WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash D	ocument #	Agency Cr 23-08938	ash Number		Officer/Deputy		
6TL0DRXHJR	0 1 7			Time Arrived	S. ELLICKSON			
Crash Date 08/17/2023								
Date Notified	Time Notified		Total Units	3	Total Injured	Total Kill	ed	
08/17/2023	04:18 PM		02		01	00		
	t and Run	Lane Closu	L	Work Zone		or Towed	Reporting Threshold	
Government Property	Active Sch	nool Zone	School Bu	s Related	Tags			
✓ Reportable	Crash Type DT4000 (STAN	NDARD CRASH	l)		✓ Amend	ed	Secondary Crash	
Description								
Diagram Not to Scale				ı	N N DE S	Reconstruction Photos By	оп Бу	
_	90TS		STOP	- W. Chestn	ut Street		DASH CAMERA VIDEO, IERA VIDEO	
U1	U1 STOP	*	U1 STOP	U1				
↓ I, a sworn law enforceme	ent officer agre	e that I have no	ot added a	ny C.IIS data in s	this report			

UNIT 2 WAS STOPPED AT THE STOP SIGN FACING SOUTH ON MULBERRY STREET. UNIT 2 CONTINUED SOUTHBOUND ON MULBERRY STREET. UNIT 1 WAS STOPPED ON CHESTNUT STREET FACING EASTBOUND. WHEN UNIT 2 WAS ALMOST THROUGH THE INTERSECTION UNIT 1 WENT THROUGH AND STRUCK UNIT 2. WHEN UNIT 2 WAS STRUCK BY UNIT 1 IT PUSHED IT SOUTH OF THE INTERSECTION ON MULBERRY STREET. UNIT 1 CONTINUED ON W. CHESTNUT STREET AND DID NOT STOP. A WITNESS OBSERVED THIS AND FOLLOWED UNIT 1 TO THEIR HOME AND TURNED THEM IN. UNIT 1 WAS THEN WAS IDENTIFIED AND TAKEN IN FOR THE CHARGES ASSOCIATED WITH HER.

IT SHOWS THAT BAC BOX IS PENDING HOWEVER SHOWS FOR ALCOHOL TEST NOT GIVEN.

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Crash Date 08/17/2023

Crash Time 04:18 PM

Lo	cation								
ON 14	CHESTNUT ST FT E				Latitude 43.47290)5224		Longitud	de 6994812
LIN THE VILLAGE OF WEST BARABOO						ate 10625		Y Coord 48170	
					Structure NO STRI				
Cra	ash Scene								
Fire	t Harmful Event				First Harm	ıful Event L	ocation		
	TOR VEH IN TRANSP	PORT			ON ROA	DWAY			
	nner of Collision				Light Cond				
	- ANGLE ad Surface Condition(s)				DAYLIGI				
DR	` ,				Roadway	racioi(s)			
Enν	vironment Factor(s)								
	DNE				NONE				
We	ather Condition(s)								
CL	EAR								
Ani	mal Type			Relation To Trafficway TRAFFICWAY - ON ROAD					
Cra	sh Classification - Location	n			Crash Classification - Jurisdiction				
	BLIC PROPERTY		NO SPECIAL JURISDICTION						
Trik	oal Land			Access Control FULL CONTROL					Special Study
Wit NC	hin Interchange Area	Junction Location INTERSECTION		Intersectio	n Type AY INTER	RSECTIO	N		
	it Summary 💻								
	t Status			erating As Cl	assification		Unit Type		
	TRANSIT nicle Type	D CLASS	D CLASS			Operating A		ments	
	PORT) UTILITY VEHIC	LE							
Tot 1	al Occs	Train/Bus # Recorded	Total # Cita	Total # Citations Issued 3		Total Trailers		Total HazMat Types 0	
Insi YE	urance? S	Direction Of Travel EASTBOUND	Pre	CrashTire Mark		Speed Li	mit	Total Lan	es
	st Harmful Event: Collision	Special Fur				Emergency Motor Vehicle Use			
	OTOR VEH IN TRANSP	NO SPEC	CIAL FUNC	CTION		NOT APPLICABLE			
	/O-WAY, NOT DIVIDED)	STOP SIG				Traffic Control Inoperative/Missing NO		uve/iviissirig
	face Type	•	Road Curva				Road Grade	9	
BL	ACKTOP (BITUMINOL	JS)	STRAIGH				DOWNHIL	.L	
Tru NC	ck Bus or HazMat	-							
	Vehicle								
	License Plate Number	Plate Type	9		St	Country of Issuance			
	ALR3190	AUT - AUTOMOBI				UNITED STATES			
7	Vehicle Identification Number		Make MERCUI	RY		Year 2009	Model MARINER		
	Color WHI - WHITE		Body Style		Y VEHICI		Bus Use	s	
	Initial Contact Point						1		
	12 - FRONT								

