23-13317

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 23-13317		Investigating Officer/Deputy DEPUTY J. TROTH					
7	Crash Date 12/13/2023		Crash Time 05:03 PM		Date Ar 12/13/		Time Arrived 05:18 PM					
Ø	Date Notified		Time Notified		Total U	nits	Total Injured	Total Kille	ed			
ž	12/13/2023		05:05 PM	T	02	I	00	00	Domontino.			
ב כי	On Emergency	Hit	and Run	Lane Close		Work Zone	Trailer o	r Towed	Reporting Threshold			
6 I LUDJJ8WZ	Government Property			chool Zone	NO NO	Bus Related	Tags					
	✓ Reportable		Crash Type DT4000 (ST	ANDARD CRASH	ł)		Amende	k	Secondary Crash			
	Description 											
	Diagram			Hwy 12 WB			F	Photos By				
	✓ I, a sworn law enfo	orceme	nt officer, ag	ree that I have no	ot added	I any CJIS data in th	is report.					
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. ANGELA EVERT WAS WEST BOUND ON HWY 12 HEADING UP SAUK HILL. ANGELA STATED THERE WAS A WHITE CONVERSION VAN STOPPED IN THE MIDDLE OF THE ROADWAY. AS SHE REALIZED IT HAD STOPPED, ANGELA STRUCK THE VAN IN THE REAR BUMPER CAUSING MINOR DAMAGE. ANGELA STATED THE VAN ORIGINALLY STOPPED. WHEN SHE MADE CONTACT WITH THE DRIVER, SHE SAID THEY DID NOT SPEAK ENGLISH AND TOLD HER THEY DID NOT HAVE INSURANCE. ANGELA STATED THAT'S WHEN THEY DROVE OFF. ANGELA ADVISED IT WAS A WHITE VAN WITH IN PLATES BUT WAS UNABLE TO GET ANYTHING FURTHER AS A DESCRIPTION.											

Crash Date 12/13/2023

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Crash Date 12/13/2023

L	oc	ation ——									
_		USH12 WB				Latitude			Longitu	de	
	0.86	MI N		43.39194	12176			-89.769937731			
		SROTH RD		X Coordin	ate		Y Coord	dinate			
		HE TOWN OF SUMPT	ΓER		275662.25 4808067.5						
	IN S	AUK COUNTY			Structure			1			
				Structure	турс						
(Cras	sh Scene									
Ī	First	Harmful Event		First Harm	nful Event Lo	ocation					
	MO	OR VEH IN TRANSP	ORT			ON ROA	DWAY				
ľ	Manr	er of Collision				Light Cond	dition				
	03 -	FRONT TO REAR				DARK/U	NLIT				
r	Road	Surface Condition(s)				Roadway	Factor(s)				
	DRY										
ŀ	Envir	onment Factor(s)									
	NON	ΙE				NONE					
ŀ	Wea	her Condition(s)				1					
	CLC	UDY									
r	Anim	al Type				Relation T	Relation To Trafficway				
L							CWAY - OI				
		Classification - Location	1				ssification -				
L		LIC PROPERTY				NO SPECIAL JURISDICTION					
	Triba	l Land				Access Control NO CONTROL				Special Study	
F	Within Interchange Area Junction Location				Intersection						
	NO	Ü	NON-JUNCTION			N INTERSECTION					
ī	Jnit	Summary =									
		Status		Vehicle Op	erating As C	Classification Unit Type					
	HIT.	AND RUN		D CLASS		AUTOMOBILE					
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֡֓֓֡֓֓֡֓֡	Vehicle Type							Operating As Endorsements			
	PAS	SENGER VAN									
ľ	Total	Occs	Train/Bus # Recorded	Total # Citations Issue 0 Pre CrashTire Mark		0 shTire Speed Lim		ers	Total Haz	zMat Types	
	1								0		
ŀ	Insur	ance?	Direction Of Travel					nit	Total Lar	ies	
	UNK	NOWN	UNKNOWN					4			
t	Most	Harmful Event: Collision	With	Special Fur			•	Emergency Motor Vehicle Use		icle Use	
		OR VEH IN TRANSP	UNKNOW				UNKNOWN				
		c Way	Traffic Conf				Traffic Control Inoperative/Missing		itive/iviissing		
		NOWN		UNKNOW				UNKNOWN			
		ce Type NOWN		Road Curva				Road Grade UNKNOWN			
L		Bus or HazMat	ONNION	-			ONNINO	11			
	NO										
	•	/ehicle									
	License Plate Number		Plate Type	Э	St		Country of Issuance				
		Vehicle Identification Nu	Make		Year Mo		Model				
	01										
		Color	Body Style				Bus Use				
			Vehicle Damage				1				
	ш	Initial Contact Point		Vehicle Da	amage						
				Vehicle Da	amage					7 8 9 10 11	
		99 - UNKNOWN			J	TAT SCEN	NE			7 8 9 10 11	
	VEHICLE		CENE		amage	ΓAT SCEN	1E				

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Crash Date 12/13/2023

		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other		UNKNOWN					
		Driver Actions							
	Ш	UNKNOWN							
l⊨	VEHICLE								
UNIT	Ĭ								
>	Ē								
	>								
		Owner Name		Owner Address					
		Owner Name		Owner Address					
01	01			, ,					
	•			, ,					
	9	Sequence Of Events							
	01	Event	-						
	0	MOTOR VEH IN TRANSPOR	1						
	2	Event	_						
	02	MOTOR VEH IN TRANSPOR	Т						
	~	Event							
	03								
	_	Event							
	04								
		Individual							
		Driver		Citations Issued Sex					
	Ļ			0					
	JA			Date of Birth	Race				
ı⊨	INDIVIDUAL								
LIND	>	Address		Driver License Number					
		, ,							
	Cal	On Duty Cra	ash	Safety Equipment					
	Sai	fety Equipment							
		Row	Seat Position	RESTRAINT USE U	NKNOWN				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
_	2	Injury Sever	rity	Airbag					
0	005	Injury NO APPA	RENT INJURY	NOT APPLICABLE					
		Ejected Eje	ection Path	L		Trapped/Extricated			
		NOT APPLICABLE NO	OT EJECTED/NOT APP	PLICABLE		NOT APPLICABLE			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		Distracted E	By Source	I					
		Distracted By	•						
		Distracted By Action							
		,							
		Striking Uni	t# Location						
		Non Motorist							

