WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #		Agence 24-00	y Crash Number 424	Investigating Officer/Deputy DEPUTY W. NEUBAUER Time Arrived 01:36 PM			
Crash Date 01/12/2024	Crash Time 12:00 PM	12:00 PM Time Notified 01:36 PM		rrived /2024				
Date Notified 01/12/2024				Jnits	Total Injured Total Killed 00 00		d	
On Emergency	Hit and Run			Work Zone	Trailer or Towed		Reporting Threshold	
Government Property	Active S			l Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (ST	ANDARD CRAS	H)		Amended		Secondary Crash	
Description Diagram	'					econstructio		
NO DA			SL	IDE	A	dditional Info	ormation	
I, a sworn law enforce		ree that I have n	not adde	d any CJIS data in th	nis report.			

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

Crash Date 01/12/2024

Crash Time 12:00 PM

	ation								
ON STH23 WB					Latitude		Longitude		
166 FT N OF OHIO RD					43.366000764		-90.06	3862428	
IN THE TOWN OF FRANKLIN					X Coordinate		Y Coor		
IN SAUK COUNTY					251750.078125 4806020			20	
					Structure Type				
Cra	sh Scene								
First	Harmful Event			First Harm	nful Event Lo	ocation			
DIT	СН			ROADSI	DE				
Man	ner of Collision			Light Con	dition				
00 -	NO COLLISION W/VE	HICLE IN TRANSPORT		DAYLIG	HT				
Road	d Surface Condition(s)			Roadway	Factor(s)				
WE	T, SNOW, SLUSH								
Envi	ronment Factor(s)								
WE	ATHER CONDITIONS			ROAD S	URFACE	CONDITION	(WET, I	CY, SNOW, SLUSH,	
Wea	ther Condition(s)								
CLC	OUDY, SNOW								
Anim	nal Type				o Trafficwa	•			
0	. Ol:::				CWAY - O				
_	sh Classification - Location BLIC PROPERTY			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
Triba	al Land			Access Co			Special Study		
\A('')		11.6	NO CONTROL section Type						
NO.	in Interchange Area	Junction Location NON-JUNCTION		ion Type I INTERSE	CTION				
Uni	t Summary =		l						
	Status								
			Vehicle Operating As (Classification	1	Unit Type			
IN T	RANSIT		Vehicle Operating As 0	Classification	1	Unit Type AUTOMOI	BILE		
			, ,	Classification	1	1 .		ements	
Vehi (SP	RANSIT cle Type ORT) UTILITY VEHICL		D CLASS			AUTOMOI Operating A	s Endorse		
Vehi (SP	Cle Type	. E Train/Bus # Recorded	, ,		Total Trail	AUTOMOI Operating A	s Endorse	ements izMat Types	
Vehi (SP) Tota 1	RANSIT cle Type ORT) UTILITY VEHICL		D CLASS Total # Citations Issue 0 Pre CrashTir	d	Total Trail	AUTOMOI Operating A	s Endorse Total Ha	izMat Types	
Vehi (SP) Tota 1	RANSIT ICLE Type ORT) UTILITY VEHICL I Occs rance?	Train/Bus # Recorded	D CLASS Total # Citations Issue 0	d	Total Trail	AUTOMOI Operating A	Total Ha O Total La 2	nzMat Types	
Vehi (SP) Tota 1 Insui YES	TRANSIT Icle Type ORT) UTILITY VEHICL I Occs rance? S t Harmful Event: Collision	Train/Bus # Recorded Direction Of Travel SOUTHBOUND	Total # Citations Issue 0 Pre CrashTir	d e	Total Trail 0 Speed Lin	AUTOMOI Operating A	Total Ha 0 Total La 2 Motor Ve	nzMat Types nes hicle Use	
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Crash Date 01/12/2024

Crash Time 12:00 PM

		Towed Due To Damage		Vehicle Removed B	Ву					
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other		NOT APPLICAB	BLE					
		Driver Actions								
	щ	NO CONTRIBUTING ACT	TON							
╘	VEHICLE									
LNO	표									
	VE									
		Owner Name REBECCA NEEDHAM		Owner Addres S9731 COUI		OAD G				
7	01	(608) 630-1408		PLAIN, WI 5						
		Sequence Of Events								
	01	Event RUN OFF ROADWAY RIG								
		Event	SIII							
	02	DITCH								
	03	Event								
		Event								
	04									
╘	l	Policy Holder								
LNO		Insurance Company STATE-FARM-GENERAL	Individual REBECCA NE	Individual REBECCA NEEDHAM						
			REBEGGARE	NEDECOA NEEDITAM						
		Individual Driver Citations Issued Sex								
		REBECCA NEEDHAM	Citations Issued 0		Sex FEMALE					
	AL	(608) 630-1408	Date of Birth		Race					
⊨	NDIVIDUAL					WHITE				
	\geq	Address		Driver License Number						
_	N	S9731 COUNTY ROAD G PLAIN, WI 53577, US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		. 27 ,								
		On Dut	y Crash	Safety Equipmer	nt					
	Sat	fety Equipment	y Gradin	Galety Equipmen	111					
		Row	Seat Position	SHOULDER 8	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance	Tint Compliance						
		Lye Frotection	e Protection			Int Compilance				
7	001	Injury S	Airbag							
0	ŏ	Injury _{NO AF}	NON DEPLOYED							
		Ejected NOT EJECTED	PLICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	Livio / igolioy ido	Line Agency Identifier		Line I tuli "				
		Hospital			Date of Death 1		Time of Death			
			to d Div Cov							
		Distracted By NOT A	ted By Source APPLICABLE (NOT DIST	RACTED)						
		Distracted By Action								
		NOT DISTRACTED								

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
TIND	INDIVIDUAL	Action						
		Action Other						To/From School
	1	Drug & 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		
٦	001	Drug Type						
		Individual Condition APPEARED NORM	AL					