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 Crash Number 24-00702	DEPUTY K. MUELLER					
6R	Crash Date 01/19/2024	Crash Time 10:20 AM	Date Arrived 01/19/2024	Time Arrived 10:33 AM					
X	Date Notified 01/19/2024	Time Notified 10:20 AM	Total Units 01	Total Injured Total Kille	ed				
6TL0D7W16R		and Run Lane Clos		Trailer or Towed	Reporting Threshold				
3TL	Government Property	Active School Zone	School Bus Related NO	Tags	-1				
	Reportable	Crash Type DT4000 (STANDARD CRAS	-1)	Amended	Secondary Crash				
	Description								
	Diagram	TO SCALE	·	Reconstruction Photos By	n By				
	□ La sworn law enforceme		ot added any C IIS data in this	Additional Info	ormation				
	DRIVER OF UNIT 1 WAS PULLING	nt officer, agree that I have n			THE WAYSIDE LINIT 1				
	BECAME STUCK IN SNOW AND NE			STREED. WHEN FOLLING IN TO	THE WATORE ONLY				

Location

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	199	STH33 EB FT S CTHU WB				43.502630064			3693022	
	IN T	THE TOWN OF FAIRFIE	LD			X Coordinate 287086.0625		Y Coord 482000		
		SAUR GOORT I				Structure Type NO STRUCTURE				
	Cra	sh Scene								
		Harmful Event			First Harr	nful Event Lo	ocation			
		HER NON-COLLISION			ROADS					
		ner of Collision			ŭ	Light Condition				
		NO COLLISION W/VEH	HICLE IN TRANSPORT			DAYLIGHT Roadway Factor(s)				
		Road Surface Condition(s)				racioi(s)				
	SNC	JW								
	Envi	ronment Factor(s)			DOAD S	SIDEACE	CONDITION	I (WET IC	CY, SNOW, SLUSH,	
	NOI	NE			ETC)	OKI ACL V	CONDITION	((VV L 1, 1C) i, 3NOW, 3L03i i,	
	Wea	ther Condition(s)								
	CLE	EAR								
	Anim	nal Type				Relation To Trafficway TRAFFICWAY - ON ROAD				
	Cras	sh Classification - Location			Crash Classification - Jurisdiction					
	PUE	BLIC PROPERTY		NO SPE	CIAL JUR	ISDICTION				
	Triba	al Land			NO CONTROL			Special Study		
	With NO	•	Junction Location NON-JUNCTION		ction Type AN INTERSE	ECTION				
	Uni	t Summary								
		Status		Vehicle Operating A	s Classification	ı		DII E		
	IN T	RANSIT		Vehicle Operating A	s Classification	n	AUTOMO		ments	
01	IN T				s Classification	1			ments	
	Vehi	TRANSIT icle Type	Train/Bus # Recorded			n Total Trail	AUTOMO Operating A	As Endorse	ments zMat Types	
	Vehi	TRANSIT icle Type SSENGER CAR	Train/Bus # Recorded	D CLASS			AUTOMO Operating A	As Endorse		
	Vehi PAS Tota 1	TRANSIT icle Type SSENGER CAR Il Occs rance?	Direction Of Travel	Total # Citations Issu O Pre CrashT	ued	Total Trail 0 Speed Lin	AUTOMO Operating A ers	Total Haz Total Lan	zMat Types	
10	Vehice PAS Total 1	FRANSIT icle Type SSENGER CAR Il Occs rance?	Direction Of Travel EASTBOUND	Total # Citations Issu 0 Pre CrashT Mark	ued	Total Trail	AUTOMO Operating A ers	Total Haz Total Lan 2	Mat Types	
	IN T Vehi PAS Tota 1 Insur YES	TRANSIT icle Type SSENGER CAR Il Occs rance?	Direction Of Travel EASTBOUND	Total # Citations Issu O Pre CrashT	ued	Total Trail 0 Speed Lin	AUTOMO Operating A ers	Total Haz 0 Total Lan 2 Motor Veh	Mat Types nes	
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Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 01/19/2024
Crash Time 10:20 AM

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		Towed Due To Damage		Vehicle F	Removed By				
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
				NOT AF	PPLICABLE				
		Driver Actions							
	ш	NO CONTRIBUTING ACTION	ON						
-	7								
UNIT	Ĭ								
_	VEHICLE								
		Owner Name			ner Address				
	10	KORIN SACKMANN (715) 571-3323			620 5TH AVE BARABOO, WI 53913 , US				
	•	(***,**********************************			,	,			
		Seguence Of Events							
		Sequence Of Events Event							
	01	OTHER NON-COLLISION							
	02	Event							
		Event							
	03	Event							
	04	Event							
	0								
╘		Policy Holder							
L N		Insurance Company			Individual				
_		ERIE-INS-CO			KORIN SACKMANN				
		ndividual							
		Driver KORIN SACKMANN (715) 571-3323			Citations Issued Sex FEMALE				
	AL				Date of Birth Race				
_	INDIVIDUAL				WHITE				
Ę	≥	Address			Driver License Number				
_		620 5TH AVE BARABOO, WI 53913 , US							
	_								
		On Duty	Crach	Cofoty	Fauinment				
	Saf	On Duty Crash fety Equipment		Safety Equipment					
		Row Seat Position		SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Eye Protection		Tint Compliance					
_	Ξ	Injury Severity			Airbag				
6	00	Injury NO APPARENT INJURY			NON DEPLOYED				
		Ejected Ejection Path		DI ICARI E		Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT APP Medical Transport NOT TRANSPORTED					NOT TRAPPED EMS Run #		
				EMS Agency Identifier			LIVIS IXIII #		
		Hospital		Date of Death Time of Death					
		Distracted By Distracte	d By Source PPLICABLE (NOT DISTRA	(CTED)					
		Distracted By Action							
		NOT DISTRACTED							

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

Crash Date 01/19/2024

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Crash Time 10:20 AM

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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					