WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # | | | | ng Officer/Deputy W. VERTEIN | | | | |
|-------------------|---|---------------------------|-----------------|--------------------------------|---------------------|--|----------|------------------------------|------------------------|--|
| 7X | Crash Date 01/12/2024 | Crash Time 08:50 AM | | Date Arrived 01/12/2024 | | Time Arrived 09:08 AM | | | | |
| 3B | Date Notified 01/12/2024 | Time Notified 08:55 AM | | Total Units 01 | | Total Injured 00 | | Total Kille | Total Killed 00 | |
| 6TL0BC3B7X | On Emergency Hit | and Run | Lane Closure | | Work Zone | Trail | er or | Towed | Reporting Threshold | |
| 6TL | Government Property | Active Schoo | 17 | School B NO | us Related | Tags | | | | |
| | Reportable | Crash Type DT4000 (STANDA | ARD CRASH) | | | Ame | nded | | Secondary Crash | |
| l | Description | | | | | | | | | |
| | Diagram | | | | | | | construction | n By | |
| | Non-reportable slide-of | f | | | | | | otos By | | |
| | | | | | | | NC NC | ditional Infor DNE | rmation | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ✓ I, a sworn law enforceme | nt officer, agree th | at I have not a | added | any CJIS data in tl | his report. | | | | |
| | ON THE DESCRIBED DATE, TIME, ABLE TO SEE WHERE THE ROAD | | | | | | | OADWAY, T | HE OPERATOR WAS NOT | |

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| ı | _oc | ation === | | | | | | | | |
|-----|---|---|----------------------|--|--------------------------------------|---|--|-------------------------------------|--------------------------------------|--|
| f | - | N REEDSBURG RD | | | Latitud | е | | Longi | tude | |
| | 306 FT E | | | | | 43.540224521 | | | -89.890926862 | |
| | OF STH23 WB IN THE TOWN OF EXCELSIOR IN SAUK COUNTY | | | | | X Coordinate | | Y Cod | ordinate | |
| | | | | | | 266434.96875 | | | 869.5 | |
| | | , to tt 000 tt 1 | Structu | ıre Type | | | | | | |
| | | | | | NO ST | TRUCTURE | | | | |
| (| Cra | sh Scene | | | | | | | | |
| Ī | | Harmful Event | | | First H | armful Event Lo | ocation | | | |
| | DIT | СН | | | ROAD | | | | | |
| - | Manr | ner of Collision | | | Light C | Condition | | | | |
| | 00 - | NO COLLISION W/VI | EHICLE IN TRANSPORT | | DAYL | .IGHT | | | | |
| - | Road | Surface Condition(s) | | | Roadw | ay Factor(s) | | | | |
| | SNC | w | | | | | | | | |
| - | Envir | onment Factor(s) | | | | | | | | |
| | WE | ATHER CONDITIONS | | | NONE | Ē | | | | |
| } | Wea | ther Condition(s) | | | | | | | | |
| | SNC | w | | | | | | | | |
| ŀ | Anim | al Type | | | | on To Trafficwa | • | | | |
| - | Crae | h Classification - Location | 1 | | | Classification - | | | | |
| | PUBLIC PROPERTY | | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | |
| | Tribal Land | | | | Access Control | | | | Special Study | |
| - | Within Interchange Area Junction Location | | | | NO CONTROL Intersection Type | | | | | |
| | NO | moronango / noa | NON-JUNCTION | | | N INTERSECTION | | | | |
| į | Jnit | Summary | • | | • | | | | | |
| | | Status | | Vehicle Ope | erating As Classificat | tion | Unit Type | | | |
| | IN TRANSIT D CLASS | | | | AUTOMOBILE | | | | | |
| _ | Vehicle Type | | | I | | Operating As Endorsements | | | | |
| 5 | PASSENGER CAR | | | | | | | | | |
| | Total | Occs | Train/Bus # Recorded | Total # Cita | tions Issued | Total Trail | lers | Total H | lazMat Types | |
| | 1 | | | 0 | | 0 | | 0 | | |
| | Insur | ance? | Direction Of Travel | Pre | CrashTire | Speed Lin | nit | Total L | anes | |
| : | YES | | WESTBOUND | | Mark | 45 | 2 | | | |
| 5 | | Harmful Event: Collision | | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | | |
| · [| | DITCH | | | | | | | | |
| | | affic Way | | | Traffic Control | | | Traffic Control Inoperative/Missing | | |
| | | D-WAY, NOT DIVIDED ICE Type |) | | NO CONTROL Road Curvature STRAIGHT | | | NO Road Grade LEVEL | | |
| | | ice Type .CKTOP (BITUMINOU | IS) | | | | | | | |
| ļ | | Bus or HazMat | ,-, | UNAIGH | | | | | | |
| | NO | C Dus Oi Tiazivial | | | | | | | | |
| | 1 | /ehicle | | | | | | | | |
| | License Plate Number | | | Plate Type | | St Country of Issuance WI UNITED STATES | | | | |
| | | AHD8801 | | AUT - AUTOMOBILE WI Make Year HYUNDAI 2019 | | UNITED STATES | | | | |
| | 01 | Vehicle Identification Nu KMHD84LF8KU7798 | | | | Model ELANTRA | | | | |
| -1 | Color | | Body Style | | | Bus Use | | | | |
| | | RED - RED | | SD - SEC | | | | | | |
| | | KED - KED | | OD - OLL | | | | | | |
| | щ | Initial Contact Point | | Vehicle Da | | | | | 7 9 0 10 11 | |
| ; | | Initial Contact Point 01 - RIGHT FRONT (| CORNER | Vehicle Da | ımage | | | | 7 8 9 10 11 | |
| | EHICLE | Initial Contact Point | CORNER | Vehicle Da | | | | | 7 8 9 10 11 6 2 2 12 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 08:50 AM

