WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash D | Oocument # | Agency 24-007 | Crash Number 723 | SERGEAN | officer/Deputy IT M. TATE | | | |
|-------------------|---|-------------------------------------|------------------|----------------------|-------------------------|----------------------------------|----------------------------|----------------------|--|--|
| N2 | Crash Date 01/19/2024 | Crash Time 06:15 PM | | | | | | | | |
| Н5 | Date Notified 01/19/2024 | Time Notified 06:21 PM | | Total Units 01 | | Total Injured Total Killed 00 00 | | ed | | |
| 6TL0C9H5N2 | | and Run | ☐ Lane Closu | | ─ Work Zone | | or Towed | Reporting Threshold | | |
| TL(| Government | Active Sc | hool Zone | School NO | Bus Related | Tags | | Timeshold | | |
| 9 | ✓ Property✓ Reportable | Crash Type DT4000 (STA | NDARD CRASH | | | Amend | ed | Secondary Crash | | |
| | Description | | | | | | | | | |
| | Diagram | | | | | | Reconstruction | n By | | |
| | | | | | | | | | | |
| | | | | | | | Photos By SGT TATE | | | |
| | BUILDIN | NG 1 | | | | } | SGITATE | | | |
| | | | | | NOT TO S | CALE | A dditional lata | | | |
| | | | | | | Additional Information PHOTOS | | | | |
| | | | | | | | | | | |
| | 1 | | | | | | | | | |
| | | | Q. | | | | | | | |
| | \\\ | | | N | | | | | | |
| | | | | ₩ | 1 DUMPST | ER | | | | |
| | 12: | ===== | ~57 | | | _ | | | | |
| | | | | | | | | | | |
| | | 1 | | | BLD 3 | | | | | |
| | BLD 2 | | | | | | | | | |
| | DED 2 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | _ | | | | = | | | | |
| | , a sworn law enforceme | nt officer, agre | e that I have no | ot added | I any CJIS data in this | report. | | | | |
| | UNIT 1 OPERATOR STATED HE WA | OT THE VEHICLES | S ACCELERATOR E | BECAME : | STUCK. UNIT 1 OPERATOR | STATED THE | /EHICLE BEGA | N TO ACCELERATE OUT | | |
| | OF HIS CONTROL. UNIT 1 OPERAT BEGAN TO FISHTAIL AND SLIDE. L SIDE AREA. FUNCTIONAL DAMAGE | FOR STATED HE T JNIT 1 THEN SLID | TURNED THE VEHI | CLE OFF | , HOWEVER, HE WAS UNA | BLE TO GAIN O | ONTROL OF T | HE VEHICLE BEFORE IT | | |

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| | Loc | ation | | | | | | | | |
|----------|---|------------------------|---------------------|---------------------------------------|---|--|------------------------------|--|--------------------|-------------------|
| | | KING LOT | | | L | | Latitude | | Longi | tude |
| | - | HW EB LOT 11167 | | 43.45 | | 458736151 | | -89.7 | 66758123 | |
| | (FIR | RE 11167) | | | X Coordinate | | | Y Coo | ordinate | |
| | IN T | HE TOWN OF BARAE | | 276166.21875 | | | 4815 | 477.5 | | |
| | IN S | SAUK COUNTY | | Structure | Туре | | | | | |
| | | | | | | FIRE | | | | |
| (| Cra | sh Scene | | | | | | | | |
| | First | Harmful Event | | | | First Harm | nful Event Lo | ocation | | |
| | ОТН | IER OBJECT - NOT F | IXED | | | IN PARK | ING LAN | E OR ZONE | | |
| | Man | ner of Collision | Light Condition | | | | | | | |
| | 00 - | NO COLLISION W/VE | HICLE IN TRANSPORT | | | DARK/L | IGHTED | | | |
| | Roa | d Surface Condition(s) | | | | Roadway Factor(s) | | | | |
| | SNO | OW, ICE | | | | | | | | |
| | Envi | ronment Factor(s) | | | | | | | | |
| | NOI | NE | | | | ROAD S | URFACE | CONDITION | (WET, | ICY, SNOW, SLUSH, |
| | Wea | ther Condition(s) | | | | † , | | | | |
| | CLE | AR | | | | | | | | |
| | Animal Type Crash Classification - Location PRIVATE PROPERTY | | | | | Relation T | on To Trafficway | | | |
| | | | | | | NON TRAFFICWAY - PARKING LOT | | | G LOT | |
| | | | | | | Crash Classification - Jurisdiction PRIVATE PROPERTY | | | | |
| | Tribal Land | | | | | Access Co | Access Control Special Study | | | Special Study |
| | Within Interchange Area Junction Location | | | | | NO CONTROL | | | | |
| | With NO | in Interchange Area | | Intersection Type NOT AN INTERSECTION | | | | | | |
| | | t Summary | NON-JUNCTION | | | | | | | |
| | | Status | | Vehicle Op | erating As C | Classification | 1 | Unit Type | | |
| | IN T | RANSIT | | D CLASS | 3 | AUTOMOBILE | | | | |
| _ | Vehi | cle Type | Į. | J | | | Operating As Endorsements | | | |
| 01 | (SP | ORT) UTILITY VEHICL | | | | | | | | |
| | Total Occs Train/Bus # Recorded | | Total # Cita | Total # Citations Issued | | | Total Trailers | | Total HazMat Types | |
| | 1 Insurance? | | | 0 Pre CrashTire | | | | | | |
| | | | Direction Of Travel | | | | | | | anes |
| ⊢ | YES EASTBOUND | | | | ☐ Mark N/A | | | 0 | | |
| | Most Harmful Event: Collision With OTHER OBJECT - NOT FIXED | | | | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Traffic Way Traffic Control | | | | itrol | | | Traffic Control Inoperative/Missing | | |
| | | KING LOT OR PRIVA | TE PROPERTY | | NO CONTROL | | | NO | | |
| | Surface Type | | | | Road Curvature | | | Road Grade | | |
| | | ACKTOP (BITUMINOU | S) | STRAIGH | STRAIGHT | | | LEVEL | | |
| | NO | k Bus or HazMat | | | | | | | | |
| | , | Vehicle | | | | | | | | |
| | | License Plate Number | | | Plate Type St | | | Country of Issuance | | |
| | 352UUP Vehicle Identification Number 1FMJK1JT5GEF57248 | | | | AUT - AUTOMOBILE Make | | WI | Model EXPEDITION | | |
| 5 | | | | | | | Year | | | |
| _ | Color | | | | FORD 2016 EXPEDITION | | | | | |
| | BLK - BLACK | | | | Body Style UT - SPORT UTILITY VEHICLE Bus Use | | | | | |
| | Initial Contact Point | | | | Vehicle Damage | | | | | |
| ⊨ | | | | | | | | | 7 8 9 10 11 | |
| LINO | 04 - RIGHT SIDE REAR Extent Of Damage FUNCTIONAL DAMAGE | | | 03 - RIG - RIGHT | 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER | | | | | 6 8 12 |
| _ | FUNCTIONAL DAMAGE | | | | | | | | | 5 4 3 2 1 |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

