# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Document #		Jocument #	Agency Crash Number 23-10209		DEPUTY S. MESSNER					
g	Crash Date <b>09/17/2023</b>	Crash Time 05:28 PM			rived 2023	Time Arrived 05:43 PM					
P	Date Notified 09/17/2023	Time Notified 05:43 PM		Total Units 01		Total Injured Total 00 00		Killed	Killed		
007	On Emergency Hit	and Run	Lane Closu	ure	Work Zone	Trailer	or Towe	d	Reporting Threshold		
<b>ETLOD1PTNQ</b>	Government Property	Active So	hool Zone	School I	Bus Related	Tags					
	<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amended		Secondary Crash			
	Diagram Reconstruction By										
	Not to scale  CTH PF  East Walnut Street  Unit 1 coming to rest  Unit 1 stiking curb and sign post										
	, a sworn law enforceme	nt officer, agre	ee that I have no	ot added	any CJIS data in this	report.					
	ON 9/17/2023, AT APPROXIMATEY DRIVER, RILEY L. MINETTE HAD A ON E. WALNUT WHEN THE DRIVEI IDENTIFIED AS KYLIE R. ZIEGLER. CHECKING DOT RECORDS, VIA ET OBSERVED A VILLAGE "NO PARKI OPERATING WHILE SUSPENDED. AFFECT TRAFFIC.	N EPILEPTIC SEI. R HAD A SIEZURI NORTH FREEDC IME, I FOUND RI NG" SIGN DAMAG	ZURE AT E. WALNU E. UNIT 1 STRUCK DM AND REEDSBUF LEY HAD A SUSPE GED. I COMPLETED	UT AT CTH A CURB, S RG EMS R NDED LIC D A PROPI	I PF, VILLAGE OF NORTH STRUCK A SIGN POST ANI ESPONDED TO THE SCEN ENSE. I OBSERVED MINO ERTY DAMAGE TAG AND N	FREEDOM, SAID CAME TO RE E AND THE DE R DAMAGE TO MARKED THE S	UK COUNT ST. NO INJ RIVER REFU THE FRON SIGN. I ISSU	Y, WI. UNIT IURIES. PA JSED TRAN IT OF THE JED RILEY	1 WAS EASTBOUND SSENGER WAS NSPORT. IN VEHICLE. I A CITATION FOR		

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 5

Crash Date **09/17/2023**Crash Time **05:28 PM** 

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	Loc	ation								
		E WALNUT ST/ CTHP	F EB			Latitude			Longit	ude
		FT S			43.460460758			-89.856928765		
		HIGH ST	TUEDEEDOM		X Coordin	ate		Y Coordinate		
		HE VILLAGE OF NOR	IN FREEDOM		268877.	5625		48159	<b>∂15.5</b>	
	•					Structure				
						NO STR	UCTURE			
	Cra	sh Scene								
	First	Harmful Event				First Harm	nful Event Lo	ocation		
		AFFIC SIGN POST		SHOUL	DER RIGH	Т				
	-	ner of Collision				Light Con				
			HICLE IN TRANSPORT			DAYLIG				
		d Surface Condition(s)				Roadway Factor(s)				
	DR	<b>′</b>								
	Envi	ronment Factor(s)								
	NOI	NE				NONE				
	Wea	ther Condition(s)								
		AR								
	Anin	nal Type					To Trafficway		_	
	Crac	sh Classification - Location					ssification -	OT ON ROA	עו	
		BLIC PROPERTY								
		al Land				NO SPECIAL JURISDICTION  Access Control Special			Special Study	
					NO CONT			NTROL		
	With	in Interchange Area	Junction Location		Intersection	Туре				
	NO		NON-JUNCTION		NOT AN I	NTERSE	CTION			
		t Summary 👅								
	Unit Status Vehicle Operating As C					21				
		RANSIT	D CLASS	D CLASS			AUTOMO			
01		cle Type SSENGER CAR						Operating As Endorsements		
		Occs	Total # Cita	Total # Citations Issued		Total Trail	ers	Total Ha	azMat Types	
	Total Occs Train/Bus # Recorded  2			1		0		0		
	Insu	rance?	Direction Of Travel	Pre CrashTire		Speed Lim		imit Total Lanes		anes
_	YES	6	EASTBOUND		Mark				2	
UNIT	Most Harmful Event: Collision With				Special Function			Emergency Motor Vehicle Use NOT APPLICABLE		
		AFFIC SIGN POST		NO SPECIAL FUNCTION						
		ic Way  O-WAY, NOT DIVIDED		Fraffic Control  NO CONTROL			Traffic Control Inoperative/Missing  NO			
		ace Type			Road Curvature			Road Grade		
		ACKTOP (BITUMINOUS	S)	CURVE L				LEVEL		
	Truc	k Bus or HazMat	<u> </u>	I				I		
	NO									
	,	Vehicle								
		License Plate Number		Plate Type St WI			Country of Issuance			
		132XDC								
10	2	Vehicle Identification Nur 5XYKTDA78FG61889	Make KIA MOTORS CORPORA Body Style		DOD A	Year 2015				
		Color			2013	Bus Use	LA			
		GRY - GRAY			LL - CARRYALL		Jul 036			
	щ	Initial Contact Point			Vehicle Damage					
<b>≒</b>	EHICL	12 - FRONT								7 8 9 10 11
UNIT	표	Extent Of Damage	12 - FRC	TNC					4	
	₩ MINOR DAMAGE							5 4 3 2 1		

