WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/29/2024

Crash Time 06:53 AM

Document Number Override	Primary Crash Doc	ument#	Agency 24-042	Crash Number	Investigating Officer/Deputy DEPUTY J. GREENWOOD			
Crash Date 04/29/2024	Crash Time 06:53 AM		Date Ar 04/29/2		Time Arrived 07:01 AM			
Date Notified 04/29/2024	Time Notified 06:55 AM		Total Ur	nits	Total Injured 02	Total Kille	d	
On Emergency Hit	and Run	Lane Closu	ıre	Work Zone	Trailer	or Towed	Reporting Threshold	
Government Property	Active School	ol Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STAND	ARD CRASH)		Amende	ed	Secondary Crash	
Diagram						Reconstruction		
	West PII	NE ST	TERRY	TOWN RD		Photos By DEPUTY GR		
I, a sworn law enforcement of the law in the						O THE INTERS	ECTION FTY RIGHT-AWAY	

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Crash Date 04/29/2024

Crash Time 06:53 AM

	Loc	ation									
		TERRYTOWN RD				Latitude			Longitu	de	
	53 F	T W				43.48540	00293		-89.77353295		
	OF CTHBD WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY						ate		Y Coord	dinate	
							275716.8125 4818457				
							Type UCTURE		.		
	Cra	sh Scene				I					
		Harmful Event				Eiret Harm	nful Event Lo	eation			
			ON ROA		Cation						
	MOTOR VEH IN TRANSPORT Manner of Collision					Light Cond					
	01 -	ANGLE			DAYLIGI						
	Road	d Surface Condition(s)				Roadway	Factor(s)				
	WE.	т					. ,				
	Envi	ronment Factor(s)									
	NOI	NE				NONE					
	Wea	ther Condition(s)									
	CLC	OUDY, RAIN									
	Anin	nal Type					o Trafficwa				
	Cros	h Classification I agation					CWAY - OI				
	Crash Classification - Location PUBLIC PROPERTY Tribal Land				Crash Classification - Jurisdic NO SPECIAL JURISDIC Access Control NO CONTROL						
										Special Study	
	With	in Interchange Area	Junction Location		Intersection	n Type					
	NO		INTERSECTION-RELATI	ED	FOUR-W	AY INTER	RSECTION	I			
	Uni	t Summary \blacksquare									
		Status		Vehicle Ope	erating As C	As Classification Unit Type					
	IN T	RANSIT		D CLASS		TRUCK					
5		Vehicle Type					Operating As Endorsements			ments	
0		LITY TRUCK/PICKUP									
	Tota 1	I Occs	Train/Bus # Recorded	Total # Cita	tions Issued	0 Speed Lin		0 .imit Total Lanes		zMat Types	
		rance?	Direction Of Travel	Pre	CrashTire					anes	
╘	YES		WESTBOUND		Mark		35		2		
		t Harmful Event: Collision			Special Function NO SPECIAL FUNCTION			9 ,		Motor Vehicle Use	
		TOR VEH IN TRANSP	ORI					Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDED	1	Traffic Cont				NO Road Grade LEVEL			
		ace Type	<u>′</u>	Road Curva							
		ACKTOP (BITUMINOU	IS)	STRAIGH							
		k Bus or HazMat	,					<u> </u>			
	NO										
	'	Vehicle		Plate Type							
		License Plate Number			: GHT TRUC	V	St WI	Country of Issuance			
		SD8607 Vehicle Identification Number 1FT7W2B63MEC35365			JHI IRUC	n.	Year		UNITED STATES		
	5				Make FORD		i cai	Model F250			
5		Color					2021	F23U			
2		Color		FORD Body Style	:		2021	Bus Use			
5		Color WHI - WHITE					2021				
	Щ	WHI - WHITE Initial Contact Point		Body Style	KUP		2021			7 8 9 10 11	
		WHI - WHITE Initial Contact Point 12 - FRONT		Body Style PK - PICI Vehicle Da	KUP amage	CORNER		Bus Use		7 8 9 10 11	
UNIT 01	VEHICLE	WHI - WHITE Initial Contact Point	365	Body Style PK - PICI Vehicle Da 01 - RIGI	KUP amage						

