6TL0BC3B80

24-00468

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override | Primary Crash Document # Crash Time 09:48 AM | | Agency Crash Number 24-00468 Date Arrived 01/13/2024 | | Investigating Officer/Deputy DEPUTY W. VERTEIN Time Arrived 09:50 AM | | | |
|---|--|-----------------|---|-----------------------|---|-----------------|------------------------|--|
| Crash Date 01/13/2024 | | | | | | | | |
| Crash Date 01/13/2024 Date Notified 01/13/2024 On Emergency Hit Government Property | Time Notified 09:49 AM | | Total Units 01 | | Total Injured 00 | | | |
| On Emergency | and Run | Lane Clos | ure Work Zone | | Trailer or Towed | | Reporting Threshold | |
| Government Property | Active School Zone | | School Bus Related NO | | Tags | | | |
| Reportable | Crash Type DT4000 (STAI | NDARD CRASH | H) | | Amende | d | Secondary Crash | |
| Description | | | | | Reconstruction By | | | |
| Ø | | / | | | | Photos By | | |
| Not to scale | ale STH 23 | | | | | Additional Info | al Information | |
| I , a sworn law enforceme | AND LOCATION, U | JNIT 1 WAS TRAV | ELING SC | UTHBOUND. AS THE O | PERATOR WAS AT | EMPTING TO | NEGOTIATE A CURVE, HE | |
| LOST CONTROL OF UNIT 1 DUE TO | O SPEED AND SLI | PPERY ROAD CO | NDITION | S. UNIT 1 STRUCK A GU | JARDRAIL END. NO | REPORTED | INJURIES. | |

This report does not include any CJIS data. 1 of 5 $\,$

24-00468

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | Loc | ation | | | | | | | | | |
|------|---|---|---|--------------|--|---|--------------|-------------------------------------|----------|--|--|
| | | STH23 EB | | | | Latitude | | | Longit | ude | |
| | 1182 FT S | | | | 43.21472 | 9442 | | -90.07 | 73525646 | | |
| | OF CTHWC SB IN THE TOWN OF SPRING GREEN | | | | | | X Coordinate | | | Y Coordinate | |
| | IN SAUK COUNTY | | | | | 250348.5 | | | 47892 | 248 | |
| | | | | | | Structure T | | | | | |
| | Cra | sh Scene | | | | | | | | | |
| | | Harmful Event | | | | Firet Horm | ful Event Le | action | | | |
| | | | First Harmful Event Location ON ROADWAY | | | | | | | | |
| | | ner of Collision | | | | Light Cond | | | | | |
| | 00 - | NO COLLISION W/VE | EHICLE IN TRANSPORT | | | DAYLIGHT Roadway Factor(s) | | | | | |
| | Road | d Surface Condition(s) | | | | | | | | | |
| | SNO | OW, SLUSH | | | | | | | | | |
| | Envi | ronment Factor(s) | | | | | | | | | |
| | WE | ATHER CONDITIONS | | | | NONE | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | |
| | CLE | EAR | | | | | | | | | |
| | Anim | nal Type | | | | Relation T | o Trafficway | 1 | | | |
| | | | | | | TRAFFIC | WAY - OI | • | | | |
| | | sh Classification - Location BLIC PROPERTY | 1 | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | | |
| | Triba | al Land | | | | Access Control | | | | Special Study | |
| | | | | | NO CONTROL | | | | | | |
| | Within Interchange Area Junction Location NO NON-JUNCTION | | | | ersection Type OT AN INTERSECTION | | | | | | |
| | | | Non vono non | | | | enen | | | | |
| | | t Summary | | Vehicle On | erating As C | lassification | | Unit Type | | | |
| | | RANSIT | | D CLASS | - | AUTOMOBILE | | | | | |
| _ | | Vehicle Type | | | | Operating As Endorsements | | | | | |
| 6 | PAS | SSENGER CAR | | | | | | | | | |
| | Tota | I Occs | Train/Bus # Recorded | Total # Cita | ations Issued | ed Total Trail | | ilers Total HazMat Types | | azMat Types | |
| | 2 | | | 1 | | | 0 | | 0 | | |
| | | rance? | Direction Of Travel | Pre | CrashTire | | Speed Lim | | | nes | |
| UNIT | YES | | SOUTHBOUND | | Mark | 55 | | 2 Emergency Motor Vehicle Use | | historia da como de la | |
| 5 | | t Harmful Event: Collision | With | | Special Function NO SPECIAL FUNCTION | | | NOT APPLICABLE | | | |
| | | fic Way | | Traffic Cont | Traffic Control | | | Traffic Control Inoperative/Missing | | | |
| | | O-WAY, NOT DIVIDED | | NO CONTROL | | | NO | | | | |
| | Surfa | ace Type | Road Curva | ature | | | Road Grade | | | | |
| | BLA | ACKTOP (BITUMINOU | JS) | CURVE R | RIGHT | | HILLCRES | | ST | г | |
| | Truc NO | k Bus or HazMat | | | | | | | | | |
| | _ | Vehicle | | | | | | | | | |
| | | | | | Plate Type St | | St | Country of Issuance | | | |
| | | AKB6626 Vehicle Identification Number 2C3CCABG1GH141304 Color WHI - WHITE | | | AUT - AUTOMOBILE | | WI | UNITED STATES | | | |
| 2 | ~ | | | | | | Year | Model | | | |
| 0 | 0 | | | | CHRYSLER 20 Body Style SD - SEDAN | | 2016 | 300 | | | |
| | | | | | | | Bus Use | | | | |
| | ш | | | | Vehicle Damage | | | | | | |
| F | | | | | • | CORNER, 02 - RIGI | | | | 7 8 9 10 11 | |
| UNIT | H | | | | FRONT, 10 - LEFT SIDE FRONT, 11 - LI CORNER, 12 - FRONT | | | | r | 6 <u>8</u> 12 | |
| _ | N N | | | | | | | 5 4 3 2 1 | | | |
| | | | | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

