WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	Agency Crash Number SC23-10632	Investigating Off DEPUTY A. K			
≥	Crash Date 09/30/2023	Crash Time 12:02 PM	Date Arrived Time Arrived 09/30/2023 12:20 PM		t		
<u>ر</u>	Date Notified	Time Notified	Total Units	Total Injured	Total Killed	l	
က္ရွ ၂	09/30/2023	12:03 PM	02	00	00	T	
O I LUF355FIM	On Emergency Hit	and Run Lane Clos		Trailer or	Towed	Reporting Threshold	
ا <u>ا</u>	Government Property	Active School Zone	School Bus Related NO	Tags			
	✓ Reportable	Crash Type DT4000 (STANDARD CRASI	Н)	Amended		Secondary Crash	
[Description						
	Diagram			Re	econstruction	Ву	
	Not to scale				notos By		
					dditional Inforr		
}		nt -#:	-4 - dd-d 0 !! 0 ! 4 ! ! ! ! !				
	_		ot added any CJIS data in this				
	WITHOUT STRIKING U2. U2 OPERA OPERATOR SAID THE CONSTRUCT SAID WHEN THIS HAPPENED, HE	ATOR SAID HE WAS DRIVING ON H TION EQUIPMENT WAS IN THE LAN	KS QUICKLY AND SHE TRIED TO ST Y33 BY TWIN PINE RD WHEN HE SA IE AND HE SAW IT LAST MINUTE AN TATEMENTS WERE CONSISTENT AI	AW CONSTRUCTION APPLIED THE B	N EQUIPMENT REAKS ABRU	IN THE ROAD. U2 PTLY. OPERATOR OF U2	

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Crash Time 12:02 PM

	Loc	ation 								
		STH33 EB			Latitude			Longitud	e	
	0.50	MI W			43.552033814			-90.061		
	OF:	TWIN PINE RD			X Coordi			Y Coord		
		HE TOWN OF REEDS	BBURG		252707.			482667		
	IN S	AUK COUNTY			Structure			102001	-1.0	
					Structure	туре				
(Cra	sh Scene			•					
1	First	Harmful Event			First Har	mful Event L	ocation			
	МО	TOR VEH IN TRANSP	ORT		ON RO	ADWAY				
	Mani	ner of Collision			Light Cor	ndition				
	03 -	FRONT TO REAR			DAYLIG	HT				
	Road	d Surface Condition(s)			Roadway	/ Factor(s)				
	DRY	•								
	Envii	ronment Factor(s)								
	МОИ	JE			NONE					
		ther Condition(s)								
	CLE	AR								
	Anim	al Type			Relation	To Trafficwa	у			
					TRAFFI	CWAY - O	N ROAD			
	Cras	h Classification - Location	1		Crash Cla	assification -	Jurisdiction			
	_	SLIC PROPERTY			NO SPE	ECIAL JUR	ISDICTION	ON		
	Triba	Il Land				Access Control NO CONTROL			Special Study	
	Withi	in Interchange Area	Junction Location	Interse	ntersection Type					
	NO	-	NON-JUNCTION	NOT A	AN INTERSI	ECTION				
	Unit	Summary =		<u>'</u>						
		Status		Vehicle Operating A	s Classificatio	Classification Unit Type				
	IN T	RANSIT		D CLASS				OMOBILE		
	Vehi	cle Type				Operating A	s Endorser	nents		
0	PAS	SENGER CAR								
	Total	otal Occs Train/Bus # Recorded		Total # Citations Iss	Total # Citations Issued Total Traile		ailers Total HazMat Types		Mat Types	
	1			0		0		0		
	Insur	ance?	Direction Of Travel	Pre Crash1	Tire	Speed Lin	nit	Total Lane	es	
-	YES		EASTBOUND	☐ Mark		55		2		
		Harmful Event: Collision		· ·	·			Emergency Motor Vehicle Use		
		TOR VEH IN TRANSP	ORT							
		ic Way			NO CONTROL NO Road Curvature Ro			Traffic Control Inoperative/Missing		
		D-WAY, NOT DIVIDED)					NO		
		ace Type	10)					Road Grade		
		CKTOP (BITUMINOL k Bus or HazMat	15)	STRAIGHT	STRAIGHT LEVEL					
	NO	K Bus of Haziviat								
	,	Vehicle								
		License Plate Number		Plate Type	Plate Type St		Country of Is	suance		
		566WBC		AUT - AUTOMO	BILE	WI	UNITED STATES Model ESCAPE			
		Vehicle Identification Nu	mber	Make		Year				
5	01	1FMCU9J97HUE881	72	FORD		2017				
		Color		Body Style	Body Style		Bus Use			
		RED - RED		UT - SPORT UTILITY VEHICLE						
	Щ	Initial Contact Point		Vehicle Damage					7 8 9 10 11	
	<u>디</u>	12 - FRONT							6 2 12	
	VEHICL	Extent Of Damage MINOR DAMAGE		12 - FRONT					5 4 3 2 1	
	>	WINTON DAWINGE								
ieco	nein M	Motor Vehicle Crash	Th	is report does not include	anv CJIS data	ı.		Crash Date	09/30/2023	
	DT400			2 of 7	,				12:02 PM	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Towed Due To Damage		Vehicle Removed B	Зу				
		NOT TOWED		OPERATOR					
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors					
		Driver Prior Action Other		NOT APPLICAB	LE				
TINO	VEHICLE	Driver Actions FOLLOWING TOO CLOSE							
10	10	Owner Name ASHLEY WALDNER	!	Owner Addres 414 ALEXAI REEDSBUR		US			
		Sequence Of Events		1					
	5	Event MOTOR VEH IN TRANSPO	PRT						
	05	Event							
	03	Event							
	40	Event							
_		Policy Holder							
E N		Insurance Company	Individual						
>		AUTO-OWNERS-INS-CO	ASHLEY WAL	DNER					
		Individual							
	_	Driver ASHLEY WALDNER	Citations Issued 0		FEMALE				
L	DO		Date of Birth	Race WHITE	Race WHITE				
LIND	INDIVIDUAL	Address 414 ALEXANDER AVE REEDSBURG, WI 53959 ,	Driver License N	lumber					
	Sat	fety Equipment	Crash	Safety Equipmen	nt				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER 8	LAP BELT				
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
2	001	Injury Se	verity PARENT INJURY	Airbag NON DEPLOY	· ·				
			Ejection Path			Trapped/Extricated			
			NOT EJECTED/NOT AF			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Ide	entifier	EMS Run #			
		Hospital		Date of Death		Time of Death			
		Distracted By Distracted NOT AF	d By Source PPLICABLE (NOT DISTI	RACTED)		·			
	Distracted By Action NOT DISTRACTED								