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		Towed Due To Damage		Vehicle Removed By				
		TOWED DUE TO DISABLE	ING DAMAGE	CRAIGS TOWING				
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT						
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions						
	ш	FAILED TO YIELD RIGHT	-OF-WAY					
⊨	님							
UNIT	Ĭ							
_	VEHICLE							
	_							
		Owner Name		Owner Address				
		SCHAEFER ELECTRIC IN	ıc	S3953 BRENNAM	N RD			
6	01	(608) 356-6793		BARABOO, WI 5				
		0.55						
	3	Sequence Of Events						
	01	Event MOTOR VEH IN TRANSPO	ORT					
	02	Event						
	0							
	03	Event						
	٥							
	04	Event						
	0							
_	1	Policy Holder						
LIND		Insurance Company		Organization/Compan	V			
\neg		CINCINNATI-INS-CO,-THE	<u> </u>	SCHAEFER ELEC				
		Individual						
				O'tatiana lasuad	To			
		Driver CLAYTON TEASDALE		Citations Issued Sex 1 MALE				
	7	OLATION TEADBALE						
	Ď			Date of Birth				
UNI	INDIVIDUAL	A -l -l		WHITE				
5		Address 625 HILLCREST DR		Driver License Number				
	Z	WAUNAKEE, WI 53597 ,	US	STATE: WISCONSIN COUNTRY: UNITED STATES				
		,						
		On Duty	Crook	O-f-t- Fit				
	Saf	fety Equipment	Clasii	Safety Equipment				
			1	CHOILI DED 8 1 AF	DELT			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAF	DELI			
		Helmet Use	U/ - LEFI	Helmet Compliance				
		neimet use		Heimet Compilance				
		Eye Protection		Tint Compliance				
		Eye Protection						
	!	Injury Se	ovority	Airbag				
5	90	Iniury St	ECTED MINOR INJURY	Airbag DEPLOYED-FRONT				
	Ŭ,	Ejected	Ejection Path	DEPLOTED-FROM		Trapped/Extricated		
		=	•	DI ICADI E		NOT TRAPPED		
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APP					
				EMS Agency Identifier		EMS Run #		
		OTHER		Data of Dag#-		Time of Death		
		Hospital ST CLARE HOSP		Date of Death		Time of Death		
			ad By Source					
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTRA	ACTED)				
		Distracted By Action	[· · /				

