WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #		Agency Crash Number 24-03271		Investigating Officer/Deputy DEPUTY A. KING			
Crash Date 04/03/2024	Crash Time 12:57 PM		Date Ar		Time Arrived 01:07 PM			
Date Notified 04/03/2024	Time Notified 12:58 PM		Total U 02		Total Injured	Total Kill	led	
On Emergency	Hit and Run	Lane Clos	ure	Work Zone	Trailer or	Towed	Reporting Threshold	
Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASI	-l)		Amended		Secondary Crash	
escription	•							
		Not to se	cale		Pl	notos By		
W Maple St				W Maple :	160 N	dditional Info	ormation	
I, a sworn law enforcem U1 WAS TRAVELING EASTBOUN	nent officer, agre	ee that I have n	ot addec	any CJIS data in th	nis report.			

RIGHT TO AVOID BEING STRUCK, BUT WAS UNABLE TO AVOID BEING STRUCK. OPERATOR OF UZ REQUESTED THE DRIVER OF U1 TO NOT BE ISSUED A CITATION. U2 WAS REMOVED FROM THE SCENE BY THE OPERATOR AND U1 WAS REMOVED BY CRAIG'S TOWING.

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L	_oc	ation									
· f		WILLOW ST				Latitude			Longitu	de	
	12 F	-				43.473846979			-89.76	-89.761623987	
		MAPLE ST HE VILLAGE OF WES	ST RAPAROO			X Coordin	ate		Y Coor	dinate	
		AUK COUNTY	JI BAINABOO			276637.28125			48171	42	
						Structure	Туре				
L	Cra	sh Scene									
ī		Harmful Event				First Harm	nful Event L	ocation			
	MO	TOR VEH IN TRANSP	ON ROA	DWAY							
ŀ	Manı	ner of Collision			Light Cond	dition					
	01 -	ANGLE				DAYLIG	HT				
ŀ	Road Surface Condition(s)						Factor(s)				
	WE	т									
ŀ	Envir	ronment Factor(s)				1					
	NON	NE				NONE					
ŀ	Wea	ther Condition(s)				1					
	CLC	OUDY, SNOW									
ŀ	Anim	nal Type					To Trafficwa	-			
ļ	0	h Ol:::					CWAY - O				
		h Classification - Location BLIC PROPERTY					Jurisdiction ISDICTION				
ŀ	Triba	al Land				Access Control S		Special Study			
					PARTIAL CO		L CONTRO	TROL			
	Within Interchange Area Junction Location YES INTERSECTION					tersection Type OUR-WAY INTERSECTION					
l	Jnit	t Summary =									
		Status		Vehicle Ope	erating As C	lassification	1	Unit Type			
	IN T	N TRANSIT D CLASS				AUTOMOBILE					
5	Vehi	cle Type	•	Operating As			s Endorse	Endorsements			
>		ORT) UTILITY VEHICL									
	Total	I Occs	Train/Bus # Recorded		itions Issued	ĺ	Total Trail	ers	Total Ha:	zMat Types	
-		rance?	Direction Of Travel	0		2				nes	
_	YES		WESTBOUND	Pre	Mark 25 Special Function			2		100	
	Most	t Harmful Event: Collision	With	1 '			<u>.I</u>	Emergency Motor Vehicle Use			
		TOR VEH IN TRANSP		IAL FUNC	CTION		NOT APPLICABLE				
		ic Way		Traffic Cont					Traffic Control Inoperative/Missing NO		
		D-WAY, NOT DIVIDED ace Type	•	STOP SIG				Road Grade			
		ACKTOP (BITUMINOU	S)	STRAIGH			LEVEL		•		
}		k Bus or HazMat	-,	10.1.0.1011	-						
	NO										
	1	Vehicle									
		License Plate Number AJP4658		Plate Type St			Country of Issuance				
		Vehicle Identification Nu	Make	AUT - AUTOMOBILE WI		Year	UNITED STATES Model				
;	01	MAJ6S3GLXNC4579	FORD			2022	ECOSPORT				
		Color	Body Style	;			Bus Use				
		GRY - GRAY	UT - SPC	UT - SPORT UTILITY VEHICLE							
	쁘	Initial Contact Point		Vehicle Da	amage					7 8 9 10 11	
- 11	()	12 - FRONT									
	\cong	1000			NIT					6 2 12	
	/EHICL	Extent Of Damage DISABLING DAMAG		12 - FRO	DNT					5 4 3 2 1	

