WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override | Primary Crash [| | | | nvestigating Officer/Deputy | | | |
|--------------------------|---------------------------|--------------|---------------------------------|-----------------------|-----------------------------|---------------------|--|--|
| | | | 23-12914 | | DEPUTY M. PETERSON | | | |
| Crash Date 12/02/2023 | Crash Time 12:25 AM | | te Arrived 2/ 02/2023 | Time Arrived 12:39 AM | Time Arrived | | | |
| Date Notified | Time Notified | | tal Units | Total Injured | Total Kill | ed | | |
| 12/02/2023 | 12:28 AM | 01 | | 00 | 00 | Gu | | |
| On Emergency | Hit and Run | Lane Closure | ☐ Work Zone | Trailer or | | Reporting Threshold | | |
| Government Property | Active Sc | hool Zone So | hool Bus Related O | Tags | Tags | | | |
| ✓ Reportable | Crash Type DT4000 (STA | NDARD CRASH) | | Amended | | Secondary Crash | | |
| Description | | | | | | | | |
| □ I, a sworn law enfor | Pel | bblebeach DR | | P | notos By | | | |

UNIT 1 WAS TRAVELING WESTBOUND ON PEBBLEBEACH DR AND WAS APPROACHING A CURVE TO THE RIGHT. UNIT 1 OPERATOR SAID THAT SHE HAD BRIEFLY FALLEN ASLEEP. AT THAT TIME UNIT 1 WENT OFF THE ROADWAY TO THE SOUTH SHOULDER OF PEBBLEBEACH DR. UNIT 1 THEN STRUCK A TREE ON THE DRIVER SIDE QUARTER PANEL. UNIT 1 THEN CONTINUED SOUTH AND STRUCK A SECOND TREE AND CAME TO REST. THERE WAS FULL AIRBAG DEPLOYMENT AND THE VEHICLE WAS SUSTAINED DISABLING DAMAGE. THE OPERATOR SAID THAT SHE WAS WEARING A SEAT BELT AND REPORTED NO INJURIES. THE VEHICLE WAS REMOVED BY PLATT'S TOWING. THE OPERATOR WAS GIVEN A RIDE FROME THE SCENE.

Location

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Crash Date 12/02/2023

Crash Time 12:25 AM

| | LYN | VATE PROPERTY IDON RD | Latitude 43.6005 | Latitude 43.600511924 | | Longitud -89.854 | ^{de} 1574544 | | | |
|--------|--------|-------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|--------------------------------------|----------------------------|-------------------------------------|--------------------------------------------|-------------|---|
| | | HE TOWN OF DELLON SAUK COUNTY | _ | X Coordinate 269602.21875 | | Y Coord 483146 | | | | |
| | | | | | Structure Type NO STRUCTURE | | | | | |
| (| Cra | sh Scene | | | | | | | | |
| 1 | First | Harmful Event | | | First Har | mful Event | Location | | | _ |
| | TRE | E | | | ROADS | SIDE | | | | |
| | | ner of Collision | | | Light Co | ndition | | | | |
| | | NO COLLISION W/VEH | HICLE IN TRANSPORT | | DARK/I | | | | | |
| | Road | d Surface Condition(s) | | | Roadway | y Factor(s) | | | | |
| | DR۱ | 1 | | | | | | | | |
| | Envi | ronment Factor(s) | | | | | | | | |
| | NOI | NE | | | NONE | | | | | |
| | | | | | | | | | | |
| | | ther Condition(s) | | | | | | | | |
| | CLE | AR | | | | | | | | |
| | Anin | nal Type | | | Relation | To Trafficw | ay | | | |
| | | | | | NON TE | RAFFICW | AY - OTHER | | | |
| | | h Classification - Location | | | Crash Classification PRIVATE PROPE | | | | | |
| | | VATE PROPERTY | | | | | | | | |
| | I riba | al Land | | | | Access Control | | Special Study | | |
| | \ | :- l-tb | 1 | 14 | NO CONTROL | | | | | |
| | NO | 3 | Junction Location NON-JUNCTION | | ersection Type OT AN INTERS | ECTION | | | | |
| | | | NON-OUNCTION | 100 | OT AN INTERO | LOTION | | | | |
| _ | | t Summary Status | | Vehicle Operation | ng As Classificatio | n | Unit Type | | | |
| | | RANSIT | | D CLASS | ng As Classificatio | AUTOMOBILE | | | | |
| | | ehicle Type | | | | Operating As Endorsements | | | | |
| 0 | PAS | SENGER CAR | | | | | | | | |
| | Tota | l Occs | Total # Citations Issued Total Tr | | | railers Total HazMat Types | | Mat Types | | |
| | 1 | | | 0 | | 0 | | 0 | | |
| | | rance? | Direction Of Travel | Pre Cra | shTire | | | Total Lan | es | |
| | YES | | | ∐ Ma | | 25 | 2 | | | |
| 5 | Most | t Harmful Event: Collision W -⊏ | /ith | | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | | ic Way | | Traffic Control | | | Traffic Control Inoperative/Missing | | - | |
| | | D-WAY, NOT DIVIDED | | NO CONTROL Road Curvature | | | NO Road Grade | | | |
| | | ace Type | | | | | | | | - |
| | BLA | ACKTOP (BITUMINOUS |) | CURVE RIGH | CURVE RIGHT | | | LEVEL | | |
| | Truc | k Bus or HazMat | | • | | | · | | | |
| | NO | | | | | | | | | |
| | , | Vehicle | | | | | | | | |
| | | License Plate Number | | Plate Type | | St WI | Country of Is | suance | | |
| | | AKC4628 | | AUT - AUTOMOBILE | | UNITED STATES | | | | |
| | | | Make | Make Yea | | Model | | | | |
| _ | _ | Vehicle Identification Num | | | | 0004 | | | | |
| 6 | 5 | 3N1AB8BV4MY26913 | | NISSAN | | 2021 | SENTRA | | | - |
| 5 | 2 | 3N1AB8BV4MY26913 | | NISSAN Body Style | | 2021 | Bus Use | | | _ |
| 0 | E 01 | 3N1AB8BV4MY269133 Color WHI - WHITE | | NISSAN | | 2021 | | | | _ |
| | щ | 3N1AB8BV4MY26913 | 7 | NISSAN Body Style SD - SEDAN Vehicle Damag | је | | Bus Use | | 7 8 9 10 11 | |
| | щ | 3N1AB8BV4MY269133 Color WHI - WHITE Initial Contact Point | 7 | NISSAN Body Style SD - SEDAN Vehicle Damag 01 - RIGHT I FRONT, 09 - | ge FRONT CORNE LEFT SIDE MI | ER, 02 - RI | Bus Use GHT SIDE - LEFT SIDE | | 6 12 | |
| LO III | | 3N1AB8BV4MY269133 Color WHI - WHITE Initial Contact Point 10 - LEFT SIDE FRON | т | NISSAN Body Style SD - SEDAN Vehicle Damag 01 - RIGHT I FRONT, 09 - | ge FRONT CORNE | ER, 02 - RI | Bus Use GHT SIDE - LEFT SIDE | | | |

