WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Overrio | de Primary Crash I | Primary Crash Document # Crash Time 10:00 PM Time Notified 04:18 AM | | Agency Crash Number 24-02195 Date Arrived 03/04/2024 Total Units 01 | | Investigating Officer/Deputy DEPUTY J. HUNTER Time Arrived 04:24 AM | | | |
|-----------------------------|---|--|---|-----------|---|---------------|--|---------------------|--|--|
| 2 | Crash Date 03/03/2024 | | | | | | | | | |
| 7 | Date Notified 03/04/2024 | | | | | | Total Injured Total Kil | | lled | |
| ֡֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֟֝֟֟ | On Emergency | Hit and Run | Lane Clo | sure | Work Zone | Traile | er or | Towed | Reporting Threshold | |
| O I LUDODZI | Government Property | Active Sc | hool Zone | School B | Bus Related | Tags | | | | |
| | ∨ Reportable | Crash Type DT4000 (STA | NDARD CRAS | SH) | | Amer | nded | | Secondary Crash | |
| | Description | ' | | | | | | | | |
| | Diagram | | | | not | to scale | Pho DE | otos By EPUTY HU | NTER, DEPUTY | |
| | | Kings Co New Hav | rner Rd., Wes en Rd. | st of | | - | | ditional Infor | rmation | |
| | | | | | | | | | | |
| | | | | • | | | | | | |
| | telecommunication | | | | | | | | | |
| | | | | | | | | | | |
| | I, a sworn law enfo | | | | | | | UE 1 0 0 = - | | |
| | UNIT 1 WAS TRAVELING V WHICH CROSSED THE EA TELECOMMUNICATIONS S DUE TO THE OPERATOR'S | STBOUND LANE OF THE SHACK NOT MUCH LARGE | ROAD, ENTERED R THAN THE VE | THE DITCH | , AND CONTINUED TR | AVELING UNTIL | IT STF | RUCK AND E | ONTROL OF THE VEHICLE, ENTERED A HE CRASH IS UNKNOWN | |

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Crash Date 03/03/2024

Crash Time 10:00 PM

| ı | _oc | ation | | | | | | | | | |
|----|---|------------------------------------|--------------------------------|--------------------------|------------------------------|-------------------------------------|---------------|-----------------------------|----------------|---------------|--|
| ł | ON | KINGS CORNER RD | | | | Latitude | | | Longit | ude | |
| | 780 FT W | | | | | | 43.377233893 | | -89.774825438 | | |
| | IN THE TOWN OF SUMPTER IN SAUK COUNTY | | | | | | X Coordinate | | Y Coo | rdinate | |
| | | | | | | | 275212 | | 48064 | 147.5 | |
| | | | | | | | Туре | | 1 | | |
| | | | | | | UTILITY | | | | | |
| (| Cra | sh Scene | | | | | | | | | |
| 1 | | Harmful Event | | | | First Harm | nful Event Lo | cation | | | |
| | DIT | СН | | | | ROADSI | | | | | |
| ŀ | | ner of Collision | | | | Light Cond | | | | | |
| | 00 - | NO COLLISION W/VE | HICLE IN TRANSPORT | | | DARK/U | | | | | |
| ŀ | Road | d Surface Condition(s) | | | | Roadway | Factor(s) | | | | |
| | DR۱ | • | | | | | | | | | |
| - | Envi | ronment Factor(s) | | | | | | | | | |
| | МОИ | NE | | | | NONE | | | | | |
| ŀ | Wea | ther Condition(s) | | | | | | | | | |
| | CLE | AR | | | | | | | | | |
| ŀ | Anim | nal Type | | | | Relation T | o Trafficway | / | | | |
| | | | | | | | WAY - O | | | | |
| j | Cras | h Classification - Location | 1 | | | Crash Clas | ssification - | Jurisdiction | | | |
| | | BLIC PROPERTY | | | | | | SDICTION | | | |
| | Triba | al Land | | | | Access Co | | | | Special Study | |
| ļ | | | | | | NO CONTROL | | | | | |
| | With NO | in Interchange Area | Junction Location NON-JUNCTION | | Intersection | ion Type N INTERSECTION | | | | | |
| L | | | NON-OUND HON | | INOT AIT | INTLINOL | 011014 | | | | |
| | | t Summary Status | | L Vahiala On | orotina Ao C | loogification | | Hait Tone | | | |
| | | | | D CLASS | | Classification Unit Type AUTOMOBILE | | | | | |
| | IN TRANSIT Vehicle Type | | | | Operating As Endorsements | | | | | | |
| 5 | PASSENGER CAR | | | | | Operating As Endoisements | | | | Cilionio | |
| ŀ | | l Occs | Train/Bus # Recorded | Total # Citations Issued | | Total Trail | | ilers Total Ha | | azMat Types | |
| | 1 | . 0000 | Direction Of Travel | 5 Pre CrashTire Mark | | 0 | | 0 | | | |
| ŀ | Insu | rance? | | | | | | | | | |
| | NO | | WESTBOUND | | | | | | | | |
| | Most Harmful Event: Collision With | | | | Special Function | | | Emergency Motor Vehicle Use | | | |
| | OTTIER TIKED OBJECT | | | | CIAL FUNCTION NOT APPLICABLE | | | | | | |
| ſ | | | | Traffic Con | | Traffic Control Inoperative/Missing | | | rative/Missing | | |
| | | D-WAY, NOT DIVIDED | | | NO CONTROL | | | NO | | | |
| | Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat | | | | Road Curvature STRAIGHT | | | Road Grade | | | |
| ŀ | | | | STRAIGH | | | LEVEL | | | | |
| NO | | | | | | | | | | | |
| | , | Vehicle | | | | | | | | | |
| | License Plate Number AKB2676 Vehicle Identification Number 1G8ZH52871Z326269 | | | 7. | Plate Type | | | Country of Issuance | | | |
| | | | | | | | | UNITED STATES | | | |
| ı | | | | | | | | Model | | | |
| | | | | | | | 2001 | SL1 | | | |
| | | Color CDN CDEEN | | Body Style SD - SEDAN | | | | Bus Use | | | |
| | ш | GRN - GREEN Initial Contact Point | | | SD - SEDAN Vehicle Damage | | | | 1 | | |
| | 12 - FRONT Extent Of Damage DISABLING DAMAGE | | venicle Da | 15 - ALL AREAS | | | | | 7 8 9 10 11 | | |
| | | | 15 - ΔΙΙ | | | | | | 6 2 12 | | |
| , | DISABLING DAMAGE | | | | | 10-76 | | | 5 4 3 2 1 | | |
| | > DIONDEING DAIMAGE | | | | | | | | | | |