24-00468

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Damage | | e Removed By | | | | | |
|------|-----------|--|----------------|---------------------------------------|-------------|--------------------|--|--|--|
| | | NOT TOWED What Driver Was Doing | | e Factors | | | | | |
| | | | venier | | | | | | |
| | | Driver Prior Action Other | NOT | APPLICABLE | | | | | |
| | | | | | | | | | |
| | | Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTRO | L RAN | OFF ROADWAY | | | | | |
| ⊢ | VEHICLE | | , 10-11 | | | | | | |
| UNIT | ₹ | | | | | | | | |
| | Ψ | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name BRANDEN HALVERSON | | Owner Address 1670 WEDGEWOOD DR # 103 | | | | | |
| 2 | 2 | (608) 475-6873 | | ICHLAND CENTE | | JS | | | |
| | - | | | | | | | | |
| | | Sequence Of Events | | | | | | | |
| | 2 | Event RUN OFF ROADWAY RIGHT | | | | | | | |
| | - | Event | | | | | | | |
| | 02 | GUARDRAIL END | | | | | | | |
| | 33 | Event | | | | | | | |
| | | Event | | | | | | | |
| | 6 | | | | | | | | |
| E | 1 | Policy Holder | | | | | | | |
| UNIT | | Insurance Company | | ividual | | | | | |
| - | | PROGRESSIVE-UNIVERSAL-INSURANCE-COMP | ВК | BRANDEN HALVERSON | | | | | |
| | | Individual | 0.1 | Citations logued Car | | | | | |
| | | TODD DENEEN JR | 1 | Citations Issued Sex 1 MALE | | | | | |
| | NDIVIDUAL | (608) 459-0971 | _ | Date of Birth Race WHITE | | | | | |
| E | ğ | | | | | | | | |
| UNIT | ≧ | Address S10466 PAULUS RD | Driv | ver License Number | | | | | |
| | Ī | SPRING GREEN, WI 53588 , US | | | | | | | |
| | | | | | | | | | |
| | 6 | On Duty Crash | Saf | ety Equipment | | | | | |
| | Sai | fety Equipment | | | | | | | |
| | | Row Seat Position 01 - FRONT ROW 07 - LEFT | SH | SHOULDER & LAP BELT Helmet Compliance | | | | | |
| | | Helmet Use | Hel | | | | | | |
| | | | | Tint Compliance | | | | | |
| | | Eye Protection | Tint | | | | | | |
| _ | - | Injury Severity | Airt | bag | | | | | |
| 2 | 00 | Injury NO APPARENT INJURY | | N DEPLOYED | | | | | |
| | | Ejected Ejection Path | | • | | Trapped/Extricated | | | |
| | | NOT EJECTED NOT EJECTED/NOT AF Medical Transport | | | NOT TRAPPED | | | | |
| | | | EM | S Agency Identifier | | EMS Run # | | | |
| | | Hospital | Dat | Date of Death Time of Death | | | | | |
| | | | | | | | | | |
| | | Distracted By NOT APPLICABLE (NOT DISTR | RACTE | D) | | | | | |
| | | Distracted By Action | | | | | | | |
| | | NOT DISTRACTED | | | | | | | |
| | | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 3 of 5

