WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overric		sh Document#	Agency Crash Number Investigatin 24-02672 DEPUTY			ficer/Deputy	
Crash Date 03/17/2024				Arrived 1 /2024	Time Arrived 03:19 PM		
Date Notified Time Notified 03/17/2024 03:14 PM			Total 02	Jnits	Total Injured 02	Total Kill	ed
On Emergency	Hit and Run	✓ Lane Clo	sure	Work Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active	School Zone	School NO	l Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (S	TANDARD CRAS	SH)		Amended		Secondary Crash
escription Diagram					R	econstructio	on By
1							·
	NOT TO	SCALE			Pi	notos By	
*					K	MUELĹER	R
					Δ	dditional Info	ormation
	1 3	\				HOTOS	omation
		")_					
	<u> </u>	THE STATE OF THE S					
		1 1 2000			eren en		
	(CEXES)	02	0	44-)1 SERRED		
02	الستا		-	05			

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L	_oca	ation ——										
·		E3217 USH14 EB					Latitude			Longitud	de	
	0.65	MI W			43.19086544			-90.159	940661			
		ONALD RD			X Coordinate			Y Coord	linate			
	(FIR	E E3217)		243272.09375 4786857.5								
	IN TI	HE TOWN OF SPRING	GREEN				Structure ⁻	Туре		1		
	IN S	AUK COUNTY					FIRE					
(Cras	sh Scene										
_		Harmful Event					First Harm	nful Event Lo	ocation			
	мот	OR VEH IN TRANSPO	ORT				ON ROA	DWAY				
ľ	Mann	er of Collision					Light Cond	dition				
	02 -	FRONT TO FRONT					DAYLIGI	HT				
	Road	Surface Condition(s)					Roadway	Factor(s)				
	DRY											
ŀ	Envir	onment Factor(s)										
	NON	` ,					NONE					
							-					
		her Condition(s)										
	CLE	AR										
ļ	Anima	al Type					Relation T	o Trafficway	/			
L								CWAY - ON				
		Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
L		LIC PROPERTY Land								Special Study		
	Пра	i Lanu					Access Control NO CONTROL				Special Study	
ŀ	Withi	n Interchange Area	Junction Location			Intersection		INOL				
	NO	go /ou	NON-JUNCTION				INTERSE	CTION				
ŀ	Closu	ire Type			Reasc	ns for Closu	osure					
	FUL	L CLOSURE										
	Date	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed	d	LAW	ENFORC	CEMENT, TOW TRUCK, FIRE/EMS, MED FLIGHT					
		7/2024	03:19 PM									
		All Lanes Open	Time All Lanes Open		Date Scene Cleare			ared Time Scene Cleared 04:22 PM				
L		7/2024	04:22 PM		03/17	/2024		04:	:22 PM			
		Summary Status		I \/- -:	-l- O	ti A - O	: <i>E</i> :+:		Luce			
		RANSIT			cie Ope LASS	rating As C	assification	l	Unit Type AUTOMOI)II E		
L		ele Type		D C	LASS				Operating A		ments	
		SENGER CAR										
ŀ		Occs	Train/Bus # Recorded	Total # Citations Iss				Total Traile	ers	Total HazMat Types		
	1			0			0		0			
		ance?	Direction Of Travel		Pre	CrashTire	ire Speed		nit	Total Lan	es	
	YES		WESTBOUND			Mark		55	2			
		Harmful Event: Collision \			cial Fun	ction I AL FUNC	TION		Emergency NOT APPI			
		OR VEH IN TRANSPO	JRI									
		D-WAY, NOT DIVIDED			ic Conti CONT				Traffic Control Inoperative/Missing NO Road Grade LEVEL			
		ce Type			d Curva							
		CKTOP (BITUMINOUS	S)		AIGH							
		Bus or HazMat	•						I			
l	NO											
_	•	/ehicle										
	\ \		15.	o Type			St	Country of Is	suance			
	\ 	License Plate Number Plate Type							UNITED STATES			
		License Plate Number AEY2146				TOMOBIL	E	WI	UNITED ST			
5	_			AU Mak	T - AU	TOMOBIL	E		UNITED ST	ATES		