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 7 \end{tabular}$

Crash Date 09/30/2023
Crash Time 12:02 PM

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

		Non Motorist	riking Unit #	Location						
		Prior Action								
 		Action								
	بِ									
<u></u>	INDIVIDUAL									
L	N									
	Z									
		Action Other						To/From School		
	L	Drug & Alcohol NO			Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Res	sults		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Resul	ts			
01	00	Drug Type								
		Individual Condition								
		APPEARED NORMA	ı							
ı —		t Summary Status		ΙV	ehicle Operating As Classi	fication	Unit Type			
		IN TRANSIT			CLASS		AUTOMOBILE			
05		cle Type SSENGER CAR			Operating As Endorsements			dorsements		
	Tota 2	l Occs	Train/Bus # Recorded		otal # Citations Issued	Total Tra	ilers Tota	al HazMat Types		
_	Insu	rance?	Direction Of Tra	_	Pre CrashTire Mark	Speed Li 55	mit Tota	al Lanes		
L		Harmful Event: Collision With OR VEH IN TRANSPORT			pecial Function IO SPECIAL FUNCTIO	N	Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way D-WAY, NOT DIVIDED)		raffic Control		Traffic Control Inoperative/Missing NO			
	Surfa	асе Туре			oad Curvature		Road Grade			
		ACKTOP (BITUMINOU k Bus or HazMat	S)	S	STRAIGHT LEVEL					
	NO									
	,	Vehicle		1,						
		License Plate Number AFT2930			Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
05	05	Vehicle Identification Nu			Make	Year	Model			
٥	0	KNMAT2MV3GP617	147		NISSAN Body Style	2016	ROGUE Bus Use			
		GRY - GRAY			UT - SPORT UTILITY V	EHICLE	Dus Osc			
	쁘	Initial Contact Point		\	Vehicle Damage		1	7 8 9 10 11		
LNO	VEHICL	06 - REAR Extent Of Damage			06 - REAR			6 Pg 12		
ر ا	ΛEI	MINOR DAMAGE						5 4 3 2 1		
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR					
		NOT TOWED		(OPERATOR					

