WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overric	de	Primary Crash D	ocument #	Agency Crash Number Investigating 23-12649 DEPUTY A			g Officer/Deputy A. KING		
<	Crash Date 11/24/2023		Crash Time 03:17 PM		Date Arr 11/24/2		Time Arrived			
)	Date Notified		Time Notified		Total Units Total Ir			<u>, </u>		
)	11/24/2023		03:18 PM		02		00	00	_	
OI LUFSSSFA	On Emergency	Hit	t and Run	Lane Close	ure	Work Zone	Trailer	or Towed	Reporting Threshold	
	Government Property		Active Sci	nool Zone	School B	Bus Related	Tags			
	✓ Reportable		Crash Type DT4000 (STA	NDARD CRASH	l)		Amendo	ed	Secondary Crash	
	Description 									
		Golf View	011		N 102 23 23 23 23 23 23 23 23 23 23 23 23 23	23 101 23		Photos By Additional Info		
	✓ I, a sworn law enfo	orceme	ent officer, agre	e that I have no	ot added	any CJIS data in th	nis report.			
	U1 WAS TRAVELING WES THERE WAS ANOTHER VE BEING STRUCK BY U2. OF ROUNDABOUT AND HE SA	TBOUND EHICLE II PERATOI AW U1 SI IE THEN F U2 SAII	O ON HY 23/33 APP N THE ROUNDABO R OF U1 DENIED / LOWING. OPERAT SAW U1 CONTINU	PROACHING THE FOUT DUE TO THE ANY INJURIES ANI OR OF U2 STATE JE TO ENTER THE	ROUNDABO GLARE OF D REQUES D HE THO E ROUNDA	OUT AT HY136. OPERA THE SUN. OPERATOR STED CRAIG'S TOWING UGHT U1 WAS STOPPII BOUT. OPERATOR OF I	TOR OF U1 STATE OF U1 ADMITTED TO RESPOND. OF NG AND HE CONT U2 SAID HE TRIED	TO ENTERING PERATOR OF L INUED TO NAV TO AVOID CO	JABLE TO CLEARLY SEE IF G THE ROUNDABOUT AND J2 STATED HE WAS IN THE J/IGATE THE ROUNDABOUT. JLLISION BUT WAS UNABLE DVED BY CRAIG'S AND U2	

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	Loc	ation									
		STH23 WB				Latitude			Longi	tude	
	15 F					43.53265	3703		-89.9	54552891	
		STH136 WB	DUDO.			X Coordin	ate		Y Cod	ordinate	
		HE TOWN OF REEDS	DOURG	261264.34375 4824209.5							
						Structure	Туре		•		
	C+0	sh Scene									
		Harmful Event				F:+11	. 6.1 F 4 1 .				
		TOR VEH IN TRANSP	OPT	ON ROA	nful Event Lo	ocation					
	_	ner of Collision	OK1			Light Cond					
		ANGLE	DAYLIG								
	Road	d Surface Condition(s)			Roadway	Factor(s)					
	DRY	•									
	Envi	ronment Factor(s)									
	Environment Factor(s) GLARE					NONE					
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	nal Type				o Trafficway					
	Cros	h Classification - Location					SSIFICATION -				
		BLIC PROPERTY	I			NO SPE					
	Triba	al Land				Access Control NO CONTROL				Special Study	
	With	in Interchange Area		Intersection							
	NO	-	INTERSECTION		ROUNDA	ABOUT					
	Uni	t Summary =			<u>u</u>						
		Status		Vehicle Ope	erating As C	lassification	ı	Unit Type			
	IN T	RANSIT		D CLASS		AUTOMOBILE					
7		cle Type				Operating As Endorsements					
0		SENGER CAR									
	Tota 1	I Occs	Train/Bus # Recorded	Total # Cita 0	itions Issued	d Total Trail		ers	Total H	lazMat Types	
	Insu	rance?	Direction Of Travel	Pre	CrashTire	e Speed Lin				anes	
⊨	YES	3	WESTBOUND		Mark	55		2			
LNO		t Harmful Event: Collision			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehi NOT APPLICABLE			
		TOR VEH IN TRANSP	ORT			Traffic Control Inoperative/Missing					
		ic Way D-WAY, NOT DIVIDE D		Traffic Control YIELD SIGN			NO				
		ace Type	<u>'</u>	Road Curva				Road Grade SAG(BOTTOM)			
		NCRETE		STRAIGH							
	Truc	k Bus or HazMat									
	NO										
	,	Vehicle									
		License Plate Number	Plate Type AUT - AUTOMOBILI		St		Country of Issuance				
		AEJ9652		TOMOBIL							
7	2	Vehicle Identification Nu 1FMCU9G94HUD669	FORD	Make FORD		2017	Model ESCAPE				
		Color	Body Style	9	2017		Bus Use				
		GRY - GRAY		I		ITY VEHICLE					
_	щ	Initial Contact Point		Vehicle Da	amage				7 8 9 10 11		
LNO	<u>디</u>	10 - LEFT SIDE FRO	NT							6	
ź	H	10 - LEFT SIDE FRONT Extent Of Damage DISABLING DAMAGE			10 - LEFT SIDE FRONT			5 4 3 2 1			
_	2	DISABLING DAMAG	E								

