WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Do	cument Number Overri	de	Primary Crash [Document #	Agency Crash Number		Investigating Officer/Deputy		
- C	ash Date		Crash Time 04:22 PM Time Notified 04:22 PM		24-03234 Date Arrived 04/02/2024 Total Units 01		DEPUTY B. GOODREAU Time Arrived 04:33 PM		
04	/02/2024								
	te Notified /02/2024						Total Injured 00		
קר <u> </u>	On Emergency Hit		and Run	Lane Clos	ure	Work Zone Trailer		or Towed	Reporting Threshold
ر ا دُ	Government Property	Active Sc	Active School Zone		Bus Related	Tags			
	Reportable		Crash Type DT4000 (STA	NDARD CRASH	NO 1)		Amendo	ed	Secondary Crash
De	scription =		•				•		
, the state of the	HW Slush	Y12 NB	Units and to scale. Approx se events. BG9113.	equence of				Photos By 9113 Additional Info PHOTOS	
UN	IIT 1 WAS TRAVELING	NB HWY	12, NEAR S GASS	SER RD. WHEN HE	HIT A LA	d any CJIS data in the RGE SLUSH PILE. UNIT PULLED THE VEHICLE C	1 SLID OFF THE H	WY, AND INTC BG9113.	THE DITCH. UNIT 1 CA

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	Loc	ation								<u> </u>	
		USH12 EB				Latitude			Longit	tude	
	0.72	2 MI S							_	7797012	
		S GASSER RD				X Coordinate			Y Coc	ordinate	
		HE TOWN OF BARA	воо			275171.4375			4812	880	
		Act Cock i				Structure Type NO STRUCTURE					
		-1-0									
		sh Scene									
		Harmful Event					nful Event Lo	ocation			
	DIT	CH ner of Collision				ON ROA					
			EHICLE IN TRANSPORT			Light Con					
		d Surface Condition(s)	ENICLE IN TRANSPORT			Roadway					
		T, SNOW, SLUSH				rtoadway	T actor(3)				
	Envi	ronment Factor(s)									
		ATHER CONDITIONS	;			NONE					
	Wea	ther Condition(s)									
		DUDY, RAIN, SNOW,	SLEET/HAIL								
	Anin	nal Type				Relation T	To Trafficwa	v			
						TRAFFIC	CWAY - OI	N ROAD			
		th Classification - Location BLIC PROPERTY	n			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Triba	al Land			Access Control NO CONTROL				Special Study		
	With	in Interchange Area	Junction Location		Intersectio	tion Type					
	NO	· ·	NON-JUNCTION			INTERSE	CTION				
	Uni	t Summary =									
		Status		Vehicle Op	erating As Cl	lassification	1	Unit Type			
	IN T	IN TRANSIT D CLASS					AUTOMOBILE				
7	Vehicle Type					Operating As Endorsements			sements		
0		ORT) UTILITY VEHIC									
	Tota 2	I Occs	Train/Bus # Recorded	Total # Cita	ations Issued	ed Total Trail 0		ers	Total HazMat Types 0		
	Insu	rance?	Direction Of Travel	Pre	CrashTire	1	Speed Lin	nit	Total Lanes		
╘	YES	YES NORTHBOUND			Mark		65		4		
LNO		t Harmful Event: Collision		Special Function NO SPECIAL FUNCTION				ncy Motor Vehicle Use PPLICABLE			
_	DIT										
		ic Way I DED HWY W/TRAFF I	IC DADDIED		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
		ace Type	DARRIER	Road Curva			Road Grade				
		ACKTOP (BITUMINOL	JS)	STRAIGH				LEVEL			
		k Bus or HazMat						1			
	NO										
	,	Vehicle									
		License Plate Number		Plate Type		St	Country of Issuance				
		LTM950		JTOMOBIL	.E	MN	UNITED ST	ATES			
	2	Vehicle Identification Nu 1GKEK13Z93R1990	ımper	wake	Make GENERAL MOTORS CO		Year	Model YUKON			
01				GENER/	AL MOTOR	S COR	2003	YUKON			
0		Color		GENERA Body Style		S COR	2003	YUKON Bus Use			
2				Body Style			2003				
	щ	Color		Body Style	е ГСНВАСК		2003			7 9 0 10 11	
		Color GLD - GOLD Initial Contact Point 12 - FRONT		Body Style 4H - HAT Vehicle Da	FCHBACK of amage	4 DOOR		Bus Use		7 8 9 10 11	
UNIT 01	VEHICLE	Color GLD - GOLD Initial Contact Point		Body Style 4H - HAT Vehicle Da 01 - RIG	е ГСНВАСК	4 DOOR		Bus Use		7 8 9 10 11 6 2 2 2 12 5 4 3 2 1	

