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 SC24- | Crash Number 00429 | Investigating DEPUTY Z | Officer/Deputy DRILL | | | | |
|------------|--|-----------------------------------|---------------------|------------------------|------------------------|----------------------------|---------------------|--|--|--|
| | Crash Date 01/12/2024 | Crash Time 03:20 PM | Date Ar | Date Arrived Time | | me Arrived | | | | |
| Y | Date Notified | Time Notified | | Total Units | | Total Injured Total Killed | | | | |
| KZ | 01/12/2024 | 03:21 PM | 01 | T | 00 | 00 | T | | | |
| ر ا | On Emergency Hit | and Run Lane Closu | ıre | ☐ Work Zone | | or Towed | Reporting Threshold | | | |
| OILUCKZKID | Government Property | Active School Zone | School NO | Bus Related | Tags | | _ | | | |
| | Reportable | Crash Type DT4000 (STANDARD CRASH | l) | | Amend | ed | Secondary Crash | | | |
| | Description | | | | | | | | | |
| | Diagram | | | | | Reconstruction | Ву | | | |
| | | | | | | | | | | |
| | | | | | | Photos By | | | | |
| | | | | | | | | | | |
| | | | | | | Additional Infor | mation | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | , a sworn law enforcement | nt officer, agree that I have no | ot added | l any CJIS data in thi | s report. | | | | | |
| | DRIVER OF UNIT ONE APPROACHING CURVE AND PULLED INTO DITCH BY HEAVY SNOW AND SLUSH DUE TO WINTER STORM. NO DAMAGE TO VEHICLE, NO INJURIES TO DRIVER. VEHICLE PULLED FROM DITCH BY CRAIGS TOWING AND THEN REMOVED FROM SCENE BY DRIVER. | | | | | | | | | |
| | | | | | | | | | | |

SC24-00429

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

| Location | | | | | |
|---|---|--------------------------------|--|--|--|
| ON CTHA SB 496 FT E | Latitude 43.588674651 | Longitude -89.740876809 | | | |
| OF RINGLING RD IN THE TOWN OF DELTON IN SAUK COUNTY | X Coordinate 278735.9375 | Y Coordinate 4829840 | | | |
| IN OACH COCKET | Structure Type NO STRUCTURE | | | | |
| Crash Scene | | | | | |
| First Harmful Event | First Harmful Event Location ROADSIDE Light Condition | | | | |
| DITCH | | | | | |
| Manner of Collision | | | | | |
| 00 - NO COLLISION W/VEHICLE IN TRANSPORT | DAYLIGHT | DAYLIGHT | | | |
| Road Surface Condition(s) | Roadway Factor(s) | | | | |
| WET, SNOW, SLUSH, ICE | | | | | |
| Environment Factor(s) | | NONE | | | |
| WEATHER CONDITIONS | NONE | | | | |
| Weather Condition(s) | | | | | |

SNOW Animal Type Relation To Trafficway **TRAFFICWAY - ON ROAD** Crash Classification - Location Crash Classification - Jurisdiction NO SPECIAL JURISDICTION **PUBLIC PROPERTY** Tribal Land Access Control Special Study **NO CONTROL**

Within Interchange Area Junction Location Intersection Type NO **NON-JUNCTION NOT AN INTERSECTION**

Unit Summary

| | Unit Status | | Vehicle Operating As Classificat | Vehicle Operating As Classification | | Unit Type | |
|------------|------------------------------------|----------------------|----------------------------------|-------------------------------------|-------------------------------------|---------------------------|--|
| | IN TRANSIT | | D CLASS | | AUTOMOBILE | | |
| _ | Vehicle Type | | | - | | Operating As Endorsements | |
| Ó | (SPORT) UTILITY VEHICLE | | | | | | |
| 1 | Total Occs | Train/Bus # Recorded | Total # Citations Issued T | | ers | Total HazMat Types | |
| | 1 | | 0 | 0 | | 0 | |
| 1 | Insurance? | Direction Of Travel | Pre CrashTire | Speed Lim | nit | Total Lanes | |
| ⊢ | YES | SOUTHBOUND | Mark | 55 | | 2 | |
| LIND | Most Harmful Event: Collision With | | Special Function | | Emergency Motor Vehicle Use | | |
| - | DITCH | | NO SPECIAL FUNCTION | | NOT APPLICABLE | | |
| 1 | Traffic Way | | Traffic Control | | Traffic Control Inoperative/Missing | | |
| | TWO-WAY, NOT DIVIDED | | NO CONTROL | | NO | | |
| İ | Surface Type | | Road Curvature | | Road Grade | | |
| | BLACKTOP (BITUMINOUS) | | CURVE RIGHT | | LEVEL | | |
| İ | Truck Bus or HazMat | | - | | · · | | |
| | NO | | | | | | |

