: UI	NITED STATES			
		On Duty	Crash	Safety Equipment					
	Sat	fety Equipment							
		Row	Seat Position	SHOULDER & LA					
		01 - FRONT ROW	07 - LEFT						
		Helmet Use	••• ==••	Helmet Compliance					
		Eye Protection		Tint Compliance					
	2	Injury Se	verity	Airbag					
8	8 Injury Severity SUSPECTED MINOR INJURY								
		Ejected	Ejection Path			Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT API	PLICABLE		NOT TRAPPED			
		•					Data 09/11/2022		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport			EMS Agency Identifier			EMS Run #			
		EMS GROUND			6000123			807			
		Hospital ST CLARE HOSP			Date of Death			Time of Death			
	I	Distracted By NO	racted By Source T APPLICABL	E (NOT DISTRA	CTED)						
		Distracted By Action		•	•						
		NOT DISTRACTED	king Unit #	Location							
		Non Motorist									
		Prior Action									
		Action									
	AL										
UNIT	INDIVIDUAL										
5	DIV										
	R										
		Action Other							To/From School		
		Action Other							TO/FIGHT SCHOOL		
	L	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use				·		
	1	Alcohol Test Given		Alcohol Test Type) ?			Alcohol Test Results			
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug T	est Results				
02	002	Drug Type									
	0										
		APPEARED NORMAL									
	Uni	t Summary									
	Unit	Status			ehicle Operating As Class	ification		Unit Type			
		RANSIT		D	CLASS			AUTOMOBILE			
03		cle Type SENGER CAR						Operating As Endorsen	nents		
	Tota	I Occs	Train/Bus # Re	-	otal # Citations Issued		Total Traile		Mat Types		
	3 Insu	rance?	Direction Of Tra	0 avel	Pre CrashTire		0 Speed Limi	it Total Lane	es		
F	YES	5	EASTBOUN		Mark		55	2			
UNIT		t Harmful Event: Collision W TOR VEH IN TRANSPO			pecial Function	N		Emergency Motor Vehic NOT APPLICABLE	cle Use		
					raffic Control			Traffic Control Inoperation	ive/Missing		
		D-WAY, NOT DIVIDED			load Curvature			NO Road Grade			
	BLACKTOP (BITUMINOUS)				STRAIGHT			LEVEL			
	Truc NO	k Bus or HazMat				_					
	1	Vehicle									
		License Plate Number	Plate Type St			Country of Issuance					
		417MSG Vehicle Identification Numb	AUT - AUTOMOBILE			UNITED STATES					
03	03	JTEGH20V410033031	561		TOYOTA			Model RAV4			
				•							

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

		Color		Body Style		Bus Use			
		BLK - BLACK		UT - SPORT UTILITY	VEHICLE				
	ш	Initial Contact Point		Vehicle Damage					
E	5	06 - REAR		04 - RIGHT SIDE REA	R 05 - RIGHT R	FAR CORNER	7 8 9 10 11		
UNIT	Ĭ	Extent Of Damage		06 - REAR, 07 - LEFT	REAR CORNER	, 08 - LEFT SIDE	6 12		
	VEHICLE	DISABLING DAMAGE		REAR			5 4 3 2 1		
	-	Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLING	B DAMAGE	PLATTS WRECKER					
		What Driver Was Doing		Vehicle Factors					
		LEFT TURN							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions NO CONTRIBUTING ACTION	ı						
	VEHICLE	NO CONTRIBUTING ACTION	•						
UNIT	₽								
	μ								
	>								
		Owner Name		Owner Address					
		SHERRI KEENE		143 SANDSTONE					
03	03	(608) 215-5183		WISCONSIN DELI	_S, WI 53965 ,U	IS			
	ļ	Sequence Of Events							
		Event							
	0	OTHER NON-COLLISION							
	2	Event							
	02								
	03	Event							
	0								
	64	Event							
	0								
⊢	l	Policy Holder							
UNIT		Insurance Company		Individual					
		WISCONSIN-MUTUAL-INS-C	0	SHERRI KEENE					
	I	Individual							
		Driver		Citations Issued	Sex				
	Ļ	SHERRI KEENE		0	FEMALE				
	DUAL	(608) 215-5183		Date of Birth	Race				
╘	ē				WHITE				
IZ D	INDINI	Address 143 SANDSTONE DR		Driver License Number					
	ž	WISCONSIN DELLS, WI 5396	65,US	STATE: WISCONSI	OUNTRY: UN	ITED STATES			
		On Duty Cra	ash	Safety Equipment					
	Sat	fety Equipment							
		Row	Seat Position	SHOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use	L	Helmet Compliance					