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		Towed Due To Damage			hicle Removed By					
		NOT TOWED			RAIGS TOWING					
		What Driver Was Doing GOING STRAIGHT		Ve	hicle Factors					
		Driver Prior Action Other		$ _{NC}$	OT APPLICABLE					
		Driver Prior Action Other		'''	JI AI I LIOADEL					
		Driver Actions								
	ш	SPEED TOO FAST/COND								
⊨	占									
L	Ĭ									
_	VEHICLE									
		Owner Name			Owner Address					
2	2	FIX IT TOW IT PLOW IT A (872) 301-6414	UTO SERVICE LLC		519 BELVIDERE ST APT 2	Г				
0	0	(072) 301-0414			ST PAUL, MN 5510	7 . US				
					, ,	,				
	;	Sequence Of Events								
	2	MOTOR VEH IN TRANSPO	ORT							
	02	Event DITCH								
	က	Event								
	03	Event								
	04	Lvent								
⊨		Policy Holder								
LNO		Insurance Company	OF 00		Organization/Company FIX IT TOW IT PLOW IT AUTO SERVICE LLC					
		ACCEPTANCE-INSURAN	CE-CO		FIX II TOW II PLOW	/ II AUTO SERV	VICE LLC			
		Individual								
		Driver DONTAE WILLIAMSON			Citations Issued	Sex MALE				
	A	(872) 301-6414			0 Date of Birth					
-	INDIVIDUAL				Date of Birtin	BLACK/AFRICAN AMERICAN				
L N N	Σ	Address			Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES					
_	呈	12763 S ADA ST CALUMET PARK, IL 6082	7 119							
	_	CALOWET FARK, IL 0002	7 ,00							
		On Duty	Croch		O-f-t-Fint					
	Sai	fety Equipment	Crasn		Safety Equipment					
		Row Seat Position			SHOULDER & LAP E	BELT				
		01 - FRONT ROW	07 - LEFT							
		Helmet Use	I		Helmet Compliance					
		Eye Protection			Tint Compliance					
_	Σ	Injury Se	everity		Airbag					
2	90	<i>Injury</i> NO AP	PARENT INJURY		NON DEPLOYED					
		Ejected	Ejection Path		Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT A				NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
		Ποσρικαι			Date of Death		Time of Death			
		Distracted By NOT A	ed By Source PPLICABLE (NOT DIST	RAC1	ΓED)					
		Distracted By Action								
I		NOT DISTRACTED								

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		_								
		Non Motorist	Striking Un	it#	Location					
		Prior Action								
		Action								
		Action								
	AL									
╘	INDIVIDUAL									
UNIT	Ξ									
	ND									
		Action Other							To/From School	
		, louidir Guilei							Ton Toni Concer	
		Drug & Alcohol	Suspected	Alcohol Us	se	Suspected Drug Use				
		Alcohol Test Given	NU		Alashal Test Time			Alcohol Test Results		
		TEST NOT GIVEN			Alcohol Test Type	•		Alconol Test Results		
		Drug Test Given			Drug Test Type		Drug Test Results	<u> </u>		
		TEST NOT GIVEN								
7	001	Drug Type								
		Individual Condition								
		APPEARED NORM	IAL							
	Ì	Individual								
		Passenger JAYLEN GUNN				Citations Issued	Sex			
	AL	(812) 679-5531				0 Date of Birth	MALE Race			
⊢	INDIVIDUAL					Bate of Birth	BLACK/AFRIC	AN AMERICAN		
LIND	N	Address	ress :12 SANGAMON ST			Driver License Number				
	Z	HARVEY, IL 60426				STATE: ILLINOIS COUNTRY: UNITED STATES				
	Sat	fety Equipment	On Duty Cr	ash		Safety Equipment				
		Row	Seat Posi		sition	SHOULDER & LAI				
		01 - FRONT ROW								
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
01	005	Injury Severity NO APPARENT INJURY				Airbag NON DEPLOYED				
		Ejected		ection Pat		NON BEFEOTED		Trapped/Extricated		
		NOT EJECTED	N	OT EJEC	TED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifie	r	EMS Run #		
		Hospital				Date of Death		Time of Death		
		Distracted By	Distracted	By Source						
		Distracted By Action								
			0.11.							
		Non Motorist	Striking Un	Ιτ #	Location					

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I		Prior Action										
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İ		Action										
	1											
	Ų											
L	<u> </u>											
>	INDIVIDUAL											
	Z											
		A 11 O11						T. /5				
		Action Other						To/From School				
ŀ		Suspected Alcohol Use		lse	Suspected Drug Use							
	L	Drug & Alcohol NO		,00	NO							
ŀ		Alcohol Test Giver	nol Test Given		уре		Alcohol Test Results					
		TEST NOT GIVEN		,	•							
İ		Drug Test Given		Drug Test Type	rug Test Type Drug Test Resul		3					
		TEST NOT GIVEN										
2	002	Drug Type										
•	0											
ŀ		Individual Condition										
		APPEARED NO	RMAL									
I	D											
		perty Owne										
0	SAL	ernment JK COUNTY HW	Y DEPT		Address 620 STH 136							
	(608	3) 356-3855			PO BOX 26							
PROP OWNER					BARABOO, WI 53913 , US							
	Fixe	ed Objects St	ruck									
			Struck Object				Structure Number	Damage Tag Number				
	9		FENCE				Chastale Humber	338102				
I												