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Crash Date 12/13/2023

		Prior Action									
UNIT	INDIVIDUAL	Action									
		Action Other									To/From School
	L	Drug & Alcohol Suspected Alcohol Use				Suspected Drug Use					
		Alcohol Test Given Alcohol Test TEST NOT GIVEN		Alcohol Test T	Гуре			Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Typ	ре		Drug ⁻	Test Results	•		
2	002	Drug Type					ı				
		Individual Condition NOT OBSERVED									
	Unit	t Summary									
	Unit Status					Vehicle Operating As Classification D CLASS			Unit Type AUTOMOBILE		
05	IN TRANSIT Vehicle Type			٦٠	D GENOU			Operating A		ments	
	(SPORT) UTILITY VEHICLE Total Occs			То	Total # Citations Issued Total			ers	Total Haz	zMat Types	
	1 Insurance? Direction Of Travel			0	Pre CrashTire		0 Speed Lim	it	0 Total Lan	ies	
TINO		YES WESTBOUND Most Harmful Event: Collision With			Sn	Mark Decial Function		55	Emergency	4 Motor Veh	icle Use
5	MO	TOR VEH IN TRANSPOR			N	NO SPECIAL FUNCTION			NOT APP	LICABLE	
	Traffic Way TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4					Traffic Control NO CONTROL			NO		tive/Missing
	Surface Type BLACKTOP (BITUMINOUS)					Road Curvature STRAIGHT			Road Grade UPHILL		
		k Bus or HazMat			<u> </u>						
		Vehicle									
		License Plate Number ACM1494				late Type AUT - AUTOMOBILE			Country of Issuance UNITED STATES		
05	02	Vehicle Identification Number 5N1AN0NW1CC518510				Make NISSAN			Model XTERRA 4.0		
		Color GRY - GRAY				Body Style LL - CARRYALL			Bus Use		
UNIT	VEHICLE	Initial Contact Point 12 - FRONT Extent Of Damage MINOR DAMAGE			Vehicle Damage O1 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1						
	>	Towed Due To Damage NOT TOWED			V	ehicle Removed By				<u> </u>	
•		What Driver Was Doing GOING STRAIGHT									

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					V	Vehicle Factors					
		Driver Prior Action Oth	her		,	NOT APPLICABLE					
		Driver Actions									
	Е	Driver Actions NO CONTRIBUTION	IG ACTIO	N							
_).E										
LIND	VEHICL										
_	VE										
		Owner Name	DT			Owner Address	CV ADAME CT				
02	02	ANGELA KAY EVE (608) 847-2856	:KI			101 JOHN QUING SAUK CITY, WI 5					
•)				, ,	,					
		Sequence Of Ev	vonte								
		Event	VEIILS								
	01	MOTOR VEH IN TI	RANSPO	RT							
	02	Event MOTOR VEH IN TI	RANSPO	RT							
	03	Event									
	04	Event									
		Dollar Holder									
LIND		Policy Holder Insurance Company				Individual					
5		AMERICAN-FAMILY-INS-CO			ANGELA EVERT						
	ı	Individual									
		Driver				Citations Issued	Sex				
	٩L	ANGELA EVERT (608) 847-2856			0 FEMALE Date of Birth Race						
_	INDIVIDUAL	(3.3)				Date of Birth	WHITE				
L	Σ	Address				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
_	N	101 JOHN QUINCY ADAMS ST SAUK CITY, WI 53583 , US									
	Cod	On Duty Crash			Safety Equipment						
	Sai	fety Equipment									
		Row 01 - FRONT ROW	Seat Position			SHOULDER & LAP	BELT				
		Helmet Use	V 07 - LEFT		<u></u>	Helmet Compliance					
		Tremet 036									
		Eye Protection				Tint Compliance					
8	Ξ		Injury Sev	erity		Airbag					
05	00	Injury				NON DEPLOYED					
		Ejected NOT EJECTED		jection Pa		ICABI E		Trapped/Extricated NOT TRAPPED			
		Medical Transport	NOT EJECTED/NOT APP			EMS Agency Identifier	•	EMS Run #			
		NOT TRANSPORTED									
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted	By Source	F (NOT DISTRA	CTED)		<u>I</u>			
		Distracted By Action		LIVADL	- (NOT DISTINAL						
		NOT DISTRACTED									
		Non Motorist	Striking Ur	11T #	Location						

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		Prior Action					
		Action					
	M						
I≡	ח						
LIND	INDIVIDUAL						
	P						
İ		Action Other					To/From School
	,	Drug & Alcohol NO	hol Use	Suspected Drug Use NO			
		Alcohol Test Given	Alb- T4 T			Alaskal Task Dassika	
		TEST NOT GIVEN	Alcohol Test Type	•		Alcohol Test Results	
		Drug Test Given	Drug Test Type		Drug Test Results	<u> </u>	
		TEST NOT GIVEN	Drug root typo	Brag root type		,	
05	7	Drug Type			1		
0	001						
		Individual Condition					
		individual Condition					
		APPEARED NORMAL					