SC24-00411 Page 2 of 4

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

| | | Towed Due To Damage | | Vehicle Removed By | | | | |
|-----------------------------|---------------------------------|-----------------------------------|--|----------------------------|------------|--------------------|--|--|
| | | NOT TOWED | | OPERATOR | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | |
| | | GOING STRAIGHT | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | |
| | | | | | | | | |
| | | Driver Actions | | | | | | |
| | щ | RAN OFF ROADWAY | | | | | | |
| ╘ | บ | | | | | | | |
| UNIT | VEHICLE | | | | | | | |
| _ | K | | | | | | | |
| | | | | | | | | |
| | | Owner Name | | Owner Address | | | | |
| 2 | 10 | KATHLEEN VOILES (608) 432-6046 | | 1517 15TH ST BARABOO, W | 53013 IIS | | | |
| 0 | 0 | (000) 432-0040 | | BAINABOO, W | 33313 , 00 | | | |
| | | | | | | | | |
| | | Sequence Of Events | | | | | | |
| | 01 | RUN OFF ROADWAY RI | GHT | | | | | |
| | 02 | Event DITCH | | | | | | |
| | | Event | | | | | | |
| | 03 | Lyon | | | | | | |
| | 04 | Event | | | | | | |
| | | Policy Holder | | | | | | |
| UNIT | | Insurance Company | | Individual | | | | |
| É | | | SAL-INSURANCE-COMP | KATHLEEN VOILES | | | | |
| | | | | | | | | |
| | | Individual Driver | | Citations Issued | Sex | | | |
| | | KATHLEEN VOILES | | 0 FEMALE | | | | |
| | A. | (608) 432-6046 | | Date of Birth | | | | |
| _ | INDIVIDUAL | | | Date of Birth Race WHITE | | | | |
| | ĭ | Address | | Driver License Number | | | | |
| \neg | ቯ | 1517 15TH ST | | | | | | |
| | = | BARABOO, WI 53913 , I | JS | | | | | |
| | | | | | | | | |
| On Duty Crash Safety Equipm | | | | | | | | |
| | Sat | fety Equipment | | | | | | |
| | | Row Seat Position | | SHOULDER & LAP BELT | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | |
| | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | |
| 10 | 001 | Injury S | Severity | Airbag | | | | |
| 0 | 8 | Injury NO APPARENT INJURY | | NON DEPLOYED | | | | |
| | | Ejected Ejection Path | | • | | Trapped/Extricated | | |
| | NOT EJECTED NOT EJECTED/NOT APP | | | | | NOT TRAPPED | | |
| | | Medical Transport | | EMS Agency Identi | ier | EMS Run# | | |
| | | NOT TRANSPORTED | | Data -(D- " | | | | |
| | | Hospital | | Date of Death | | Time of Death | | |
| | | Distracted By NOT | ted By Source APPLICABLE (NOT DISTR | ACTED) | | • | | |
| | | Distracted By Action | LIGHDLE (NOT DIGTR | | | | | |
| | | NOT DISTRACTED | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

Crash Date 01/12/2024
Crash Time 08:50 AM

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| | | Non Motorist Striking U | Unit # Loca | ation | | | | | |
|---------|-------------------------------------|---|---------------------------------------|-----------------------|--|-------------------|----------------------|--------------------------------|--|
| | | Prior Action | | | | | | | |
| TIND | INDIVIDUAL | Action | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | 1 | Drug & Alcohol NO | | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN | | hol Test Type | 9 | | Alcohol Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | Test Given Drug Test Type T NOT GIVEN | | | Drug Test Results | 3 | | |
| 2 | 00 | Drug Type | | | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | | | |
| | Pro | perty Owner | | | | | | | |
| PROP 01 | Gove TOV (60 8 | ernment WNSHIP OF EXCELSIOR 3) 522-5115 | | | Address 100 E BROADWAY PO BOX 57 ROCK SPRINGS, WI S | 53961 ,US | | | |
| | Fixe | ed Objects Struck | | | | | | | |
| | 2 | Striking Unit Struck Object DITCH | ct | | | | | Damage Tag Number NA | |