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		Color		Body Style		Bus Use						
		GRY - GRAY		SD - SEDAN								
	щ	Initial Contact Point	,	Vehicle Damage								
╘	딩	11 - LEFT FRONT CORNER		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE								
UNIT	VEHICL	Extent Of Damage		FRONT, 08 - LEFT S			5 4 3 2 1					
	>	DISABLING DAMAGE		MIDDLE, 10 - LEFT	SIDE FRONT, 11 -	LEFT FRONT C	3 4 3 2 1					
		Towed Due To Damage TOWED DUE TO DISABLING		Vehicle Removed By								
		What Driver Was Doing		Vehicle Factors								
		GOING STRAIGHT										
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions NO CONTRIBUTING ACTION	NI .									
	VEHICLE	NO CONTRIBUTING ACTION	V									
UNIT	$\stackrel{\circ}{=}$											
רן	垣											
		Owner Name		Owner Address								
01	2	POUL TRANSO (608) 485-0498		5328 CTH MS	53805 US							
0	0	(000) 400 0400		BOSCOBEL, WI 53805 , US								
		Do muse of Fuents										
	,	Sequence Of Events Event										
	2	MOTOR VEH IN TRANSPOR	RT									
	7	Event										
	02											
	03	Event										
		Event										
	9	Lvent										
		Policy Holder										
UNIT		Insurance Company Individual										
n		AMERICAN-FAMILY-INS-CO		POUL TRANSO								
	ı	Individual										
		Driver		Citations Issued	Sex							
	Ļ	POUL TRANSO (608) 485-0498		0	MALE							
	DUAI	(000) 400 0400		Date of Birth	Race WHITE							
늘	=	Address		Driver License Number								
N	INDIN	5328 CTH MS										
	Z	BOSCOBEL, WI 53805, US		STATE: WISCONSIN COUNTRY: UNITED STATES								
	Sat	On Duty Ci fety Equipment	rash	Safety Equipment								
	Oai		Ta . a									
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAF	PELI							
		Helmet Use	10. 22	Helmet Compliance								
				·								
		Eye Protection		Tint Compliance								
		I Indiana C	arity.	Airbog								
2	90	Injury Seve	TED SERIOUS INJUR	Airbag DEPLOYED-FRON	IT							
			ection Path	DEI EGTED-I KON		Trapped/Extricated						
		-	OT EJECTED/NOT APPI	LICABLE		NOT TRAPPED						
		Medical Transport		EMS Agency Identifie	r	EMS Run #						
		EMS GROUND		6000554		24B020						

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Crash Date 03/17/2024

Crash Time 03:14 PM

		Hospital	Date of Death		Time of D	Time of Death					
		UW HEALTH-AMERICA	racted By Source	<u> </u>							
		Distracted By UNI	KNOWN								
		Distracted By Action UNKNOWN									
		Non Motorist Strik	king Unit#	Location							
		Prior Action									
		Action									
	Ļ										
⊨	חם										
LIND	INDIVIDUAL										
	Ĭ										
		Action Other							To/From School		
	L	Orug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO						
		Alcohol Test Given		Alcohol Test Type	<u> </u>	Alcohol To	Alcohol Test Results				
		TEST NOT GIVEN Drug Test Given		Drug Test Type	Drug Test Res		Results	ilts			
	_	TEŠT NOT GIVEN Drug Type									
5	001	The type									
		Individual Condition									
		APPEARED NORMAL									
	Linit	Summary ===									
		Status ———		V	ehicle Operating As Class	sification	Unit Type				
		RANSIT		D	CLASS			AUTOMOBILE			
05		cle Type SENGER CAR		•			Operating	Operating As Endorsements			
		al Occs Train/Bus # Recorded			Total # Citations Issued Total Tra			Total HazN	Mat Types		
	1			1	(0			
_	Insur YES	ance?	Direction Of Tra		Pre CrashTire Mark	Tire Speed Lin		Total Lane	S		
LNO	Most	t Harmful Event: Collision With			pecial Function		cy Motor Vehic	ele Use			
_		FOR VEH IN TRANSPOR	RT		raffic Control	JN		NOT APPLICABLE Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDED			O CONTROL		NO	'			
	Surface Type				oad Curvature			Road Grade			
		CKTOP (BITUMINOUS) Bus or HazMat		s	TRAIGHT		LEVEL	LEVEL			
	NO	C DUS OF FIAZIVIAL									
	1	/ehicle									
			Plate Type	Country of	Country of Issuance						
		License Plate Number				St WI	UNITED	STATES			
~		License Plate Number ALU9285 Vehicle Identification Number	per	A	AUT - AUTOMOBILE Make	WI Year	r Model	STATES			
02	02	ALU9285	per	M 7	AUT - AUTOMOBILE	wı	r Model	STATES			