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

2 of 5

SC23-10209 Page 2 of 5

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Towed Due To Damage		Vehic	cle Removed By					
		NOT TOWED			RATOR					
		What Driver Was Doing		Vehic	cle Factors					
		NEGOTIATING CURVE		NOT	NOT APPLICABLE					
		Driver Prior Action Other			ALLEGABLE					
		Driver Actions								
	щ	OTHER CONTRIBUTING ACTION								
UNIT	VEHICLE									
5	ᇤ									
	>									
		Owner Name Owner Address								
_	_	ROBERT ZIEGLER		:	309 WALNUT ST					
SAUK CITY, WI 53583 , US										
				丄						
	•	Sequence Of Events Event								
	01	CURB								
	02	Event TRAFFIC SIGN POST								
	03	Event								
		Event								
	8									
╘		Policy Holder Insurance Company Individual								
UNIT		ARTISAN-AND-TRUCKERS-CASUALTY-CO			Individual ROBERT ZIEGLER					
	ı	Individual								
		Driver RILEY MINETTE (608) 370-9613			Citations Issued Sex 1 MALE					
	٦									
_	INDIVIDUAL				ate of Birth	Race WHITE				
Ę	Σ	Address E7602 SPRING DR			iver License Number					
_	Ĭ	SAUK CITY, WI 53583 , US								
		On Duty	Crash	Sa	fety Equipment					
	Saf	ety Equipment								
		Row Seat Position		SHOULDER & LAP BELT						
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
_	Ξ	Injury Se	verity	Airbag						
6	90		PARENT INJURY	NON DEPLOYED						
		•	Ejection Path  NOT EJECTED/NOT APP	I ICA	ARI F		Trapped/Extricated NOT TRAPPED			
	Medical Transport				AS Agency Identifier		EMS Run #			
		NOT TRANSPORTED								
		Hospital		Da	ite of Death		Time of Death			
		Distracted By OTHER	d By Source	. FO	OD. GROOMING)		1			
		Distracted By Action	DISTRICTION (ANIMAL,	,	22, 31(33)					
		OTHER ACTION (LOOKING AWAY FROM TASK ETC)								

Wisconsin Motor Vehicle Crash Form DT4000

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Crash Date 09/17/2023
Crash Time 05:28 PM