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		Towed Due To Damage		Vel	nicle Removed By					
		TOWED DUE TO DISABL	ING DAMAGE		RAIGS TOWING					
		What Driver Was Doing		Vel	nicle Factors					
		GOING STRAIGHT								
		Driver Prior Action Other		⊢ NC	T APPLICABLE					
		Driver Actions		1						
	Щ	LOOKED BUT DID NOT S	EE							
\vdash	VEHICLE									
LNO	Ī									
_	ΛE									
		Owner Name			Owner Address					
_	1	BARABOO STATE BANK			146 1/2 4TH AVE #					
2	01				BARABOO, WI 539	913,08				
		Sequence Of Events								
	01	Event MOTOR VEH IN TRANSP	∩PT							
	0		OK1							
	02	Event								
	•	Event								
	03									
	04	Event								
	0									
⊨	ı	Policy Holder								
LIND		Insurance Company			Organization/Company					
_		CINCINNATI-INS-CO,-THE			BARABOO STATE BANK					
	ı	Individual								
		Driver			Citations Issued	Sex				
	Ļ	VERNON KINGERY		(0 MALE					
	INDIVIDUAL				Date of Birth Race WHITE					
LNO	JD	A.1.1								
5	0	Address 752 MOUND ST			Driver License Number					
	Z	BARABOO, WI 53913 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
		, , , ,								
	ļ	On Duty	/ Crash		Safety Equipment					
	Sat	fety Equipment			Calcity Equipment					
		Row Seat Position			SHOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
					Tint Compliance					
		Eye Protection		-						
7	001	Injury S	•		Airbag					
0	0	<i>Injury</i> NO AP	PARENT INJURY	I	DEPLOYED-SIDE					
		Ejected Ejection Path					Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT AF					NOT TRAPPED			
	Medical Transport				EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED Hospital			Date of Death		Time of Dooth			
		ι ιυδμιται			Jak oi Dealii		Time of Death			
		Distract	ed By Source				1			
		Distracted By NOT A	PPLICABLE (NOT DIST	RACT	ED)					
		Distracted By Action								
	NOT DISTRACTED									