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_	;LE	Initial Contact Point 10 - LEFT SIDE FRONT			Veh	icle Damage	7 8 9 10 11					
UNIT	VEHICLE				15	- ALL AREAS		6 5 4 3 2 1				
		Towed Due To Damage			Veh	icle Removed By						
		TOWED DUE TO DISA What Driver Was Doing	BLING		/oh	icle Factors						
		GOING STRAIGHT			v CIII	icie i actors						
		Driver Prior Action Other		N	NO.	T APPLICABLE						
		Driver Actions		LATED LANE								
_	LE	FAILED TO KEEP IN DESIGNATED LANE										
LIND	VEHICL											
		Owner Name				Owner Address						
05	02	NATHAN BERESFORD (920) 282-6625)			603 SOMMERSET SPRING GREEN, V						
)	(* 1)				,	,					
		Sequence Of Even	s									
	01	Event CROSS CENTERLINE										
	02	Event MOTOR VEH IN TRANS	SPOR	т								
	03	Event										
	04	Event										
_		L Policy Holder										
UNIT		Insurance Company			In	ndividual						
_		STATE-FARM-GENER	AL-IN	S-CO	NATHAN BERESFORD							
	l	Individual			-	itations Issued						
		Driver JAYNE BERESFORD	Driver JAYNE BERESFORD				Sex FEMALE					
	IAL	(920) 282-6625				ate of Birth	Race					
⊨	IDINIDUAL					WHITE						
	DIV	Address 603 SOMMERSET RD				Driver License Number						
	Z	SPRING GREEN, WI 53588 , US			STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Duty Crash fety Equipment				Safety Equipment						
		Row 01 - FRONT ROW		Seat Position 07 - LEFT	SHOULDER & LAP BELT							
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
02	002	Injury Injury SUS	Seve	TED SERIOUS INJUR		irbag EPLOYED-FRONT						
		Ejected		ection Path				Trapped/Extricated				
		NOT EJECTED	N	OT EJECTED/NOT APPL				TRAPPED/EXTR	ICATED			
		Medical Transport EMS AIR				MS Agency Identifier 001285		EMS Run # 24030172				
		Hospital				ate of Death		Time of Death				
		UW HEALTH-AMERICAN CENTER										

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		Distracted By	Distracted By So UNKNOWN	ource				
		Distracted By Action UNKNOWN						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
LNN	INDIVIDUAL							
	Z							
		Action Other						To/From School
		, todon Guioi						Total Concor
	1	Drug & Alcohol	NO Suspected Alco	hol Use	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results		
		TEST NOT GIVEN		2.49 . 551 . 7,75		Drug Test Nesulis		
05	005	Drug Type						
		Individual Condition						
		APPEARED NORM	IAL					
	,	Violations						
	5	UTC Number BG111497	Issue To? 002	Statute Number 346.05(1)	Description OPERATING LEFT (OF CENTER		