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23-08938

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	Щ		V	/ehicle Damage	7 0 0 10 11				
LIND	VEHICLE			40 50017	7 8 9 10 11 6 3 8 9 12				
5	Ē	Extent Of Damage FUNCTIONAL DAMAGE	'	12 - FRONT	5 4 3 2 1				
	>	Towed Due To Damage	V	Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing	V	/ehicle Factors					
		GOING STRAIGHT		NOT ADDI ICADI E					
		Driver Prior Action Other	ľ	NOT APPLICABLE					
		Driver Actions							
_	LE	DISREGARDED STOP SIG	ON, OTHER CONTRIBUTING	G ACTION					
LNU	HC								
_	VEHICL								
		Owner Name JERRY HENKE		Owner Address 207 CAMPUS VIE	W DB				
2	01	(608) 697-1384		BARABOO, WI 53					
		Sequence Of Events							
	01	Event MOTOR VEH IN TRANSP	ORT						
	02	Event							
	~	Event							
	03	Frant							
	04	Event							
╘	l	Policy Holder							
UNIT		Insurance Company DAIRYLAND-INS-CO		Individual JERRY HENKE					
		Individual		OLIVIT HENKE					
		Driver		Citations Issued Sex					
	٦	LINDA HENKE		3	FEMALE				
	UA	(608) 393-0363		Date of Birth	Race WHITE				
LNO	IDINIDUAL	Address		Driver Lieenee Number					
5		207 CAMPUS VIEW DR		Driver License Number					
	Z	BARABOO, WI 53913 , U	S	STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty	Crash	Safety Equipment					
	Sat	fety Equipment	0.40	Caroty Equipment					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT				
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Injury S	averity	Airbag					
5	90		PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path	104515		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPL	ICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			

Form DT4000

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		Distracted By	Distra NOT	acted By Sou	urce . BLE (I	NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED											
	Non Motorist Striking Unit # Location												
		Prior Action											
		Action											
	AL												
LNI	IDU,												
5	INDIVIDUAL												
	=												
		Action Other										To/From Schoo	l
	,	During Q. Alaahal	Susp	ected Alcoh	ol Use		Suspected Drug Use)					
	L	Drug & Alcohol	YES				YES						
		Alcohol Test Given				cohol Test Type	;			Alcohol Tes	Results		
		TEST GIVEN				LOOD				PENDING			
		Drug Test Given TEST GIVEN				rug Test Type L OOD			Test Results DING				
01	001	Drug Type			I								
İ		Individual Condition											
		UNDER THE INFL	UENC	CE OF MEI	DICAT	IONS/DRUGS	S/ ALCOHOL, NOT	OBSERV	'ED				
		Violations											
		UTC Number	Issu	e To?	Statute	Number	Description						
	01	BJ679305	001	;	346.67	(1)	Description HIT AND RUN						
	02	UTC Number BJ679306	001	;	346.63	. , ,	Description OPERATING WHILE UNDER THE INFLUENCE						
	03	UTC Number BJ679307	1ssu 001		Statute 346.04	Number . (2)	Description FAIL/OBEY TRAFFIC SIGN/SIGNAL						
	Unit	t Summary •											
		Status				V	ehicle Operating As Cl	assification	ì	Unit Type			
	IN T	RANSIT				D	D CLASS			AUTOMOBILE			
~	Vehi	cle Type				<u> </u>				Operating As Endorsements			
05	(SP	ORT) UTILITY VEH	ICLE										
	Total	I Occs		Train/Bus #	Record	led T	otal # Citations Issued		Total Traile	ers	Total HazN	Mat Types	
		rance?		Direction Of	f Travel		Pre CrashTire		Speed Limi	it	Total Lane	es	
 	YES			SOUTHBO	DUND		Mark		25		2		
L N N		t Harmful Event: Collisi	on Wit	th		S	pecial Function			Emergency	Motor Vehic	cle Use	
)	MOTOR VEH IN TRANSPORT Traffic Way						O SPECIAL FUNC	NOT APPI	ICABLE				
		•				raffic Control			Traffic Control Inoperative/Missing				
	TWO-WAY, NOT DIVIDED STOP SIGN Surface Type Road Curvatu									NO Road Grade			
		CKTOP (BITUMING	OUS				TRAIGHT			LEVEL			
		k Bus or HazMat	/				-						
	NO												
	1	Vehicle											

