# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|                | Document Number Override                                    | Primary Crash Document         |                 |                      |                       | ng Officer/Deputy<br>NNT T. CLAUER |                        |  |
|----------------|---|--------------------------------|-----------------|----------------------|-----------------------|------------------------------------|------------------------|--|
| 벌              | Crash Date <b>04/02/2024</b>                                | Crash Time<br>10:51 AM         | Date A<br>04/02 |                      | Time Arrived 11:17 AM |                                    |                        |  |
| _              | Date Notified <b>04/02/2024</b>                             | Time Notified 10:55 AM         | Total U         | Jnits                | Total Injured Total K |                                    | Killed                 |  |
| )-<br> -<br> - | On Emergency Hit  | and Run Lar                    | ne Closure      | ☐ Work Zone          | Trailer               | or Towed                           | Reporting Threshold    |  |
| 119<br>        | Government Property   | Active School Zo               | ne School       | Bus Related          | Tags                  |                                    |                        |  |
|                | <b>✓</b> Reportable   | Crash Type<br>DT4000 (STANDARD | CRASH)          |                      | Amend                 | ed                                 | Secondary Crash        |  |
| _              | Diagram   |                                |                 |                      |                       | Reconstruction                     |                        |  |
|                |   |                                |                 |                      |                       | Photos By                          |                        |  |
|                | 4 A A UT  |                                |                 | 0                    |                       | Additional Info                    | ormation               |  |
|                |   |                                | <u> </u>        |                      |                       |                                    |                        |  |
|                |   | NOT TO SCALE                   | Ε               |                      |                       |                                    |                        |  |
| -              | ✓ I, a sworn law enforceme                                  | nt officer, agree that I       | have not adde   | d any CJIS data in t | his report.           |                                    |                        |  |
| -              | UNIT ONE WAS TRAVELING NORT<br>AND A CULVERT AREA. NO INJUR |                                |                 |                      | WAY. UNIT ONE LE      | FT THE ROAD                        | WAY STRIKING THE DITCH |  |

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|      | Loc   | ation                         |                                |                                  |  |   |                              |  |               |          |  |  |
|------|---|-------------------------------|--------------------------------|----------------------------------|--|---|------------------------------|--|---------------|----------|--|--|
| ł    |   | CTHH NB                       |                                |                                  |  | Latitude  |                              |  | Longit        | tude     |  |  |
|      |   | FTE                           |                                |                                  |  | 43.594303677  |                              |  | -89.9         | 30323549 |  |  |
|      |   | CHERRY LN<br>HE TOWN OF DELLO | ONA                            |                                  |  | X Coordinate  |                              |  | Y Coo         | ordinate |  |  |
|      |   | AUK COUNTY                    |                                |                                  | 263463.78125                                 |   |                              | 4830                                       | 987.5         |          |  |  |
|      |   |                               |                                |                                  |  | Structure Type NO STRUCTURE                                 |                              |  |               |          |  |  |
|      | Cra   | sh Scene                      |                                |                                  |  | ino o in  | 0010KE                       |  |               |          |  |  |
| 1    |   | Harmful Event                 |                                |                                  |  | Firet Harn  | nful Event L                 | ocation                                    |               |          |  |  |
|      | DIT   |                               |                                |                                  |  |   | DER RIGH                     |  |               |          |  |  |
|      |   | ner of Collision              |                                |                                  |  | Light Condition   |                              |  |               |          |  |  |
|      | 00 -  | NO COLLISION W/VI             | EHICLE IN TRANSPORT            |                                  | DAYLIC                                       |   | DAYLIGHT  Roadway Factor(s)  |  |               |          |  |  |
|      | Road  | d Surface Condition(s)        |                                |                                  |  |   |                              |  |               |          |  |  |
|      | SLU   | SLUSH                         |                                |                                  |  |   |                              |  |               |          |  |  |
|      | Envi  | ronment Factor(s)             |                                |                                  | NONE   |   |                              |  |               |          |  |  |
|      | WE  | ATHER CONDITIONS              | <b>;</b>                       |                                  |  |   |                              |  |               |          |  |  |