		Eye Protection		Tint Compliance					
03	003	Injury Sever	•	Airbag					
	0		RENT INJURY	NON DEPLOYED		Tropped/Ext			
			ection Path			Trapped/Extricated			
		NOT EJECTED NO Medical Transport	OT EJECTED/NOT APP	EMS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORTED							
						1			
Wisco	nsin M	Motor Vehicle Crash	This repo	ort does not include any CJ	IS data.	Crash D	ate 08/11/2023		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital				Date of Death		Time of Death		
		Distracted By	Distracted B NOT APPI	y Source	E (NOT DISTRAC	CTED)				
		Distracted By Action NOT DISTRACTED)							
	ľ	Non Motorist	Striking Unit	#	Location					
		Prior Action								
		Action								
	JAL									
UNIT	INDIVIDUAL									
-	INDI									
		Action Other							To/From School	
	Ľ	Drug & Alcohol	Suspected A	Alcohol Us	se	Suspected Drug Use				
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
03	003	Drug Type								
0	0									
		Individual Condition								
		APPEARED NORM								
		ndividual Passenger				Citations Issued	Sex			
	_	AILA MUSAITEF				0	FEMALE			
⊢	DIVIDUAL					Date of Birth Race WHITE				
UNIT	DIVI	Address 13 OLD BUCK COU				Driver License Number				
	Z	BARABOO, WI 539	13 , US							
	Saf	ety Equipment	On Duty Cra	ish		Safety Equipment				
		Row	_	Seat Pos		CHILD RESTRAINT	SYSTEM - FORW	ARD FACING		
		02 - SECOND ROW Helmet Use	V	07 - LE	FT	Helmet Compliance				
		Eye Protection				Tint Compliance				
-	4		Injury Sever	itv		Airbag				
03	004	Injury	NO APPA	RENT IN	IJURY	NON DEPLOYED		Tranned/Extrineted		
		Ejected NOT EJECTED		ection Pat	n CTED/NOT APPL			Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED					EMS Agency Identifier		EMS Run #		
		Hospital				Date of Death		Time of Death		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By	Distracted I	By Source							
	ſ	Distracted By Action									
		Distracted by Action									
	L	Non Motorist	Striking Uni	it #	Location						
	[Prior Action									
		Action									
	AL										
⊑∣	INDIVIDUAL										
	Σ										
	Z										
	_										
		Action Other							To/From School		
		Action Other									
			Suspected	Alcohol Us	se	Suspected Drug Use					
	L	Drug & Alcohol	NO			NO					
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results			
	ľ	Drug Test Given			Drug Test Type		Drug Test Results	5			
		TEST NOT GIVEN			0 11		5				
03	004	Drug Type					•				
<u> </u>	•										
	ľ	Individual Condition									
		APPEARED NORM	IAL								
	l	ndividual				1					
		Passenger MAYA MUSAITEF				Citations Issued 0	Sex FEMALE				
	A					Date of Birth	Race				
╘│	INDIVIDUAL						WHITE				
	N	Address 13 OLD BUCK CO	IIDT			Driver License Number					
	Z	BARABOO, WI 539									
	Sof	ioty Equipmont	On Duty Cr	ash		Safety Equipment					
	Jai	ety Equipment				CHILD RESTRAIN					
		Row 02 - SECOND ROV	v	Seat Pos 09 - RIC		CHILD RESTRAIN	1 STSTEM - FOR	WARD FACING			
	ľ	Helmet Use				Helmet Compliance					
		Euro Danta ati an				7					
		Eye Protection				Tint Compliance					
33	005		Injury Seve	rity		Airbag					
•	ĕ,		NO APPA	RENT IN	JURY	NON DEPLOYED					
		Ejected NOT EJECTED	-	ection Pati	n TED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport				EMS Agency Identifier	r	EMS Run #			
	NOT TRANSPORTED										
		Hospital				Date of Death		Time of Death			
			Distracted I	By Source							
		Distracted By	2.00 added 1	2, 000100							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action						
	I	Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
UNIT	INDIVIDUAL							
S	IDIVI							
	-							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol L NO	Jse	Suspected Drug Use			I
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
03	005	Drug Type						
		Individual Condition						
			IAL					