6TL0DCL4JW

23-08938

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		License Plate Number			Plate Type		St	Country of Issuance		
		ASE2991				OMOBILE	WI	UNITED STATES	i	
07	7	Vehicle Identification Number	er		Make		Year	Model		
0	02	3C4PDCAB3JT506771			DODGE		2018	JOURNEY		
		Color			Body Style			Bus Use		
		BLU - BLUE				RT UTILITY V	EHICLE			
_	쁘	Initial Contact Point			Vehicle Dam	nage			7 8 9 10 11	
LNO	\overline{c}	04 - RIGHT SIDE REAR	<u> </u>						6 2 12	
5	VEHICL	Extent Of Damage			04 - RIGH	T SIDE REAR	R		5 4 3 2 1	
	>	DISABLING DAMAGE								
		Towed Due To Damage			Vehicle Rem	=				
		TOWED DUE TO DISAE	BLING DA	AMAGE	CRAIGS T					
		What Driver Was Doing			Vehicle Fact	tors				
		GOING STRAIGHT Driver Prior Action Other			NOT APPL	ICABLE				
		Driver Prior Action Other			NO I AI I L	LICABLE				
		Driver Actions								
	ш	NO CONTRIBUTING AC	CTION							
-	긋									
LNO	¥									
_	VEHICL									
		Owner Name			Owner /	Address				
7	02	STEPHANIE L WILLS				NN AVE	42 116			
05	0	(608) 477-7328			DAKA	BOO, WI 539	13,05			
	;	Sequence Of Event	ts							
	5	Event MOTOR VEH IN TRANS	SPORT							
		Event								
	02									
	33	Event								
	4	Event							_	
	_	Dallan Haldan								
Ì		Policy Holder Insurance Company			I. e					
L N		ROOT-PROPERTY-&-C	:ΔSΠΔΙ Τ	Y-INS-CO	Individual STEPHANIE WILLS					
			AOOALI	1-1110-00	OTETTIA	AITIE TVILLO				
		Individual			0:4-4:	Innua d	0			
		Driver STEPHANIE WILLS			Citations 0	issued	Sex FEMALE			
	¥	(608) 477-7328			Date of Bi	irth	Race			
_	INDIVIDUAL				Date of B	""	WHITE			
	Ī	Address			Driver License Number					
_	9	340 LYNN AVE								
	=	BARABOO, WI 53913 ,	, US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	On D fety Equipment	outy Crash		Safety Equipment					
	Ou.									
		Row 01 - FRONT ROW		at Position ' - LEFT	SHOULDER & LAP BELT					
		Helmet Use	107		Helmet Compliance					
					neimer Compilance					
		Eye Protection			Tint Compliance					
					1					
07	002		y Severity	MINOR INJURY	Airbag	בארטאבים				
_	0	SUS	PECIED	WINUK INJUKY	NON DE	PLOYED				

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		Ejected		Ejection Pat	th			Trapped/Extricated			
		NOT EJECTED		NOT EJE	CTED/NOT APPL	ICABLE		NOT TRAPPED			
		Medical Transport	Į.			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTE	ED								
		Hospital				Date of Death		Time of Death			
	l	Distracted By	Distracte	ed By Source	E (NOT DISTRAC	CTED)					
		Distracted By Action									
		NOT DISTRACTED	Striking (Unit#	Location						
		Non Motorist Prior Action									
		Action									
	JAL										
LNO	INDIVIDUAL										
ر	NDI										
	_										
		Action Other							To/From School		
			Suspect	ed Alcohol U	80	Suspected Drug Use					
	L	Orug & Alcohol	NO	ed Alconol o		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				
02	002	Drug Type			1						
		Individual Condition									
		APPEARED NORM	IAL								
		ndividual									
		Passenger				Citations Issued	Sex				
	_	SKYLER VANDUN (608) 477-7328				0	MALE				
⊢	INDIVIDUA	(666) 111 1626				Date of Birth Race WHITE					
LIND		Address 340 LYNN AVE				Driver License Number					
	On Duty Crash										
						Safety Equipment					
	Sat	ety Equipment									
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LAP BELT					
		Helmet Use		1		Helmet Compliance					
		Eye Protection				Tint Compliance					
٥.	က		Injury Se	everity		Airbag					
02	003	Injury	NO AP	PARENT IN		NON DEPLOYED					
		NOT EJECTED		Ejection Par	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED			

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Crash Time 04:18 PM

		Medical Transport			EMS Agency Identifier		EMS Run #	
		NOT TRANSPORT	ED					
		Hospital			Date of Death Time of Death			
			Distracted By Source					
		Distracted By	Distracted by Source	e				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	INDIVIDUAL							
UNIT	7							
5	≥							
	9							
	=							
		Action Other						To/From School
		Drug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Use NO			
	-		NO					
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		Drug Test Type		D T4 Dlt-		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	003	Drug Type		1				
0	ŏ							
		Individual Condition						
		APPEARED NORM	IAL					
l								