WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Do	ocument #	Agency 24-046	Crash Number 50		Investigating Officer/Deputy DEPUTY A. JAHNKE Time Arrived 05:19 PM	
Crash Date 05/08/2024	Crash Time 05:12 PM		Date Ar				
Date Notified 05/08/2024	Time Notified 05:14 PM		Total Ur 02	nits	Total Injured 00	Total Kille	d
On Emergency Hit	and Run	Lane Closu		Work Zone	Trailer	or Towed	Reporting Threshold
Government Property	Active Sch	ool Zone	School I	Bus Related	Tags		
∨ Reportable	Crash Type DT4000 (STAN	IDARD CRASH)		Amend	ed	Secondary Crash
Description Diagram						Reconstruction	Bv
CTH TK BD						Photos By DEPUTIES A KROLIKOWS Additional Infor PHOTOS	
I, a sworn law enforcement unit 1 TRAVELING NORTHBOUND TURNED LEFT ON CTH TK BD TUR CURB AND ENTER ONTO CAMPUS	ON CTH TK BD AT	F BERLKLEY BLVD UTSIDE LANE WH	WHEN U	NIT 2 ATTEMPTED A L 1 WAS TRAVELING. U	EFT TURN ONTO (ITH UNIT 1 CAU	JSING UNIT 1 TO HIT THE

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Lo	oca	tion ——								
_		THBD NB				Latitude			Longit	ude
	55 F					43.4775	13417		-89.76	8883873
		ERKLEY BLVD E VILLAGE OF WES	ST BARABOO			X Coordin			Y Coo	
		UK COUNTY	, DARABOO			276063.625 4817568.5				568.5
						Structure NO STR	Type UCTURE			
С	rasl	h Scene								
_		armful Event				First Harn	nful Event Lo	ocation		
N	отс	R VEH IN TRANSPO	ORT			ON ROA	DWAY			
M	lanne	r of Collision				Light Con	dition			
0						DAYLIG	HT			
R						Roadway	Factor(s)			
D	RY									
E	nviror	nment Factor(s)				-				
N	IONE	<u> </u>				NONE				
W	Veath	er Condition(s)				1				
	LEA	. ,								
Δ	nimal	Туре				Relation 7	To Trafficway	,		
^		.,,,,					CWAY - OI			
С	rash (Classification - Location					ssification -			
Р	UBL	IC PROPERTY				NO SPECIAL JURISDICTION				
Т	ribal L	and				Access Control Special Study			Special Study	
						NO CON	ITROL			
	Vithin I O	Interchange Area	Junction Location NON-JUNCTION		Intersection	on Type INTERSE	CTION			
		O	NON-SONOTION		NOT AN	INTEROL	OTION			
	nit Sta	Summary -		Vehicle On	erating As C	lassification	1	Unit Type		
- 1		ANSIT		Vehicle Operating As C D CLASS		A		AUTOMOBILE		
\vee		Type		D OLAGO	Operating As Endorsements			ements		
		RT) UTILITY VEHICL	.E							
Ť	otal O	occs	Train/Bus # Recorded	Total # Cita	tions Issued		Total Trail	ers	Total Ha	azMat Types
1				0			0		0	
	nsurar	nce?	Direction Of Travel	Pre	CrashTire	Tire Speed Lir				nes
	ES		NORTHBOUND	✓	Mark 45			4		
		armful Event: Collision \		Special Fur	nction CIAL FUNC	CTION		Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing NO		
	raffic	OR VEH IN TRANSPO	UNI	Traffic Conf						
		way ED HWY W/O TRAFI	FIC BARRIER	NO CONT						
		е Туре		Road Curva			Road Grade			
В	BLAC	KTOP (BITUMINOU	S)	STRAIGH	Т			UPHILL		
Т	ruck E	Bus or HazMat		<u>.</u>				1		
N	10									
	_	ehicle								
		icense Plate Number		Plate Type		_	St	Country of Issuance		
		ABP9811 Vehicle Identification Number 5NMSH73E08H176902		Make Yea				AIES	ES	
5	_						2008	Model SANTA FE Bus Use		
		Color								
		RN - GREEN	LE							
Ц	u Ir	nitial Contact Point		Vehicle Da	amage					7 0 0 10 11
2	<u>5</u> 1	1 - LEFT FRONT CO	DRNER							7 8 9 10 11
2		xtent Of Damage		10 - LEF	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER				5 4 3 2 1	
-	- C	DISABLING DAMAGE								