| , | Vehicle | | | | | | |
|-----|-------------------------------|--------------------|---------------|---------|---------------------|--|--|
| | License Plate Number | Plate Type | Plate Type St | | Country of Issuance | | |
| 10 | Vehicle Identification Number | Make | Year | Model | | | |
| | 4S4BTAPC8N3268706 | SUBARU | 2022 | OUTBACK | | | |
| | Color | Body Style | | Bus Use | | | |
| | GRN - GREEN | UT - SPORT UTILITY | VEHICLE | | | | |
| щ | Initial Contact Point | Vehicle Damage | | • | 7 8 9 10 11 | | |
| 5 | 00 - NON-COLLISION | | | | | | |
| 토 | Extent Of Damage | 00 - NO DAMAGE | | | 6 2 12 | | |
| N N | NO DAMAGE | | | | 5 4 3 2 1 | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 01/12/2024 Crash Time 03:20 PM

SC24-00429

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| | | Towed Due To Damage | | Vehicle Removed By | | | | | |
|------------------------|---------------------------------------|--|-----------------------|--------------------|----------------------------|----------|--------------------|--|--|
| | | | | CF | CRAIGS TOWING | | | | |
| | | NEGOTIATING CURVE | | Vehicle Factors | | | | | |
| | | | | l | | | | | |
| | | | | NC | OT APPLICABLE | | | | |
| | | D : | | | | | | | |
| | | Driver Actions NO CONTRIBUTING ACT | ION | | | | | | |
| _ | ٣ | NO CONTRIBUTING ACT | ION | | | | | | |
| UNIT | ≌ | | | | | | | | |
| NO CONTRIBUTING ACTION | | | | | | | | | |
| | > | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | |
| | _ | HARRY BURGE | SS | | S1903 COUNTY R | | | | |
| | 2 | | | | BARABOO, WI 539 | 913 , US | | | |
| | | | | | | | | | |
| | | Sequence Of Events | | | | | | | |
| | 2 | Event MOTOR VEH IN TRANSP | OPT | | | | | | |
| | 0 | | OKI | | | | | | |
| | 05 | Event DITCH | | | | | | | |
| | _ | | | | | | | | |
| | 03 | Event | | | | | | | |
| | | Event | | | | | | | |
| | 8 Event | | | | | | | | |
| | | | | | | | | | |
| ╘ | | Policy Holder | | | | | | | |
| L N N | | Insurance Company GEICO-ADVANTAGE-INSURANCE-CO | | | Individual HARRY BURGESS | | | | |
| | | | JONANOE-CO | TIARRY BURGESS | | | | | |
| | | Individual | | _ | 0'4-4' | 10 | | | |
| | | Driver HARRY BURGESS | | - 1 | Citations Issued Sex MALE | | | | |
| | A | | | L | Date of Birth Race | | | | |
| _ | INDIVIDUAL | | | Sac Si Billi | | | | | |
| N N | ₹ | Address | | + | Driver License Number | · | | | |
| _ | 9 | S1903 COUNTY ROAD A | | | | | | | |
| | = | BARABOO, WI 53913 , U | IS | | | | | | |
| | | | | | | | | | |
| | Saf | On Duty | y Crash | | Safety Equipment | | | | |
| | Sai | | | Ц. | | n=: = | | | |
| | | Row 01 - FRONT ROW | Seat Position | - 1 | SHOULDER & LAP | BELT | | | |
| | | | 07 - LEFT | Helmat Compliance | | | | | |
| | | Helmet Use | | - [| Helmet Compliance | | | | |
| | | Eye Protection | Eve Protection | | Tint Compliance | | | | |
| | | • | | | | | | | |
| _ | Ξ | Injury S | everity | - | Airbag | | | | |
| 7 | 90 | Injury NO AF | PPARENT INJURY | | NON DEPLOYED | | | | |
| | | Ejected | Ejection Path | | | | Trapped/Extricated | | |
| | NOT EJECTED NOT EJECTED/NOT APP | | | | | | NOT TRAPPED | | |
| | Medical Transport | | | | EMS Agency Identifier | | EMS Run # | | |
| | NOT TRANSPORTED Hospital Date of Deal | | | | | | Time of Death | | |
| | | Hospital | | | Date Of Dealff | | Time of Death | | |
| | | Distract | ed By Source | | | | | | |
| | | Distracted By NOT A | APPLICABLE (NOT DISTR | RAC | ΓED) | | | | |
| | | Distracted By Action | | | | | | | |
| | | NOT DISTRACTED | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

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Crash Date 01/12/2024

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Crash Time 03:20 PM

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| | | Non Motorist | Striking Unit # | Location | | | | |
|------|------------|-----------------------------------|----------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| | | Prior Action | | | | | | |
| TINO | 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 | | |
| 9 | 001 | Drug Type | | | | | | |
| | | APPEARED NORM | AL | | | | | |