|      | Wea   | ther Condition(s)             |                                |                                  |  |   |                              |  |               |          |  |  |
|      | SLE   | ET/HAIL                       |                                |                                  |  |   |                              |  |               |          |  |  |
|      | Anim  | nal Type                      |                                |                                  |  | Relation 7  | o Trafficwa                  | у  |               |          |  |  |
|      |   |                               |                                |                                  |  |   |                              | TRAFFICWAY - ON ROAD                       |               |          |  |  |
|      | Crash Classification - Location PUBLIC PROPERTY     |                               |                                |                                  |  | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |                              |  |               |          |  |  |
|      | _   | al Land                       |                                |                                  |  |   | Access Control Special Study |  | Special Study |          |  |  |
|      |   |                               |                                |                                  | NO CONTROL                                   |   |                              |  |               |          |  |  |
|      | With NO   | in Interchange Area           | Junction Location NON-JUNCTION |                                  | NOT AN                                       | on Type<br>INTERSE  | CTION                        |  |               |          |  |  |
|      | Uni   | t Summary =                   |                                |                                  |  |   |                              |  |               |          |  |  |
|      | Unit Status Vehicle Operating As Cla                |                               |                                |                                  | Classification Unit Type                     |   |                              |  |               |          |  |  |
|      | IN T  | IN TRANSIT D CLASS            |                                |                                  | 3  | AUTOMOBILE  |                              |  |               |          |  |  |
| 01   | Vehicle Type  |                               |                                |                                  |  |   |                              | Operating As Endorsements                  |               |          |  |  |
| 0    | -   | ORT) UTILITY VEHIC            |                                | T=                               |  |   |                              |  |               |          |  |  |
|      | Total Occs Train/Bus # Recorded  01                 |                               | 1 otal # Cita                  | Total # Citations Issued  0      |  | Total Trailers  0   |                              | Total HazMat Types  0                      |               |          |  |  |
|      | Insu  | rance?                        | Direction Of Travel            | Pre                              | Pre CrashTire                                |   | Speed Lin                    | mit Total Lanes                            |               | anes     |  |  |
| ╘┃   | YES NORTHBOUND                                      |                               |                                |                                  |  |   | 55                           |  | 02            |          |  |  |
| UNIT | Most Harmful Event: Collision With                  |                               |                                |                                  | Special Function NO SPECIAL FUNCTION         |   | •                            | Emergency Motor Vehicle Use NOT APPLICABLE |               |          |  |  |
|      | DITCH   |                               |                                |                                  |  |   |                              |  |               |          |  |  |
|      |   | -                             |                                |                                  | Traffic Control NO CONTROL                   |   |                              | Traffic Control Inoperative/Missing  NO    |               |          |  |  |
|      |   |                               | ,                              |                                  | Road Curvature                               |   |                              | Road Grade                                 |               |          |  |  |
|      | Surface Type BLACKTOP (BITUMINOUS)                  |                               |                                |                                  | STRAIGHT                                     |   | LEVEL                        |  |               |          |  |  |
|      |   | k Bus or HazMat               |                                |                                  |  |   |                              |  |               |          |  |  |
|      | NO  |                               |                                |                                  |  |   |                              |  |               |          |  |  |
|      | ,   | Vehicle                       |                                | 1                                |  |   | Lo                           |  |               |          |  |  |
|      |   | License Plate Number AUD1925  |                                |                                  | Plate Type  AUT - AUTOMOBILE                 |   | St<br>WI                     | Country of Issuance UNITED STATES          |               |          |  |  |
|      |   | Vehicle Identification Nu     |                                |                                  |  | Year  | Model                        |  |               |          |  |  |
| 5    | 2GNALDEK2D6412356  Color GRN - GREEN                |                               |                                |                                  |  |   | 2013                         | EQUINOX                                    |               |          |  |  |
|      |   |                               |                                |                                  |  |   | I.                           | Bus Use                                    |               |          |  |  |