2 of 4

Crash Date 01/19/2024
Crash Time 06:15 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| l | | Towed Due To Damage | | 1/0 | hicle Removed By | | | | | | |
|--------------------------------------|-----------------|----------------------------|--------------------|------------------------|---------------------------------------|-----------|-----------------------|--|--|--|--|
| | | - | | ve | nicle Removed by | | | | | | |
| | | NOT TOWED | | | hicle Factors | | | | | | |
| | | What Driver Was Doing | | Ve | | | | | | | |
| | | GOING STRAIGHT | | ⅃ | NOT APPLICABLE | | | | | | |
| | | Driver Prior Action Other | | NC | | | | | | | |
| | | | | | | | | | | | |
| | | | Driver Actions | | | | | | | | |
| | щ | NO CONTRIBUTING ACT | ION | | | | | | | | |
| ╘ | ᄗ | | | | | | | | | | |
| UNIT | Ξ | | | | | | | | | | |
| _ | VEHICLE | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Owner Name | | | Owner Address | | | | | | |
| _ | | CRAIG HOPPE | | | S3854 COUNTY F | | | | | | |
| 2 | 0 | (608) 963-2984 | | | BARABOO, WI 53 | 3913 , US | | | | | |
| | | | | | | | | | | | |
| | | Sequence Of Events | | | | | | | | | |
| | | Event | | | | | | | | | |
| | 0 | OTHER OBJECT - NOT F | IXED | | | | | | | | |
| | | Event | | | | | | | | | |
| | 02 | Lvent | | | | | | | | | |
| | | Event | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | | F | | | | | | | | | |
| | 9 | Event | | | | | | | | | |
| | | | | | | | | | | | |
| - | - 1 | Policy Holder | | | | | | | | | |
| FNS | | Insurance Company | | | Individual | | | | | | |
| _ | | PROGRESSIVE-CLASSIC-INS-CO | | | CRAIG HOPPE | | | | | | |
| | | ndividual | | | | | | | | | |
| | | Driver | | | Citations Issued | Sex | | | | | |
| | | CRAIG HOPPE | | | 0 | MALE | | | | | |
| | A | (608) 963-2984 Address | | | Date of Birth | Race | | | | | |
| l∟ | \mathbf{z} | | | | WHITE | | | | | | |
| F | INDIVIDUAL | | | | Driver License Number | | | | | | |
| > | ቯ | S3854 COUNTY ROAD A | | | | | | | | | |
| | Z | BARABOO, WI 53913 , U | S | | | | | | | | |
| | | | | | | | | | | | |
| | | On Duty | / Crash | - | Safety Equipment | | | | | | |
| | Saf | fety Equipment | | | | | | | | | |
| | | Row Seat Position | | | SHOULDER & LAP BELT | | | | | | |
| | | 01 - FRONT ROW | | 07 - LEFT | | | | | | | |
| | | Helmet Use | | _ | Helmet Compliance | | | | | | |
| | | | | | | | | | | | |
| | | Eye Protection | | - | Tint Compliance | | | | | | |
| | | , | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| _ | _ | Injury Severity | | - | Airbag | | | | | | |
| 2 | 90 | Injury NO APPARENT INJURY | | | NON DEPLOYED | | | | | | |
| | | Ejected | Ejection Path | | | 1 | | | | | |
| | | NOT EJECTED | NOT EJECTED/NOT A | NOT EJECTED/NOT APPLIC | | CABLE | | | | | |
| | | Medical Transport | | | EMS Agency Identifier | | NOT TRAPPED EMS Run # | | | | |
| | NOT TRANSPORTED | | | | | | | | | | |
| Hospital Date of Death Time of Death | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Distracte | ed By Source | | | | | | | | |
| | | Distracted By NOT A | PPLICABLE (NOT DIS | TRAC | ΓED) | | | | | | |
| | | 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 06:15 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 | | | | | |