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		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABL	ING DAMAGE	CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		LEFT TURN		Vollidio I dotoro						
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Prior Action Other		NOT ALL LIGABLE						
LIND	VEHICLE	Driver Actions FAILED TO YIELD RIGHT	-OF-WAY							
	VE	Owner Name		Owner Address						
5	10	JAIYAH MUEHLENBRUC	H (608) 573-2060	208 HILL ST PO BOX 153 ROCK SPRINGS,	WI 53961 , US					
		Sequence Of Events								
	01	MOTOR VEH IN TRANSP	ORT							
	02	Event								
	03	Event								
	04	Event								
_		Policy Holder								
		Insurance Company	Individual							
5		GEICO-CASUALTY-CO		LOWELL BOETTCI	HER					
		ndividual								
		Driver		Citations Issued	Sex					
		JAIYAH MUEHLENBRUC	H (608) 573-2060	0	FEMALE					
	A		` ,	Date of Birth	Race					
_	INDIVIDUAL			Bato or Birtin		K/AFRICAN AMERICAN				
	Ī	Address		Driver License Number	 r					
\supset	₫	208 HILL ST		STATE: WISCONSIN COUNTRY: UNITED STATES						
	=	ROCK SPRINGS, WI 5396	61 , US							
		On Duty	r Crash	Safety Equipment						
	Sai	ety Equipment								
		Row	Seat Position	SHOULDER & LAP	BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
				·						
2	90	Injury S Injury NO AP	-	Airbag						
_	0	7 7 110 7 11	PARENT INJURY	DEPLOYED-OTHER	R (KNEE, AIR BE					
		Ejected	Ejection Path NOT EJECTED/NOT AP	DI ICADI E		Trapped/Extricated NOT TRAPPED				
		NOT EJECTED Medical Transport	NOT EJECTED/NOT AP			EMS Run #				
		NOT TRANSPORTED		EMS Agency Identifier		LIVIS RUII #				
		Hospital		Date of Death		Time of Death				
		Distracted By Distract NOT A	ed By Source PPLICABLE (NOT DISTR	RACTED)						

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Prior Action								
Prior Action								
Action								
A								
INDIVIDUAL								
Action Other	To/From School							
Suspected Alcohol Use Drug & Alcohol NO Suspected Drug Use NO	I							
Alcohol Test Given Alcohol Test Type Alco	hol Test Results							
TEST NOT GIVEN Drug Test Given Drug Test Type Drug Test Results								
TEST NOT GIVEN Drug Type								
To Drug Type								
Individual Condition								
APPEARED NORMAL	APPEARED NORMAL							
Unit Summary								
	Type FOMOBILE							
Vehicle Type	Operating As Endorsements							
(SPORT) UTILITY VEHICLE Total Occs	Total HazMat Types							
1 0 0	0							
Insurance? Pre CrashTire YES NORTHBOUND Pre CrashTire Mark Speed Limit 25	Total Lanes 2							
	ergency Motor Vehicle Use T APPLICABLE							
Traffic Way Traffic Control Traff TWO-WAY, NOT DIVIDED NO CONTROL NO	fic Control Inoperative/Missing							
Surface Type Road Curvature Road								
	d Grade							
· · · · · · · · · · · · · · · · · · ·	d Grade /EL							
BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO								
Truck Bus or HazMat NO Vehicle	/EL							
Truck Bus or HazMat NO Vehicle License Plate Number Plate Type St Coun								
Truck Bus or HazMat NO Vehicle License Plate Number AFR5234 Vehicle Identification Number Make Plate Type AUT - AUTOMOBILE WI UNIT	rtry of Issuance							
Truck Bus or HazMat NO	red States							
Truck Bus or HazMat NO	red States							
Truck Bus or HazMat NO	TED STATES							
Truck Bus or HazMat NO	Itry of Issuance FED STATES							

6TL0F3SSGD

24-03271

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		What Driver Was Doing			V	Vehicle Factors					
		GOING STRAIGHT			NOT APPLICABLE						
		Driver Prior Action Other			IOT AFFEIGABLE						
		Driver Actions									
	쁘	NO CONTRIBUTION	IG ACTIO	N							
LIND	VEHICL										
_	VE!										
		Owner Name BAIRAM COBAJ				Owner Address 848 LOG LODG	E CT				
02	02	(608) 434-2580				BARABOO, WI					
		Sequence Of Event	vents								
	01	MOTOR VEH IN TE	RANSPO	RT							
	02	Event									
	03	Event									
	04	Event									
		Policy Holder									
LIND		Insurance Company				Individual					
\supset		PROGRESSIVE-C	ASUALT	Y-INS-CO		BAIRAM COBAJ					
	ı	Individual									
		Driver BAIRAM COBAJ (608) 434-2580				Citations Issued 0	Sex MALE				
	JAL				Date of Birth	Race					
╘	ום						WHITE				
LINO	INDIVIDUAL	Address 848 LOG LODGE (Driver License Number					
	Z	BARABOO, WI 53913 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash			Safety Equipment						
	Saf	fety Equipment									
		Row 01 - FRONT ROW		Seat Po		NONE USED - VE	HICLE OCCUPANT	Γ			
		Helmet Use	W 07 - LEFT			Helmet Compliance					
		Eye Protection				Tint Compliance					
05	002	Injury	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED					
	Ŭ	Ejected		jection Pa		Trapped/Extricated					
		NOT EJECTED NOT EJECTED/NOT APP		CTED/NOT APPL	LICABLE		NOT TRAPPED				
		Medical Transport			EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED Hospital			Date of Death		Time of Death				
			Dietrostes	By Source							
		Distracted By	NOT AP	PLICABL	E (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED									
	Non Motorist Striking Unit # Location										

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I		Daine Antine					
		Prior Action					
		Action					
	Ţ						
١.	٨						
≒	<u> </u>						
LNO	≥						
-	INDIVIDUAL						
	Z						
		Action Other					To/From School
İ		Suspected Alcohol	Use	Suspected Drug Use			•
	L	Drug & Alcohol NO		NO			
ĺ		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
ĺ		Drug Test Given	Drug Test Type		Drug Test Results	3	
		TEŠT NOT GIVEN					
2	2	Drug Type	•				
05	002						
		Individual Condition					
		APPEARED NORMAL					
l							