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| | | Towed Due To Damage | | Vehicle Removed By | | | | | |
|------|------------|---|-----------------------|--|---------------|--------------------------------|--|--|--|
| | | TOWED DUE TO DISABLII | NG DAMAGE | PLATTS WRECKER | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | GOING STRAIGHT | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| LIND | VEHICLE | Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER | | | | | | | |
| 0 | 01 | Owner Name ANTHONY STEENSEN-HO | DWELL | Owner Address 6319 PORTAGE RD DE FOREST, WI 53532, US | | | | | |
| | | Sequence Of Events | | | | | | | |
| | 01 | Event DITCH | | | | | | | |
| | 02 | Event OTHER FIXED OBJECT | | | | | | | |
| | 03 | Event | | | | | | | |
| | 04 | Event | | | | | | | |
| | i | ndividual | | | | | | | |
| | | Driver | | Citations Issued | | | | | |
| | ᆜ | GAGE MALITZ (608) 644-6023 | | 5 | MALE | | | | |
| ⊨ | DUA | (000) 044-0025 | | Date of Birth | Race WHITE | | | | |
| LIND | INDIVIDUAL | Address S7559 US HIGHWAY 12 # I NORTH FREEDOM, WI 539 | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | |
| | Saf | ety Equipment | Crasn | Safety Equipment | | | | | |
| | | Row Seat Position 01 - FRONT ROW 07 - LEFT | | RESTRAINT USE UNKNOWN | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| 2 | 00 | Injury Se Injury SUSPE | Airbag DEPLOYED-FRONT | | | | | | |
| | | Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLI | | | | Trapped/Extricated NOT TRAPPED | | | |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifi | er | EMS Run # | | | | |
| | | Hospital | | Date of Death | | Time of Death | | | |
| | | Distracted By UNKNO | ed By Source DWN | | | | | | |
| | | Distracted By Action UNKNOWN | | | | | | | |
| | | Non Motorist | Unit # Location | | | | | | |

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Crash Date 03/03/2024

Crash Time 10:00 PM

| | | Prior Action | | | | | | | | | |
|------|------------|--------------------------------------|---|---------------------------------|--|----------------------|-------------|--|--|--|--|
| | | Action | | | | | | | | | |
| | AL | | | | | | | | | | |
| UNIT | JD | | | | | | | | | | |
| 5 | INDIVIDUAL | | | | | | | | | | |
| | ≥ | Z | | | | | | | | | |
| | | Action Other | To/From School | | | | | | | | |
| | | | | | | | | | | | |
| | L | Orug & Alcohol | Suspected Alco | phol Use | Suspected Drug Use YES | | | | | | |
| | | Alcohol Test Given Alcohol Test Type | | e e | | Alcohol Test Results | | | | | |
| | | TEST NOT GIVEN | | | | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | | | | |
| 01 | Drug Type | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORM | MAL | | | | | | | | |
| | į | /iolations | | | | | | | | | |
| | 01 | UTC Number BG110246 | A 44 4444 A A A A A A A A A A A A A A A | | | | | | | | |
| | 02 | UTC Number BG110247 | Issue To? 001 | Statute Number 346.57(2) | Description FAILURE TO KEEP | | | | | | |
| | 03 | UTC Number BG110248 | Issue To? 001 | Statute Number 346.70(1) | Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT | | | | | | |
| | 04 | UTC Number BG110249 | Issue To? 001 | Statute Number 344.62(1) | Description OPERATE MOTOR VEHICLE W/O INSURANCE | | | | | | |
| | 02 | UTC Number BG110250 | Issue To? 001 | Statute Number 341.61(2) | Description DISPLAY UNAUTH. | VEH. REGISTRA | ATION PLATE | | | | |