6TL0D2XVRH

23-13862

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | e Primary Crash | Primary Crash Document # | | 3 , - | | Investigating Officer/Deputy DEPUTY B. GOODREAU | | |
|-----------|---|---|--------------------------|-------------------------|---|--------------------------------------|--|---------------------|--|
| E Y | Crash Date 12/30/2023 | Crash Time 07:00 PM | | | rived 2023 | Time Arrived 09:49 PM | | | |
| PILUDZAVR | Date Notified 12/30/2023 | Time Notified 09:28 PM | | Total Ui | nits | Total Injured 00 | Total Kille | ed | |
| ב כ | On Emergency | Hit and Run | Lane Clos | sure | Work Zone | Trailer o | r Towed | Reporting Threshold | |
| | Government Property | Active So | chool Zone | School NO | Bus Related | Tags | | | |
| _ | ✓ Reportable | Crash Type DT4000 (STA | NDARD CRAS | SH) | | Amende | d | Secondary Crash | |
| | Description Diagram | | | | | I, | Reconstructio | a Dec | |
| | Guardifal | Object and I Aprox. sque BG9113. | | | | Photos By 1113 Additional Info | ormation | | |
| | ✓ I, a sworn law enfo | rcement officer, agr | ee that I have i | not added | any CJIS data in th | nis report. | | | |
| | UNIT 1 WAS TRAVELING OF DITCH LINE, BACK ONTO T TO WAIT UNTIL MORNING | N S LAKE RD. NEAR BUI HE ROADWAY AND OVE | RMA RD WHEN HI | IS VEHICLE UNIT 1 ST | STRUCK A SLICK PATO ATED THE CRASH ACC | CH OF ROAD. UNIT ORD AT AROUND 7 | | | |

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Crash Date 12/30/2023

Crash Time 07:00 PM

| | ation —— | | | | | | | | | | |
|------------------------------------|--|-----------------------------|-------------|-----------------------------|---------------|------------------------------|------------------------|-----------------------------|-------------------|--------------|--|
| _ | S SHORE RD | | | | | Latitude Longitude | | | | | |
| 1253 FT E | | | | | | 43.414738774 -89.745267287 | | | 267287 | | |
| OF BURMA RD IN THE TOWN OF BARABOO | | | | | | X Coordinate Y Coordinate | | | inate | | |
| | AUK COUNTY | ,00 | | | | 277743.8125 4810533.5 | | | 3.5 | | |
| • | | | | | | Structure Type | | | | | |
| | | | | | | NO STRUCTURE | | | | | |
| Cras | sh Scene | | | | | | | | | | |
| _ | Harmful Event | | | | | First Harr | nful Event I | ocation | | | |
| GUA | ARDRAIL FACE | | | | | ON ROADWAY | | | | | |
| Manner of Collision | | | | | | Light Condition | | | | | |
| 00 - | 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | | | | | DARK/UNLIT | | | | |
| Road Surface Condition(s) | | | | | | Roadway Factor(s) | | | | | |
| WET | Γ, ICE | | | | | | | | | | |
| Envir | ronment Factor(s) | | | | | | | | | | |
| WE | ATHER CONDITIONS | | | | | NONE | | | | | |
| Wea | ther Condition(s) | | | | | | | | | | |
| CLC | OUDY, SLEET/HAIL | | | | | | | | | | |
| Anim | nal Type | | | | | Relation | To Trafficwa | ay | | | |
| | | | | | | TRAFFI | CWAY - C | N ROAD | | | |
| Cras | h Classification - Location | • | - | | | Crash Cla | ssification | - Jurisdiction | | | |
| PUB | BLIC PROPERTY | | | | | NO SPECIAL JURISDICTION | | | | | |
| Triba | l Land | | | | | Access Control Special Study | | | | | |
| \A/:4b: | - Internal and Asset | lungking Landing | | | I 1-4 | NO CONTROL | | | | | |
| NO | <u> </u> | | | | Intersectio | N INTERSECTION | | | | | |
| | | | | | ons for Closu | | | | | | |
| FULL CLOSURE | | | | | | | | | | | |
| Date | Initial Lane/Rd Closed | Time Initial Lane/Rd Closed | b | LAW | ENFORCI | EMENT, 1 | OW TRU | CK, FIRE/EM | S | | |
| - | 0/2023 | 09:49 PM | | | | | | | | | |
| | All Lanes Open | Time All Lanes Open | | - | | | me Scene Clea | red | | | |
| 12/3 | 0/2023 | 11:07 PM | | 12/30/2023 11:07 PM | | | | | | | |
| | t Summary 👅 | | | | | | | | | | |
| Unit | Status | | | ehicle Operating As Class | | assification | 1 | Unit Type | | | |
| | RANSIT | | D CL | D CLASS | | | | | AUTOMOBILE | | |
| | cle Type | _ | | | | Operatir | | | g As Endorsements | | |
| • | ORT) UTILITY VEHICL | | | " 0" 1 | | | T-4- T | 31 | T-4-111 | M-4 T | |
| 1 otal | l Occs | Train/Bus # Recorded | | Total # Citations Issued 1 | | Total Trailer | | illers | 10tal Haz | Mat Types | |
| | rance? | Direction Of Travel | | | | Chood Lin | | - | | 26 | |
| NO | ance: | EASTBOUND | | Pre CrashTire Mark | | 15 | | | 2 | | |
| | : Harmful Event: Collision \ | | Speci | ial Fun | | 13 | | Emergency Motor Vehicle Use | | cle Use | |
| | ARDRAIL FACE | | NO S | SPECIAL FUNCTION | | | | | OT APPLICABLE | | |
| Traffi | ic Way | | Traffi | c Cont | rol | | | Traffic Contr | ol Inoperat | tive/Missing | |
| TWO-WAY, NOT DIVIDED NO CONTR | | | | | | | | NO | | | |
| * | | | | ad Curvature | | | Road Grade | | | | |
| BLACKTOP (BITUMINOUS) CUF | | | | RVE LEFT DOWNHILL | | | | | | | |
| Truck | Truck Bus or HazMat | | | | | | | | | | |
| NO | | | | | | | | | | | |
| 1 | Vehicle | | | | | | | | | | |
| License Plate Number Plate Type | | | | | | | St Country of Issuance | | | | |
| | AUR4761 | | AUT | Γ - AU | TOMOBIL | LE WI UNITED STATES | | | | | |
| | Vehicle Identification Nur | | Mak | | | | Year | Model | | | |
| 5 1D4PU2GK5AW104054 DODGE | | | | | | 2010 NITRO | | | | | |

