## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number O	Document Number Override		Primary Crash Document #		Agency Crash Number 24-00740		Investigating Officer/Deputy DEPUTY K. MUELLER		
Crash Date <b>01/20/2024</b>		Crash Time 09:23 AM		Date Arrived <b>01/20/2024</b>		Time Arrived 09:35 AM			
Crash Date 01/20/2024 Date Notified 01/20/2024  On Emergency Governm Propert			Time Notified 09:23 AM		Total Units <b>01</b>		Total K	(illed	
On Emergency	∕ ∏Hit	and Run Lane Closu					or Towed	d Reporting Threshold	
Governm Propert		Active Sc	chool Zone	School <b>NO</b>	Bus Related	Tags	Tags		
Reportable		Crash Type DT4000 (STANDARD CRASH)			Amend	Secondary Crash			
Description  Diagram			ee that I have no	ot added	I any CJIS data in th	of of other states and other states are not only as its report.	Photos By  Additional In NONE		

Location

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Crash Time 09:23 AM

8	12	FT E				43.6119	50401		-89.80	4085674	
	OF IH90 WB IN THE TOWN OF DELTON IN SAUK COUNTY					X Coordin			Y Coor		
II						273720.34375 Structure Type			48325	95.5	
				NO STR							
С	ra	sh Scene									
F	irst	Harmful Event				First Harm	nful Event L	ocation			
	ITO	СН				ROADSI	DE				
N	1anı	ner of Collision				Light Con	dition				
0	0 -	NO COLLISION W/VEH	HICLE IN TRANSPORT			DAYLIG	HT				
R	Road	d Surface Condition(s)				Roadway	Factor(s)				
Е	nvii	onment Factor(s)									
N	101	1E				NONE					
٧	Vea	ther Condition(s)									
c	LE	AR									
Α	nim	al Type					o Trafficwa	•			
		1 01 '6 '7 1 '7					CWAY - O				
		h Classification - Location						Jurisdiction			
	_	Il Land				NO SPECIAL JURISDICTION  Access Control Special Study					
						NO CON	TROL				
		· ·	Junction Location		Intersection						
N	10		NON-JUNCTION		NOT AN	INTERSE	CTION				
		Summary ===									
		Status		Vehicle Ope	•	lassification		Unit Type	D E		
		TRANSIT D CLASS nicle Type				AUTOMOBILE Operating As Endorsements					
		SENGER CAR						Operating A	AS LIIUUISE	ements	
	_	Occs	Train/Bus # Recorded	Total # Cita	tions Issued	I	Total Trai	lers	Total Ha	zMat Types	
1				0		0			0		
		ance?	Direction Of Travel	Pre	CrashTire	e Speed Lin				nes	
	ES		WESTBOUND		Mark Special Function NO SPECIAL FUNCTI Traffic Control NO CONTROL Road Curvature		45		2		
	lost IT(	: Harmful Event: Collision W C <b>H</b>	/ith	'			CTION		Emergency Motor Vehicle Use NOT APPLICABLE		
		ic Way		_					Traffic Control Inoperative/Missing NO		
		D-WAY, NOT DIVIDED									
		ace Type						Road Grade			
		CKTOP (BITUMINOUS  k Bus or HazMat	)	CURVE R	IGH I	DOWNHILL					
	10	30 S. F.MEITIME									
	١	Vehicle									
		License Plate Number		Plate Type			St	Country of Is			
	ADD9702			AUT - AUTOMOBILE		WI	UNITED STATES				
3	5	Vehicle Identification Number 2G1WF52E839454014		Make	) FT		Year <b>2003</b>	Model IMPALA			
	2G1WF52E839454014         CHEVROLET           Color         Body Style				Bus Use						
			SD - SED	SD - SEDAN							
	4	Initial Contact Point	Vehicle Da	amage			•		7 8 9 10 11		
3	ة	12 - FRONT							6 12		
į	VEHIC	Extent Of Damage  NO DAMAGE	00 - NO I	DAMAGE					5 4 3 2 1		
	>	NO DAMAGE									
cons	in N	Notor Vehicle Crash	Thi	is report does not	include anv	CJIS data.			Crash Da	te <b>01/20/2024</b>	

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		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing		Vehicle Factors							
		NEGOTIATING CURVE		J							
		Driver Prior Action Other		NOT APPLICABLE							
LINO	VEHICLE	Driver Actions SPEED TOO FAST/COND									
	01	Owner Name JAN HANNA (608) 774-6590		Owner Address 731 W GRAND BELOIT, WI 535							
		Sequence Of Event	s								
	01	Event DITCH									
	02	Event									
	03	Event									
		Event									
	04										
╘		Policy Holder		1							
L		Insurance Company UNKNOWN		Name	name						
		Individual									
		Driver		Citations Issued							
	٦	ISAIAH HANNA-FUNMA	AKER	0	MALE						
_	INDIVIDUAL			Date of Birth	Date of Birth Race						
	Σ	Address		Driver License Number							
_	IND	S1064 WINNESHIEK ST WISCONSIN DELLS, W	Г I 53965 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On D	uty Crash	Safety Equipment							
	Gai		T	CHOILI DED 8 1							
		Row 01 - FRONT ROW	Seat Position	SHOULDER & LAP BELT							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
5	001		Severity	Airbag							
0	ŏ		APPARENT INJURY	NON DEPLOYED	)						
		Ejection Path   NOT EJECTED   NOT EJECTED/NOT APP		PLICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport		EMS Agency Identifier		EMS Run #					
	NOT TRANSPORTED										
		Hospital		Date of Death		Time of Death					
		Distracted By NOT	acted By Source APPLICABLE (NOT DISTE	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 <b>NO</b>	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						