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		-										
		Non Motorist	Strik	ing Unit#	Location	n						
		Prior Action										
		Action										
	Ļ											
⊨	INDIVIDUAL											
UNIT												
	N											
		Action Other										To/From School
	,	Drug & Alcohol	Susp	pected Alcoh	ol Use		Suspected Drug Use					
	-	Alcohol Test Given	NO		Alcohol	Test Type	_			Alcohol Tes	t Results	
		TEST NOT GIVEN										
		Drug Test Given TEST NOT GIVEN			Drug Te	est Type		Drug ²	Test Results	•		
01	001	Drug Type			I			1				
		Individual Condition										
		APPEARED NORM	/IAL									
	,	/iolations										
	7	UTC Number BK741370	lssu 001		Statute Numl 346.18(3)	ber	Description FAIL/YIELD RIGHT	/WAY F	ROM STO	P SIGN		
		Summary •										
	Unit	Status					ehicle Operating As Clas	sification	l	Unit Type		
7		RANSIT cle Type					D CLASS			AUTOMOI Operating A		nents
02		SENGER VAN		I = : : : : : : : : : : : : : : : : : :	(B)		I Tatal Tasi			ailers Total HazMat Types		4.1 .
	1 otal	Occs		Train/Bus #	Recorded		Total # Citations Issued 0		Total Trail	ers	otal Hazi	wat Types
		ance?		Direction O		Г	Fie Clasiffie		Speed Lim	nit	Total Lane	es
UNIT	YES Most	Harmful Event: Collision	on Wi	SOUTHB ith	OUND		Special Function			Emergency	4 Motor Vehic	cle Use
_ ر		COR VEH IN TRANS	SPOR	RT			IO SPECIAL FUNCTI		NOT APPLICABLE Traffic Control Inoperative/Missing			
		DED HWY W/O TRA	AFFI	C BARRIE	R		Traffic Control NO CONTROL			NO		
		се Туре					load Curvature			Road Grade		
		CKTOP (BITUMING	OUS)			s	TRAIGHT			SAG(BOTTOM)		
	NO	R Bus or HazMat										
	'	/ehicle										
		License Plate Numbe	r				Plate Type St			Country of Issuance		
		AJB6086 Vehicle Identification I	Numh	ner			AUT - AUTOMOBILE Make		WI Year	Model	AIES	
02	02	2C4RC1BG2DR78					CHRYSLER		2013	TOWN & C	OU	
		Color	18/111	ILIM\			Body Style		1	Bus Use		
		SIL - SILVER (ALL Initial Contact Point	VIVIIN	iowi)			VN - VAN					
		09 - LEFT SIDE MI	DDL	.E								7 8 9 10 11 6 3 12 5 4 3 2 1

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	Щ		N	Vehicle Damage					
LIND	VEHICLE	[F + +0/]		06 - REAR, 07 - LEFT	REAR CORNER,	08 - LEFT SIDE			
5	ĒΗ	Extent Of Damage DISABLING DAMAGE		REAR, 09 - LEFT SID					
	>	Towed Due To Damage	\	/ehicle Removed By					
		TOWED DUE TO DISABL		CRAIGS TOWING					
		What Driver Was Doing	١	/ehicle Factors					
		GOING STRAIGHT		NOT APPLICABLE					
		Driver Prior Action Other	ľ	101 AFFLICABLE					
		Driver Actions	<u> </u>						
_	щ	NO CONTRIBUTING ACT	ION						
LNU	ICI								
5	VEHICL								
	>								
		Owner Name		Owner Address	14/4)/ 00				
05	02	SCOTT BOWAR		S4031 OLD HIGH BARABOO, WI 53					
				,					
	,	Sequence Of Events							
	01	Event MOTOR VEH IN TRANSP	ORT						
	02	Event							
	•	Event							
	03								
	04	Event							
⊨	ļ	Policy Holder							
UNIT		Insurance Company SECURA-INS-CO		Individual ANGELA BOWAR					
		Individual		7.11022713017711					
		Driver		Citations Issued					
	Ţ	ANGELA BOWAR		0	FEMALE				
	IDIVIDUAL			Date of Birth	Race WHITE				
	M	Address		Driver License Number	<u> </u> r				
–	N	S4031 OLD HIGHWAY 33		STATE: WISCONSIN COUNTRY: UNITED STATES					
	≤	BARABOO, WI 53913 , U	15						
	Cod	On Dut fety Equipment	y Crash	Safety Equipment					
	Sai		1	SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	DELI				
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
02	002	Injury S	everity ECTED MINOR INJURY	Airbag DEPLOYED-CURTAIN					
		Ejected	Ejection Path	DEI LOTED-OOKII	-u.4	Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPL			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
		Hospital		Date of Death		Time of Death			
						l			

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Crash Time 06:53 AM

		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)			
		NOT DISTRACTED						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	UAL							
UNIT	INDIVIDUAL							
	IND							
		A 1: OII						To/From School
		Action Other						To/From School
	L	Orug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
05	002	Drug Type						
		Individual Condition						
		APPEARED NOR	MAL					