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| | | Color | | Body Style Bus | | Bus Use | us Use | | | |
|------|------------------------------------|--|----------------------------|---|----------------------|-------------|--------|--|--|--|
| | | BLK - BLACK | UT - SPORT UTILIT | Y VEHICLE | | | | | | |
| | щ | Initial Contact Point | Vehicle Damage | | | 7 0 0 10 11 | | | | |
| ╘ | VEHICL | 12 - FRONT | | | | 7 8 9 10 11 | | | | |
| UNIT | Ī | Extent Of Damage | 15 - ALL AREAS | | | 6 2 12 | | | | |
| _ | VE | FUNCTIONAL DAMAGE | | | | 5 4 3 2 1 | | | | |
| | | Towed Due To Damage | Vehicle Removed By | | | | | | | |
| | | TOWED BUT NOT DUE TO D | CRAIGS TOWING | | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | NEGOTIATING CURVE | | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | | |
| | | | | | | | | | | |
| | | Driver Actions | | | | | | | | |
| . | Щ | EXCEED SPEED LIMIT, SPEED TOO FAST/COND, FAILED TO KEEP IN DESIGNATED LANE | | | | | | | | |
| UNIT | VEHICLE | | | | | | | | | |
| 5 | 표 | | | | | | | | | |
| | V. | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | Owner Address | HAM DD | | | | | |
| 10 | 01 | CHRISTOPHER REED (608) 697-3118 | | N5088 GILLING | | | | | | |
| 0 | 0 | (000) 007-0110 | | PARDEEVILLE, WI 53954 , US | | | | | | |
| | | | | | | | | | | |
| | 9 | Sequence Of Events | | | | | | | | |
| | 01 | Event MOTOR VEH IN TRANSPOR | т | | | | | | | |
| |) | | | | | | | | | |
| | 02 | Event GUARDRAIL FACE | | | | | | | | |
| | | | | | | | | | | |
| | 03 | Event Event | | | | | | | | |
| | 04 | Event | | | | | | | | |
| | | to althought on the | | | | | | | | |
| | ļ | Individual | | Tour is a second | | | | | | |
| | | Driver CHRISTOPHER REED | | Citations Issued | Sex | | | | | |
| | ٩L | (608) 697-3118 | | 1 Date of Birth | MALE e of Birth Race | | | | | |
| . | Ú | , | | WHITE | | | | | | |
| UNIT | INDIVIDUAL | Address | | Driver License Number | | | | | | |
| 5 | | N5088 GILLINGHAM RD | | Driver License Number | | | | | | |
| | Z | PARDEEVILLE, WI 53954 , L | IS | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | | | | | | | | | |
| | | On Duty Crash | | Safety Equipment | | | | | | |
| | Sat | fety Equipment | | | | | | | | |
| | | Row | Seat Position | SHOULDER & LA | AP BELT | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | Tint Compliance | | | | | | | |
| | | | | | | | | | | |
| 10 | Injury Severity NO APPARENT INJURY | | | Airbag | | | | | | |
| | 0 | | RENT INJURY ection Path | DEPLOYED-SIDE | | T | | | | |
| | | ' | Trapped/Extricated | | | | | | | |
| | | NOT EJECTED NO Medical Transport | OT EJECTED/NOT API | | or | NOT TRAPPED | | | | |
| | | NOT TRANSPORTED | EMS Agency Identifier | | EMS Run # | | | | | |
| | | Hospital | Date of Death | | Time of Death | | | | | |
| | | ι ιοσμιαι | | Time of Death | | | | | | |
| | | | | | | | | | | |

