WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override 6TL0B655WQ	Primary Crash Document #	Agency 23-089	Crash Number	Investigating Officer/Deputy DEPUTY W. NEUBAUER Time Arrived 04:37 PM			
7	Crash Date 08/17/2023	Crash Time 04:25 PM	Date Ar 08/17/ 2					
, L4	Date Notified 08/17/2023	Time Notified 04:30 PM	Total Ui	nits	Total Injured Total Killed 00 00			
61LUDCL4JR	On Emergency Hit	and Run Lane Clo	osure	Work Zone	Trailer or	Towed	Reporting Threshold	
9 I L	Government Property	Active School Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STANDARD CRAS	SH)		Amended		Secondary Crash	
ĺ	Description					_		
	Diagram USH 12	OFF RAMP		USH 12		Reconstruction By Photos By		
		On Zo				ditional Inforn DNE	nation	
	STH 136	10 >	_					
	NOT TO S	CALE						
	✓ I, a sworn law enforceme	nt officer, agree that I have	not added	any CJIS data in this i	report.			
	UNIT 2 WAS STATIONARY ON THE DRIVER STATED HER BRAKES GA					N THE USH 1	2 OFF RAMP. UNIT 1	
	amennen i nanne Sommanv							
	UPDATED INFORMATION REF UNIT	Γ2 INS						

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	ation									
	STH33 EB				Latitude			Longitu	ıde	
_	T N			43.474973148 X Coordinate					6038581	
	STH136 EB							Y Coor		
	HE VILLAGE OF WE	ST BARABOO			275475.5			48173		
IN S	SAUK COUNTY				Structure			40170		
						UCTURE				
	sh Scene									
	Harmful Event				First Harm		Location			
	TOR VEH IN TRANSF	PORT			ON ROADWAY					
	ner of Collision				Light Cond					
	FRONT TO REAR				DAYLIG					
Road	d Surface Condition(s)				Roadway	Factor(s)				
DRY										
	Environment Factor(s) NONE									
	ther Condition(s)									
CLE										
Anim	nal Type				Relation T					
Cras	h Classification - Location	n			Crash Cla	ssification	- Jurisdiction			
PUE	BLIC PROPERTY				NO SPE	CIAL JUI	RISDICTIO	N		
Triba	al Land			Access Control NO CONTROL				Special Study		
With	in Interchange Area	Junction Location EXIT RAMP-RELATED		Intersectio				_1		
	t Summary =	EXIT KAWF-RELATED		NOT AN	INTERSE	CHON				
	Status —		Vehicle Op	erating As C	Classification Unit Type					
	RANSIT			D CLASS			AUTOMOBILE			
	cle Type		2 02/100					As Endorse	ements	
	ORT) UTILITY VEHIC	LE								
Tota	l Occs	Train/Bus # Recorded	Train/Bus # Recorded Total # Citations Iss			ed Total Tra		Total Ha	zMat Types	
1			1		0		0			
Insu	rance?	Direction Of Travel	Pro	CrashTire		Speed Lim		Total La	nes	
YES	3	SOUTHBOUND	Mark		N/A		1			
Most	t Harmful Event: Collision	With	Special Fu				Emergency Motor Vehicle Use			
	TOR VEH IN TRANSF	NO SPEC	CIAL FUNC	TION		NOT APPLICABLE				
Traff	îc Way	Traffic Con	itrol			Traffic Control Inoperative/Missing				
	RANCE/EXIT RAMP	YIELD SI	YIELD SIGN			NO				
	асе Туре		Road Curv				Road Grade			
	ACKTOP (BITUMINOL	JS)	STRAIGH	łT			DOWNH	IILL		
Trucl	k Bus or HazMat									
	Vehicle									
1	License Plate Number	Plate Type	e		St	Country of Issuance				
	ADA7632		UTOMOBIL	BILE WI		UNITED STATES				
		Make								
01			FORD		2008		TAURUS X			
		· - -	Body Style	e						
		MINUM)			Y VEHICI	LE				
		J Oi (• 11611			1				
	Initial Contact Point									
01	ADA7632 Vehicle Identification Number 1FMDK05W88GA02781 Color SIL - SILVER (ALUMINUM)			UTOMOBIL e	WI UNI' Year Mode 2008 TAU		UNITED Model	Model TAURUS X		

Crash Date 08/17/2023

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23-08940

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	Щ		Г	Vehicle Damage						
╘	VEHICLE			01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE						
LIND	ᆵ	Extent Of Damage		FRONT, 03 - RIGHT S			6			
_	VE	FUNCTIONAL DAMAGE		REAR, 05 - RIGHT R	EAR CORNER, 10) - LEFT SIDE F	5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABL		CRAIGS TOWING						
		What Driver Was Doing GOING STRAIGHT	,	Vehicle Factors						
		Driver Prior Action Other		BRAKES						
		Diver i noi Action Other								
		Driver Actions	L							
	щ	FAILURE TO CONTROL,	DISREGARDED OTHER TR	RAFFIC CONTROL						
╘	딩									
UNIT	VEHICL									
	X									
		Owner Name								
		Owner Name CAROLE BERGLUND		Owner Address E10872 S GASSE	R RD					
5	01	(847) 989-7602		BARABOO, WI 53						
		Sequence Of Events								
		Event								
	0	MOTOR VEH IN TRANSP	ORT							
	02	Event								
	~	Event								
	03	-								
	04	Event								
—	ı	Policy Holder								
UNIT		Insurance Company		Individual						
_		ESURANCE-INSURANCE	-COMPANY	CAROLE BERGLUND						
	ı	ndividual								
		Driver CAROLE BERGLUND		Citations Issued	Sex					
	7	(847) 989-7602		1 FEMALE Date of Birth Race WHITE						
_	7	(0.11)								
	DIVIDUAL	Address		Driver License Numbe						
5		E10872 S GASSER RD		Direct Electine Multiper						
	Z	BARABOO, WI 53913 , U	S	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Saf	On Duty fety Equipment	r Crash	Safety Equipment						
	Sai									
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT					
		Helmet Use	U/ - LEF1	Helmet Compliance						
		Tiolinet osc		Tiennet compilarioc						
		Eye Protection		Tint Compliance						
0	00	Injury S	PARENT INJURY	Airbag NON DEPLOYED						
		Ejected	Ejection Path			Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APPI			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
						ì				
		Hospital		Date of Death		Time of Death				