|      |   |                               |                                |                                  | 4D - 4DR  Vehicle Damage                     |   |                              |  |               |          |  |  |
|      | Initial Contact Point  12 - FRONT  Extent Of Damage |                               | Vehicle Da                     |                                  |  |   |                              | 7 8 9 10 11                                |               |          |  |  |
|      |   |                               |                                | 01 - RIGHT FRONT CORNER, 02 - RI |  |   |                              | _  | 6 7 8 9 10 11 |          |  |  |
| 5    | 표   | Extent Of Damage              |                                |                                  | FRONI, 10 - LEFT SIDE FRONI, 11 - LEFT FRONI |   |                              | 5 4 3 2 1                                  |               |          |  |  |
|      | 5   | DISABLING DAMAGE              |                                | SOMME                            | CORNER, 12 - FRONT, 14 - UNDERCARRIAGE       |   |                              |  |               |          |  |  |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 04/02/2024
Crash Time 10:51 AM

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|     |                                      | Towed Due To Damage                | Ve                    | ehicle Removed By     |             |                    |  |  |
|-----|--------------------------------------|------------------------------------|-----------------------|-----------------------|-------------|--------------------|--|--|
|     |                                      | TOWED DUE TO DISABLING DA          | MAGE CI               | CRAIGS TOWING         |             |                    |  |  |
| l   |                                      | What Driver Was Doing              | Ve                    | ehicle Factors        |             |                    |  |  |
|     |                                      | GOING STRAIGHT                     |                       |                       |             |                    |  |  |
|     |                                      | Driver Prior Action Other          | N                     | NOT APPLICABLE        |             |                    |  |  |
|     |                                      |                                    |                       |                       |             |                    |  |  |
|     |                                      | Driver Actions SPEED TOO FAST/COND |                       |                       |             |                    |  |  |
| l_  | <b>"</b>                             | SPEED TOO PAST/COND                |                       |                       |             |                    |  |  |
| I N | ≌                                    |                                    |                       |                       |             |                    |  |  |
| ⋾   | VEHICLE                              |                                    |                       |                       |             |                    |  |  |
|     | >                                    |                                    |                       |                       |             |                    |  |  |
|     |                                      | Owner Name                         |                       | Owner Address         |             |                    |  |  |
|     |                                      | MELANIE SCHOLZ                     |                       | 2223 DORIS RD         |             |                    |  |  |
| 2   | 2                                    | (920) 517-5170                     |                       | REEDSBURG, WI         | 53959 , US  |                    |  |  |
|     |                                      |                                    |                       |                       |             |                    |  |  |
|     | ;                                    | Sequence Of Events                 |                       | •                     |             |                    |  |  |
|     | 2                                    | Event DITCH                        |                       |                       |             |                    |  |  |
|     | 0                                    |                                    |                       |                       |             |                    |  |  |
|     | 05                                   | Event                              |                       |                       |             |                    |  |  |
|     |                                      | Event                              |                       |                       |             |                    |  |  |
|     | 33                                   | Event                              |                       |                       |             |                    |  |  |
|     | _                                    | Event                              |                       |                       |             |                    |  |  |
|     | 8                                    |                                    |                       |                       |             |                    |  |  |
|     |                                      | Policy Holder                      |                       |                       |             |                    |  |  |
| F   |                                      | Insurance Company                  |                       | Individual            |             |                    |  |  |
| 5   |                                      | ERIE-INS-CO                        |                       | MELANIE SCHOLZ        |             |                    |  |  |
|     |                                      | Individual                         | •                     |                       |             |                    |  |  |
|     |                                      | Driver                             | Citations Issued      | Sex                   |             |                    |  |  |
|     | _                                    | MELANIE SCHOLZ<br>(920) 517-5170   |                       | 0 FEMALE              |             |                    |  |  |