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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						
		GOING STRAIGHT								
		Driver Prior Action Other		NOT APPLICABL	E					
		Driver Actions								
	щ	NO CONTRIBUTING ACT	TION							
⊨	占									
LNO	Ī									
_	VEHICLE									
		Owner Name		Owner Address						
_	_	TRACY BURTON		634 ELLINWO						
2	2	(608) 415-7470		REEDSBURG	, WI 53959 , US					
	:	Sequence Of Events								
		Event								
	2	MOTOR VEH IN TRANSP	PORT							
	02	Event								
	0	CURB								
	03	Event								
	9	Event								
		Dollov Holdor								
	'	Policy Holder Insurance Company Individual								
5		STATE-FARM-GENERAL	-INS-CO	TRACY BURTO)N					
				1121212						
		Individual Driver		Citations Issued	Sex					
	_	TRACY BURTON		0 MALE						
	₹	(608) 415-7470		Date of Birth	Race					
_	INDIVIDUAL			Bate of Birth	WHITE					
	₹	Address		Driver License Number						
\supset	ቯ	634 ELLINWOOD AVE # 4		STATE MISSONALI SOUNTRY UNITED STATES						
	=	REEDSBURG, WI 53959 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	On Dut	y Crash	Safety Equipment						
	Sai	fety Equipment								
		Row	Seat Position	SHOULDER &	LAP BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliano	ce					
		Eye Protection		Tint Compliance	Tint Compliance					
	_	Injury S	Severity	Airbag						
	00	Ina :	PPARENT INJURY	_	NON DEPLOYED					
2		NO AF	TO THE THE ENTER THE OFFI			Trapped/Extricated				
5		Ejected NO AF	Ejection Path	l e e e e e e e e e e e e e e e e e e e						
5		7 7 110 71		PPLICABLE		NOT TRAPPED				
2		Ejected	Ejection Path	PPLICABLE EMS Agency Iden	tifier					
6		Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Ejection Path		tifier	NOT TRAPPED				
01		Ejected NOT EJECTED Medical Transport	Ejection Path		tifier	NOT TRAPPED				
01		Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	NOT EJECTED/NOT A	EMS Agency Iden	tifier	NOT TRAPPED EMS Run #				
01		Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Ejection Path NOT EJECTED/NOT A	EMS Agency Iden Date of Death	tifier	NOT TRAPPED EMS Run #				
01		Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Ejection Path NOT EJECTED/NOT A	EMS Agency Iden Date of Death	tifier	NOT TRAPPED EMS Run #				