6TL0BC3B80 24-00468

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

| | | Non Motorist | Striking Unit # | Location | | | | | |
|------|-----------------|-----------------------------------|-------------------------|-----------------------|-------------------------------------|-------------------|-----------------------------------|------------------------|--|
| | | Prior Action | | • | | | | | |
| | | Action | | | | | | | |
| | F | | | | | | | | |
| ⊨ | INDIVIDUAL | | | | | | | | |
| UNIT | DV | | | | | | | | |
| | Z | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | | Action Other | | | | | | | |
| | 1 | Drug & Alcohol | Suspected Alcohol NO | Use | Suspected Drug Use NO | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | 2 | | Alcohol Test Results | | |
| | | TEST NOT GIVEN Drug Test Given | | Drug Test Type | | Drug Test Results | | | |
| | _ | TEŠT NOT GIVEN Drug Type | | | | | | | |
| 2 | 001 | Drug Type | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NOR | MAL | | | | | | |
| | | Individual | | | | | | | |
| | | Passenger DELBERT DENEEN | | | Citations Issued Sex 0 MALE | | | | |
| | JAL | | | | Date of Birth | Race | | | |
| UNIT | INDIVIDUAL | Address | Address | | | WHITE | | | |
| > | Ī | S10466 PAULUS I SPRING GREEN, | | | Driver License Number | | | | |
| | | | | | | | | | |
| | Sat | fety Equipment | On Duty Crash | | Safety Equipment | | | | |
| | | Row 01 - FRONT ROW | | osition | SHOULDER & LAP | BELT | | | |
| | | Helmet Use | 03-1 | | Helmet Compliance | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| | ~ | | Injury Severity | | Airbag | | | | |
| 5 | 002 | Injury | NO APPARENT | | | | | | |
| | | Ejected NOT EJECTED | Ejection P | ath ECTED/NOT APPI | LICABLE | | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPOR | | | EMS Agency Identifier | | EMS Run # | | |
| | | Hospital | | | Date of Death | | Time of Death | | |
| | | | Distracted By Source | æ | | | | | |
| | | Distracted By | | | | | | | |
| | | Distracted By Action | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | |
| | onsin M DT40 | Motor Vehicle Crash | | This repor | t does not include any CJ 4 of 5 | IS data. | Crash Date Crash Time | 01/13/2024 09:48 AM | |

6TL0BC3B80

24-00468

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Prior Action | | | | | | |
|---------------|------------|---|------------------|--------------------------|---------------------------------|-------------------|----------------------|-------------------|
| | | Action | | | | | | |
| | ٩L | | | | | | | |
| F | DU | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | |
| | IN | | | | | | | |
| | | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | , | Drug & Alcoh | Suspected Alco | bhol Use | Suspected Drug Use | | | |
| | - | | rug & Alcohol No | | | | | |
| | | Alcohol Test Giver | | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given | | Drug Test Type | | Drug Test Results | 5 | |
| | | TEŠT NOT GIVI | EN | | | U | | |
| 2 | 002 | Drug Type | | | | | | |
| | • | | | | | | | |
| | | Individual Conditio | n | | | | | |
| | | APPEARED NO | RMAL | | | | | |
| | Ĭ | Violations | | | | | | |
| | 01 | UTC Number AE138589 | Issue To? 001 | Statute Number 346.57(3) | Description DRIVING TOO FAST | | DNS | |
| | Pro | perty Owne | r 🗖 | | | | | |
| 01 | | ernment IK COUNTY HW | | | Address 620 STH 136 | | | |
| | | K COUNTY HWY DEPT (6)) 356-3855 [1] | | | 620 STH 136 PO BOX 26 | | | |
| PROP OWNER | - | | | 1 | BARABOO, WI 53913 | , US | | |
| | Fixe | d Objects St | ruck | | | | | |
| | | | Struck Object | | | | Structure Number | Damage Tag Number |
| | 0 | | GUARDRAIL EN | ND | | | | 239559 |