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| | | Distracted By UNKNO | ed By Source DWN | | | | | | | |
|----------|------------|---|----------------------------|-----------------------|----------------------|-----------------------|----------------------|--------------------------------|--|--|
| | | Distracted By Action UNKNOWN | | | | | | | | |
| | · | Non Motorist | Unit# Loc | ation | | | | | | |
| | | Prior Action | <u> </u> | | | | | | | |
| | | Action | | | | | | | | |
| | | | | | | | | | | |
| | INDIVIDUAL | | | | | | | | | |
| UNIT | /IDI | | | | | | | | | |
|) | DI | | | | | | | | | |
| | Z | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | | Suspecto | ed Alcohol Use | | Suspected Drug Use | | | | | |
| | L | Drug & Alcohol | | | NO | | | | | |
| | | Alcohol Test Given Alcohol Test T | | ohol Test Type | | | Alcohol Test Results | | | |
| | | Drug Test Given | Dru | g Test Type | | Drug Test Results | <u> </u> S | | | |
| | | TEST NOT GIVEN | | | | | | | | |
| 0 | 001 | Drug Type | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | NOT OBSERVED | | | | | | | | |
| | | Individual | | | | | | | | |
| | | Passenger | | | Citations Issued | Sex | | | | |
| | Ļ | BUCK KAROW | | | 0 | MALE | | | | |
| - | INDIVIDUAL | | | | Date of Birth | Race WHITE | | | | |
| LIND | Σ | Address W5404 DRAKE RD | DRAKE RD | | | Driver License Number | | | | |
| | N | RIO, WI 53960 , US | | | | SIN COUNTRY: UN | ITED STATES | | | |
| | | | | | | | | | | |
| | Sat | On Duty Crash Safety Equipment | | | Safety Equipment | | | | | |
| | | Row | Seat Position | | SHOULDER & LAP BELT | | | | | |
| | | 01 - FRONT ROW | 09 - RIGHT | | | | | | | |
| | | Helmet Use | <u>.</u> | | Helmet Compliance | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | |
| 01 | 002 | Injury Severity | | | Airbag | | | | | |
| | 0 | NO APPARENT INJURY Ejected Ejection Path | | RY | DEPLOYED-SIDE | | | | | |
| | | = | | | | | NOT TRAPPED | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport | | | EMS Agency Identifie | er | EMS Run # | | | |
| | | NOT TRANSPORTED | | | | | | | | |
| | | Hospital | | Date of Death Time of | | Time of Death | e of Death | | | |
| | | Distracted By | ed By Source | | • | | • | | | |

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

Crash Date 12/30/2023

Crash Time 07:00 PM

| | | Distracted By Action | | | | | | |
|------|------------|-----------------------------------|-----------------|---------------------------------|------------------------------|-------------------|----------------------|----------------|
| | | Non Motorist | Striking Unit # | Location | | | | |
| | | Prior Action | | | | | | |
| | | Action | | | | | | |
| | JAL | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | |
| ر | N | | | | | | | |
| | _ | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | | Suspected Alcohol Use | | | Suspected Drug Use | | | |
| | | Drug & Alcohol | NO | | NO | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given | | Drug Test Type | | Drug Test Results | | |
| | | TEST NOT GIVEN | | 3 71 | | Drag root rootale | | |
| 01 | 002 | Drug Type | | | | | | |
| | | | | | | | | |
| | | Individual Condition | | | | | | |
| | | NOT OBSERVED | | | | | | |
| | • | Violations | | | | | | |
| | 10 | UTC Number BG024673 | Issue To? | Statute Number 346.57(3) | Description DRIVING TOO FAST | FOR CONDITIO | NS | |