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		What Driver Was Doing		١	/ehicle Factors			
		GOING STRAIGHT		NOT ARRIVARIE				
		Driver Prior Action Other		1	NOT APPLICABLE			
		Driver Actions						
	ш	NO CONTRIBUTING ACTI	ON					
l⊨∣	VEHICLE							
HND	Ĭ							
-	VE							
		Owner Name JIMMY NOVY			Owner Address 608 SHEAR AVE			
05	02	SIMINIT NOVI			HILLSBORO, WI	54634 , US		
	9	Sequence Of Events						
		Event						
	01	MOTOR VEH IN TRANSPO	DRT					
	02	Event						
Event								
		Event						
	04	L-YOIR						
l <u>⊢</u>	ı	Policy Holder						
NS NS		Insurance Company GEICO-GENERAL-INS-CO			Individual JIMMY NOVY			
-			,		JIMMT NOVT			
		Individual Driver			Citations Issued	Sex		
		JIMMY L NOVY			Citations Issued 0	MALE		
	Ι¥Γ				Date of Birth	Race		
╘	NDIMDUAL				WHITE			
L L	\leq	Address			Driver License Number	. •		
	Ĭ	608 SHEAR AVE HILLSBORO, WI 54634 , US						
	0-4	On Duty	Crash		Safety Equipment			
	Sat	fety Equipment						
		Row FRONT ROW	Seat Po		SHOULDER & LAP	BELT		
		01 - FRONT ROW Helmet Use	07 - LE	:F1	Helmet Compliance			
		Tielinet osc						
		Eye Protection			Tint Compliance			
02	002	Injury Se	-		Airbag			
0	8		PARENT II		NON DEPLOYED			
		Ejected	Ejection Pat		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL			NOT TRAPPED EMS Run #	
		NOT TRANSPORTED			EMS Agency Identifier		EMS Run#	
	Hospital			Date of Death		Time of Death		
		Distracted By NOT A	d By Source	E (NOT DISTRA	CTED)			
		Distracted By Action NOT DISTRACTED						
		Non Motorist Striking I	Jnit#	Location				

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ı											
		Prior Action									
ĺ		Action									
	INDIVIDUAL										
FIND	2										
5	⅀										
	Ĭ										
		Action Other						To/From School			
		Action Other						TO/FTOITI SCHOOL			
		Suspec	ed Alcohol (Jse	Suspected Drug Use			1			
	L	Drug & Alcohol NO		_	NO		•				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Э		Alcohol Test Results				
		Drug Test Given		Drug Test Type		Drug Test Results	<u> </u>				
		TEST NOT GIVEN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
05	002	Drug Type		•		•					
•	ŏ										
		Individual Condition									
		APPEARED NORMAL									
		ATTEARED NORMAL									
	ı	ndividual									
		Passenger JUANITA GEBHARDT NOVY			Citations Issued	Sex					
	A.				O Date of Birth	FEMALE Race					
L	INDIVIDUAL				Date of Birth	WHITE					
FIN	₹	Address 608 SHEAR AVE HILLSBORO, WI 54634 , US			Driver License Number						
-	2										
		, ,									
		On Duty	Crash		Safety Equipment						
	Sat	fety Equipment									
		Row	Seat Po		SHOULDER & LAP BELT						
		01 - FRONT ROW Helmet Use	09 - R	IGHT	Helmet Compliance						
		Tielillet Ose			Tielinet Compilance						
		Eye Protection			Tint Compliance						
		Laine S			Aidea						
02	8	Injury S NO AF	PARENT I	INJURY	Airbag NON DEPLOYED						
		Ejected	Ejection Pa	ath			Trapped/Extricated				
		NOT EJECTED	NOT EJE	CTED/NOT APP			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#				
		Hospital			Date of Death		Time of Death				
		Distracted By Distract	ed By Sourc	e	•		•				
		Distracted By Action									
		Non Motorist Striking	Unit #	Location							
		Prior Action									

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		Action						
	٩L							
I≡	DO,							
L	INDIVIDUAL							
	Ĭ							
		Action Other						To/From School
			Suspected Alcohol Us	Se	Suspected Drug Use			
	L	Drug & Alcohol	NO	50	NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		Drug Test Type		Drug Test Results	<u> </u>	
		Drug Test Given TEST NOT GIVEN		3 71		Drug Foot Hooding	•	
05	003	Drug Type						
	C							
		Individual Condition						
		APPEARED NORM	MAL					