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		Non Motorist Stril	king Unit#	Location						
		Prior Action								
		Action								
	A F									
UNIT	INDIVIDUAL									
5	_									
	Z									
Action Other To/Fro										
		Cua	pected Alcohol U		Suspected Drug Use					
	I	Drug & Alcohol NO								
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Ro	esults		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	s			
10	001	Drug Type								
0	ŏ									
		Individual Condition								
		APPEARED NORMAL								
		t Summary								
		Unit Status			Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE					
02		cle Type SSENGER CAR		<u> </u>			Operating As E	ndorsements		
		Occs Train/Bus # Recorded			otal # Citations Issued	Total Trai		otal HazMat Types		
	1 Insu	rance?	Direction Of Tra	avel 3	_ Pre CrashTire	0 Speed Lir	nit To	otal Lanes		
LINO	NO	: Harmful Event: Collision W	NORTHBOU		Mark Decial Function	45	4 Emergency Motor Vehicle Use			
Š			R VEH IN TRANSPORT			N	NOT APPLIC	CABLE		
					affic Control O CONTROL		Traffic Control Inoperative/Missing NO			
	Surfa	асе Туре		Ro	oad Curvature		Road Grade UPHILL			
	Truc	ACKTOP (BITUMINOUS k Bus or HazMat)	<u> </u>	TRAIGHT					
	NO	Mahiala								
		Vehicle License Plate Number		P	Plate Type	St	Country of Issuance			
		AWZ4231 Vehicle Identification Number			AUT - AUTOMOBILE	WI Year	UNITED STATES Model			
02	05	THGCM56897A131851			IONDA	2007	ACCORD			
		Color BLK - BLACK			Body Style BD - SEDAN		Bus Use			
-	LE LE	Initial Contact Point 04 - RIGHT SIDE REA	P.	V	ehicle Damage		L	7 8 9 10 11		
UNIT	VEHICLE	Extent Of Damage			03 - RIGHT SIDE MIDE RIGHT REAR CORNE		SIDE REAR, 0	The second secon		
	X	FUNCTIONAL DAMAGE Towed Due To Damage	BE		- RIGHT REAR CORNER 5 4 3 2 1 Vehicle Removed By					
NOT TOWED					OWNER					

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		What Driver Was Doing		Vehicle Factors					
		LEFT TURN							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	щ	IMPROPER TURN, FAILE	N, FAILED TO KEEP IN DESIGNATED LANE						
╘	VEHICL								
>									
		Owner Name		Owner Address					
7	02	JEREMIAH BOLTON		750 W PINE ST #					
02	(608) 717-7245 BARABOO, WI 53913 , US								
		Sequence Of Events							
	0	Event	ODT						
	0	MOTOR VEH IN TRANSPO	URI						
	02	Event							
	0								
	03	Event							
	0								
	04	Event							
	0								
	ı	ndividual							
		Driver		Citations Issued	Sex				
		JEREMIAH BOLTON		3	MALE				
	INDIVIDUAL	(608) 717-7245		Date of Birth	Race				
╘					WHITE				
UNI	\geq	Address		Driver License Number	er				
_	۲	750 W PINE ST #303 BARABOO, WI 53913 , US	s	STATE: WISCONSIN COUNTRY: UNITED STATES					
		2,	-						
		On Duty	Crash	0.1.5					
	Saf	ety Equipment	Clasii	Safety Equipment					
			I 0 . 1 D . 111	SHOULDER & LAI	D DEI T				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance					
		Helmet Use	07 - 221 1						
		Tiolinet 030		Tiennet Compilance					
		Eye Protection		Tint Compliance					
		•							
~	2	Injury Se	everity	Airbag	Airbag				
05	005	Injury _{NO AP}	PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path			Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APP	PLICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifie	r	EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTRA	ACTED)					
		Distracted By Action							
		NOT DISTRACTED							
		Striking	Unit # Location						
		Non Motorist							
		Prior Action							

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		Action									
⊨	DUAL										
UNIT	INDIVIDUAL										
		Action Other						To/From School			
			Suspected Alco	hol Use	Suspected Drug Use						
	L	Drug & Alcohol	YES		NO						
		Alcohol Test Given		Alcohol Test Type	7.		Alcohol Test Results				
		TEST GIVEN		BLOOD Drug Test Type							
		Drug Test Given TEST NOT GIVEN Drug Te									
02	002	Drug Type									
		Individual Condition									
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL									
	j	Violations									
	01	UTC Number Issue To? Statute Number 346.63(1)(a) Description OPERATING WHILE UNDER THE INFLUENCE					FLUENCE				
	02	UTC Number BJ678961	Issue To? 002	Statute Number 346.06	Description FAILURE TO YIELD	RIGHT OF WAY					
	03	UTC Number BJ678962	Issue To? 002	Statute Number 344.62(1)	Description OPERATE MOTOR \	/EHICLE W/O IN	SURANCE				