Crash Date **08/17/2023**Crash Time **04:25 PM**

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Distracted By Source													
		Distracted By	UNI	KNOWN									
		Distracted By Action UNKNOWN											
	L	Non Motorist	Strik	ing Unit#		Location							
		Prior Action											
		Action											
LIND	INDIVIDUAL												
		Action Other											To/From School
	L	Orug & Alcohol	Susp NO	pected Alco	ohol U	se		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test T	уре			Alcohol Test Result				
		Drug Test Given TEST NOT GIVEN	st Given			Drug Test Type	е	Drug Test Results					
2	001	Drug Type											
		Individual Condition											
		APPEARED NORMAL											
	١	/iolations											
	_ [UTC Number BE614269	lsst 00 1	ue To? I	Stat 346	ute Number . 04(2)		Description FAIL/OBEY TRAFFI	IC SIGN	I/SIGNAL			
ī	Init	Summary •											
		Status					Ve	hicle Operating As Class	sification		Unit Type		
	IN T	RANSIT							AUTOMOBILE				
~	Vehic	Vehicle Type					-				Operating As Endorsements		
05	PAS	PASSENGER CAR											
	Total Occs Train/Bus # Recorded 1				To 0	tal # Citations Issued	Total Trailer		ers	Total HazM	lat Types		
	Insur YES	nsurance? Direction Of Travel YES WESTBOUND						Pre CrashTire Speed Lim Mark N/A			nit Total Lanes 1		
\neg		lost Harmful Event: Collision With						Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way ENTRANCE/EXIT RAMP Surface Type						affic Control ELD SIGN			Traffic Contr	ol Inoperativ	/e/Missing
	Surfa						Ro	oad Curvature			Road Grade		
		ACKTOP (BITUMINOUS)					S	FRAIGHT			DOWNHILL		
	Truck NO	Bus or HazMat											
	1	/ehicle											
		License Plate Number	r				Р	late Type		St	Country of Is:	suance	
		877SYP						7.			UNITED ST	ATES	
05	02	Vehicle Identification I 3VW2K7AJ0CM31						lake OLKSWAGEN			Model JETTA BAS	SE	

Form DT4000

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6TL0DCL4JR

23-08940

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		Color		Body Style		Bus Use						
		GRY - GRAY		4D - 4DR								
	Ш	Initial Contact Point		Vehicle Damage								
╘	SL	07 - LEFT REAR CORNER		7 8 9								
LNO	Ĭ	Extent Of Damage		07 - LEFT REAR CO	RNER, 08 - LEFT	SIDE REAR	6 12					
ر ر	VEHICLE	MINOR DAMAGE			•		5 4 3 2 1					
		Towed Due To Damage	· ·	Vehicle Removed By								
		NOT TOWED		OPERATOR								
		What Driver Was Doing	,	Vehicle Factors								
		STOP IN TRAFFIC										
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions										
_	LE	NO CONTRIBUTING ACTION	1									
LNO	VEHICL											
\supset	山											
	>											
		Owner Name		Owner Address								
		DAVID JENSEN		E13490 MAN MOUND RD								
02	02	(608) 963-7453		BARABOO, WI 53913 , US								
		Sequence Of Events										
		Event										
	01	MOTOR VEH IN TRANSPOR	T									
	2	Event										
	02											
	03	Event										
	0											
	04	Event										
╘		Policy Holder										
LIND		Insurance Company Individual PROGRESSIVE-CASUALTY-INS-CO ASHLEY JENSEN										
			-ino-co	ASILET JENSEN								
		ndividual		1								
		Driver SHARON JENSEN		Citations Issued		Sex						
	٩L	(608) 963-7453		O Deterate District	FEMALE							
	DUAL			Date of Birth	Race WHITE							
늘		Address		Driver License Number								
	INDIVI	E13490 MAN MOUND RD	Direct Election Number									
	Z	BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES								
		On Duty Cr	ash	Safety Equipment								
	Sai	ety Equipment		SHOULDER & LAP BELT								
		Row	Seat Position									
		01 - FRONT ROW	07 - LEFT									
		Helmet Use		Helmet Compliance								
		Eye Protection		Tint Compliance								
	~	Injury Seve	rity	Airhag								
05	002	Injury NO APPA	RENT INJURY	Airbag NON DEPLOYED								
			ection Path			Trapped/Extricated						
		*	OT EJECTED/NOT APP	LICABLE		NOT TRAPPED						
		Medical Transport		EMS Agency Identifie	r	EMS Run #						
		NOT TRANSPORTED										

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		Hospital			Date of Death		Time of Death	
		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	NAL							
L	INDIVIDUAL							
	Z							
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO	lse	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		
05	005	Drug Type		,				
		Individual Condition						
		APPEARED NORM	//AL					