Crash Date 11/24/2023

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		Non Motorist	Striking Unit#	Location							
		Prior Action									
		FIIOI ACIIOII									
		Action									
	_										
_	INDIVIDUAL										
UNIT	₽										
)											
	=										
									_		
		Action Other							To/From School		
		Suspected Alcohol Use			Suspected Drug Use						
		Orug & Alcohol	NO		NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Tes	t Results			
		Drug Test Given		Drug Test Type		Drug Test Result	s				
		TEST NOT GIVEN									
10	00	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	Uni	t Summary ■									
	Unit	Status		Ve	Vehicle Operating As Classification Unit Type						
		RANSIT		D	CLASS	TRUCK Operating As Endorsements					
02		cle Type LITY TRUCK/PICKU	IP TRUCK				Operating A	s Endorser	nents		
		Occs	Train/Bus # Re	ecorded	otal # Citations Issued	Total Trai	lers	Total Haz	Mat Types		
	1			0		0 Speed Lir		0			
_	YES	rance?	Direction Of Tr	I -	Pre CrashTire Speed L Mark 55		nit	Total Lane	es		
UNIT		: Harmful Event: Collisio		Sp	pecial Function	Emergency	Motor Vehi	cle Use			
_		TOR VEH IN TRANS	SPORT		O SPECIAL FUNCTIO	NOT APPLICABLE					
		ic Way D-WAY, NOT DIVIDI	ED		affic Control I ELD SIGN		Traffic Control Inoperative/Missing NO				
					oad Curvature		Road Grade				
		NCRETE		C	URVE LEFT		SAG(BOT	SAG(BOTTOM)			
	NO	k Bus or HazMat									
		Vehicle									
		License Plate Number	r		Plate Type	St	Country of Is				
		NU4482	M		.TK - LIGHT TRUCK Make	WI Year	UNITED STATES				
02	07	Vehicle Identification I			ORD	2019	Model F150				
		Color			lody Style		Bus Use				
		GRY - GRAY			PK - PICKUP 'ehicle Damage						
⊨	VEHICLE	Initial Contact Point 12 - FRONT		ľ	emore pamage				7 8 9 10 11		
UNIT	Ĭ	Extent Of Damage		1	12 - FRONT				6		
	7	MINOR DAMAGE	go.	1	ehicle Removed By			<u> </u>	3 4 3 2 1		
		Towed Due To Damage NOT TOWED			OWNER						

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		What Driver Was Doing		Vehicle Factors						
		NEGOTIATING CURVE								
		Driver Prior Action Other			NC	NOT APPLICABLE				
		Driver Actions								
_	Щ	NO CONTRIBUTING ACTION								
LIND	VEHICLE									
5	표									
	K									
		Owner Name DENNIS KOWALKE					Owner Address 2701 E MAIN ST #	150		
02	02	DENNIS KOWALK	_				REEDSBURG, WI			
0)						, , , , , , , , , , , , , , , , , , , ,	,		
		Sequence Of Ev	<u>rents</u>							
	01	Event MOTOR VEH IN TE	RANSPO	ORT						
		Event								
	02	Lvent								
		Event								
	03									
	+	Event								
	04									
_	ĺ	Policy Holder								
LIND		Insurance Company				Individual				
-		PROGRESSIVE-CLASSIC-INS-CO				DENNIS KOWALKE				
	Ì	ndividual								
		Driver					Citations Issued	Sex		
	_	DENNIS KOWALKE				()	MALE		
	Π					[Date of Birth	Race WHITE		
╘	INDIVIDUAL									
	2		Address			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Z	2701 E MAIN ST # 150 REEDSBURG, WI 53959,US								
		, , , , , , , , , , , , , , , , , , , ,								
	ļ		On Duty	Crash		Safety Equipment				
	Sat	ety Equipment				3339 - 100				
		Row	Seat Position			SHOULDER & LAP BELT				
		01 - FRONT ROW		07 - LE						
		Helmet Use				ŀ	Helmet Compliance			
		Eye Protection				Tint Compliance				
	~ 1		Injury Se	verity		Airbag				
02	002	Injury	NO API	PARENT I	NJURY	NON DEPLOYED				
		Ejected	110 7.1	Ejection Pa	ith		1011 DE1 E0 1ED		Trapped/Extricated	
		NOT EJECTED		NOT EJE	CTED/NOT APF	PLIC	ABLE		NOT TRAPPED	
		Medical Transport				E	MS Agency Identifier		EMS Run #	
	NOT TRANSPORTED									
	Hospital					[Date of Death		Time of Death	
		Distracted By	NOT A	d By Source	e .E (NOT DISTRA	ΔСΤ	ED)			
		Distracted By Action			(,			
		NOT DISTRACTED)							
		Now Mark	Striking l	Jnit#	Location					
		Non Motorist								

Form DT4000

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		Prior Action					
		Action					
	M						
LNO	ב						
5	<u>></u>						
	INDIVIDUAL						
		Action Other					To/From School
		Action Other					10/110111 School
		Suspected	Alcohol Use	Suspected Drug Use			
	L	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN	Davis Tarak Tima		To		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	5	
_	2	Drug Type					
02	002	5 ,					
		La dividual Canaditian					
		Individual Condition					
		APPEARED NORMAL					