SC23-10209 Page 3 of 5

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	Non Motorist Striking	g Unit #	Location						
	Prior Action								
	Action								
JAL									
MDU									
INDI									
Action Other To/From School									
L	Drug & Alcohol NO	cted Alcohol U	Jse	Suspected Drug Use NO					
	Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
	Drug Test Given		Drug Test Type		Drug Test Results				
01	Drug Type								
0									
				Citations Issued Sex					
٩L	KYLIE ZIEGLER			0	FEMALE				
JDU,					WHITE				
NDIV	309 WALNUT ST SAUK CITY, WI 53583 , US			Driver License Number					
_									
Saf	fety Equipment	ty Crash		Safety Equipment					
	Row 01 - FRONT ROW			SHOULDER & LAP I	BELT				
	Helmet Use			Helmet Compliance					
	Eye Protection			Tint Compliance					
005		-	N IIIDV	Airbag					
	Ejected	Ejection Pa	th	1		Trapped/Extricated			
		NOT EJE	CTED/NOT APPL						
	NOT TRANSPORTED								
				Date of Death		Time of Death			
	Distracted By	ted By Source	Э						
	Distracted By Action								
	Non Motorist	unit#	Location						
	INDIVIDUAL 001	Prior Action  First Alcohol  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual  Passenger  KYLIE ZIEGLER  Address 309 WALNUT ST SAUK CITY, WI 53583 , I  Safety Equipment  Row 01 - FRONT ROW  Helmet Use Eye Protection  Tinjury NO Al  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted By	Action Other  Drug & Alcohol NO  Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type  Individual Passenger KYLIE ZIEGLER  Row O1 - FRONT ROW O9 - RI Helmet Use Eye Protection  Tipiny No APPARENT I Ejected NOT EJECTED NOT EJE Medical Transport NOT TRANSPORTED Hospital  Distracted By Action  Suspected Alcohol C NO  Alcohol Test Given Test Given Test Not Ejection Pandelical Transport Not Tr	Prior Action  Action Other  Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual  Passenger KYLIE ZIEGLER  Safety Equipment  Roy Drug Test Given TSAUK CITY, WI 53583 , US  Safety Equipment  No Drug Test Given TEST NOT GIVEN  Individual  Passenger KYLIE ZIEGLER  On Duty Crash  Seat Position 09 - RIGHT  Helmet Use Eye Protection  NoT EJECTED Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted By  Distracted By Source	Prior Action  Action  Action  Action  Action  Action  Drug & Alcohol NO  Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN  Drug Type  Individual  Address 309 WALNUT ST SAUK CITY, WI 53583 , US  Safety Equipment  Row 01 - FRONT ROW 09 - RIGHT Helmet Use Eye Protection  Tint Compliance  Eye Protection  Tint Compliance  Injury Seventy NO APPARENT INJURY NO APPARENT INJURY NON DEPLOYED  Medical Transport NOT TRANSPORTED Hospital  Distracted By Distracted By Distracted By Source  Distracted By Distracted By Source  Distracted By Distracted By Action	Prior Action  Action Other  Drug & Alcohol  Action Other  Drug & Alcohol  Action Other  Drug & Alcohol  Action Other  Action Other  Drug & Alcohol  Action Other  Action Other  Drug & Alcohol  Action Other  Action Other  Drug Test Given  Drug Test Given  Drug Test Type  Drug Test Type  Drug Test Results  Drug Type  Drug Test Given  Drug Test Type  Drug Test Results  Drug T	Prior Action   Action Other		

Wisconsin Motor Vehicle Crash Form DT4000

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4 of 5

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ı										
		Prior Action								
		Action								
	INDIVIDUAL									
⊨	2									
LIND	<b>=</b>									
–	ቯ									
	Z									
		Action Other						To/From School		
		Action Other						10/1 Tolli Gollooi		
			Suspected Alco	phol Use	Suspected Drug Use					
		Drug & Alcohol NO			NO					
i		Alcohol Test Giver	า	Alcohol Test Type	<u> </u>		Alcohol Test Results			
		TEST NOT GIV								
İ		Drug Test Given	n Drug Tes			Drug Test Results	i			
		TEŠT NOT GIV	ST NOT GIVEN							
2	002	Drug Type		•		•				
0	8									
l		Individual Condition								
		APPEARED NO	RMAL							
	'	Violations		_	_					
	2	UTC Number BG944128	Issue To? <b>001</b>	Statute Number <b>343.44(1)(a)</b>	Description OPERATING WHILE	SUSPENDED				
				040.44(1)(u)	OI ERATING WILL	- COOI ENDED				
		perty Owne	r 💻							
2	Gove	ernment RTH FREEDON			Address <b>105 N MAPLE STREE</b>	т				
		B) 522-4550			NORTH FREEDOM, WI 53951 , US					
PROP OWNER	Ì				,	•				
		1011 101								
	Fixe	d Objects St								
	_		Struck Object		Structure Number	Damage Tag Number				
	2	01	TRAFFIC SIGN	POST				337984		