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| | | Towed Due To Damage | | Vel | nicle Removed By | | | |
|-----------|-------------------------------------|----------------------------------|----------------------|-----------------------------------------|-----------------------------------|--------------------|---------------|--|
| | | TOWED DUE TO DISABLE | NG DAMAGE | PL | ATTS WRECKER | | | |
| | | What Driver Was Doing | | Vel | nicle Factors | | | |
| | | NEGOTIATING CURVE | | J | | | | |
| | | Driver Prior Action Other | | NC | T APPLICABLE | | | |
| | | Driver Actions | | | | | | |
| | щ | NO CONTRIBUTING ACT | ON | | | | | |
| ╘ | VEHICL | | | | | | | |
| LNO | Ĭ | | | | | | | |
| _ | VE | | | | | | | |
| | | | | | | | | |
| | | Owner Name | | | Owner Address | NEO OT | | |
| 7 | 01 | LAYLA OUSSEINI (608) 844-9409 | | | S1226 TORREY PI WISCONSIN DELL | | 8 | |
| 0 | 0 | (000) 044 0400 | | | WIGGOITOM BLEE | o, 111 00000 , o. | | |
| | | | | | | | | |
| | | Sequence Of Events | | | | | | |
| | 01 | RUN OFF ROADWAY LEF | т | | | | | |
| | 02 | Event | | | | | | |
| | 0 | TREE | | | | | | |
| | 03 | Event TREE | | | | | | |
| | + | Event | | | | | | |
| | 04 | | | | | | | |
| ⊨ | ı | Policy Holder | | | | | | |
| LNO | | Insurance Company | | | Individual LAYLA OUSSEINI | | | |
| | | WISCONSIN-MUTUAL-INS-CO | | | ERIER GOOGLINI | | | |
| | | Individual | | | | | | |
| | | Driver LAYLA OUSSEINI | | | Citations Issued Sex 0 FEMALE | | | |
| | A | (608) 844-9409 | | | Date of Birth | FEMALE Race | | |
| _ | INDIVIDUAL | , | | ' | Date of Birth | Nace | | |
| | | Address S1226 TORREY PINES CT | | | Driver License Number | | | |
| \supset | ቯ | | | | | | | |
| | = | WISCONSIN DELLS, WI 53965, US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | |
| | | | | | | | | |
| | Saf | On Duty fety Equipment | Crash | , | Safety Equipment | | | |
| | Sai | | | | | | | |
| | | Row | Seat Position | SHOULDER & LAP BELT | | | | |
| | | 01 - FRONT ROW Helmet Use | 07 - LEFT | Helmet Compliance | | | | |
| | | Heimet Ose | | Treimet Compilance | | | | |
| | | Eye Protection | | Tint Compliance | | | | |
| | | | | | · | | | |
| 7 | ے ج | Injury Severity | | | Airbag | | | |
| 0 | NO AFFARENT INSURT | | | DEPLOYED-COMBINATION | | | | |
| | | Ejection Path | | | | Trapped/Extricated | | |
| | | NOT EJECTED NOT EJECTED/NOT AP | | | | | NOT TRAPPED | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run # | |
| | | NOT TRANSPORTED Hospital | | | Date of Death | | Time of Death | |
| | | η ισομιαι | | ' | Jale OI Deall | | Time of Death | |
| | | Distracted Distracte | ed By Source | | | | <u>I</u> | |
| | | Distracted By NOT A | PPLICABLE (NOT DISTR | ACT | ED) | | | |
| | Distracted By Action NOT DISTRACTED | | | | | | | |

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Crash Date 12/02/2023

Crash Time 12:25 AM

| | | Non Motorist | Striking Unit # | Location | | | | |
|------|------------|-----------------------------------|---------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| | | Prior Action | | | | | | |
| LIND | INDIVIDUAL | Action | | | | | | |
| | | Action Other | | | | | | To/From School |
| | L | Orug & Alcohol | Suspected Alcohol U NO | Jse | 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 | | |
| 2 | 001 | Drug Type | | • | | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORM | //AL | | | | | |