|     | INDIVIDUAL                           |                                    |                       | Date of Birth Race    |             |                    |  |  |
| L   | ₽                                    |                                    |                       | WHITE                 |             |                    |  |  |
| FIN | É                                    | Address<br>2223 DORIS RD           | Driver License Number |                       |             |                    |  |  |
|     | Z                                    | REEDSBURG, WI 53959 , US           |                       |                       |             |                    |  |  |
|     |                                      |                                    |                       |                       |             |                    |  |  |
|     |                                      | On Duty Crash                      |                       | Safety Equipment      |             |                    |  |  |
|     | Sat                                  | fety Equipment                     |                       | -1-1                  |             |                    |  |  |
|     |                                      | Row Seat Position                  |                       | SHOULDER & LAP BELT   |             |                    |  |  |
|     |                                      | 01 - FRONT ROW 07 -                | LEFT                  |                       |             |                    |  |  |
|     |                                      | Helmet Use                         |                       | Helmet Compliance     |             |                    |  |  |
|     |                                      | E Data-i                           |                       |                       |             |                    |  |  |
|     |                                      | Eye Protection                     |                       | Tint Compliance       |             |                    |  |  |
| _   | _                                    | Injury Severity                    | -                     | Airbag                |             |                    |  |  |
| 9   | 90                                   | Injury NO APPAREN                  | T INJURY NON DEPLOYED |                       |             |                    |  |  |
|     |                                      | Ejected Ejection Path              |                       |                       |             | Trapped/Extricated |  |  |
|     |                                      | NOT EJECTED NOT E                  | LICABLE               |                       | NOT TRAPPED |                    |  |  |
|     | Medical Transport                    |                                    |                       | EMS Agency Identifier |             | EMS Run #          |  |  |
|     |                                      | NOT TRANSPORTED  Hospital          |                       | Data of Dooth         |             |                    |  |  |
|     | Hospital Date of Death Time of Death |                                    |                       |                       |             |                    |  |  |
|     |                                      | Distracted By So                   | urce                  |                       |             |                    |  |  |
|     |                                      | Distracted By NOT APPLICA          | BLE (NOT DISTRAC      | TED)                  |             |                    |  |  |
|     |                                      | Distracted By Action               |                       |                       |             |                    |  |  |
|     |                                      | NOT DISTRACTED                     |                       |                       |             |                    |  |  |

Wisconsin Motor Vehicle Crash Form DT4000

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Crash Date 04/02/2024
Crash Time 10:51 AM

SC24-03223

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|         |            | Non Motorist Striking Unit #                 | Location          |  |                   |                      |                   |
|---------|------------|--|-------------------|--|-------------------|----------------------|-------------------|
|         |            | Prior Action                                 |                   |  |                   |                      |                   |
| TIND    | INDIVIDUAL | Action                                       |                   |  |                   |                      |                   |
|         |            | Action Other                                 |                   |  |                   |                      | To/From School    |
|         | 1          | Drug & Alcohol NO                            |                   | Suspected Drug Use NO                                    |                   |                      |                   |
|         |            | Alcohol Test Given TEST NOT GIVEN            | Alcohol Test Type | е  |                   | Alcohol Test Results |                   |
|         |            | Drug Test Given TEST NOT GIVEN               | Drug Test Type    |  | Drug Test Results | 3                    |                   |
| 2       | 00         | Drug Type                                    |                   |  |                   |                      |                   |
|         |            | Individual Condition  APPEARED NORMAL        |                   |  |                   |                      |                   |
|         | Pro        | perty Owner                                  |                   |  |                   |                      |                   |
| PROP 01 | (608       | ernment<br>JK COUNTY HWY DEPT<br>3) 356-3855 |                   | Address<br>620 STH 136<br>PO BOX 26<br>BARABOO, WI 53913 | , US              |                      |                   |
|         | Fixe       | ed Objects Struck                            |                   |  |                   |                      |                   |
|         | 2          | Striking Unit Struck Object  O1 DITCH        |                   |  |                   | Structure Number     | Damage Tag Number |