24-04897

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	24-04897 DEPUTY A			Officer/Deputy . KING		
G	Crash Date 05/15/2024	Crash Time 01:06 PM	Date Arri 05/15/2		Time Arrived 01:23 PM			
S	Date Notified	Time Notified 01:07 PM		Total Units Total Injure		Total Kille	ed	
6TL0F3SS	05/15/2024	t and Run	02 ure	Work Zone	00 00		Reporting Threshold	
Ļ	Government	Active School Zone	School B	Bus Related	Tags			
Q	Property	Crash Type DT4000 (STANDARD CRASH	-		Amended		Secondary Crash	
	Description							
	Diagram	Not to scale X Pine				otos By	п Бу	
			Berkl	ey Blvd		lditional Info	prmation	
		nt officer, agree that I have no						
	BY U1 AS IT PROCEEDED NORTH WHEN SHE PULLED OUT. OCCUP	THBOUND ON WEST PINE ST, WHEN BOUND. OPERATOR OF U1 DID NOT ANTS OF U1 DENIED INJURIES AND TH VEHICLES WERE REMOVED FRO	T SEE U2 B OPERATO	EHIND THE CAR INFRO R OF U2 DENIED INJUR	NT OF IT AND THOU	GHT THE R	OADWAY WAS CLEAR	

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Lo	cation										
	I BERKLEY BLVD				Latitude			Longi	tude		
-	FTE				43.477088145		-89.7	68727086			
					X Coordinate Y Coordinate				ordinate		
	THE VILLAGE OF WES	SI BARABUU			276074.71875 4817521						
					Structure Type						
-	ash Scene				First Horn	nful Event Lo	action				
	DTOR VEH IN TRANSP	OPT			ON ROA		JCation				
	nner of Collision				Light Con						
	- ANGLE			DAYLIGHT							
-	ad Surface Condition(s)				Roadway						
DR											
Env	vironment Factor(s)				1						
NC	DNE				NONE						
We	ather Condition(s)				-						
CL	EAR										
Ani	mal Type				Relation T	o Trafficwa	,				
						FFICWAY - ON ROAD Classification - Jurisdiction SPECIAL JURISDICTION					
	sh Classification - Location										
Trik	oal Land			Access Co				Special Study			
14/:+	hin Interchange Area		Intersection	NO CON	TROL						
NC		Junction Location INTERSECTION			INTER	RSECTION	ı				
Un	it Summary										
_	Unit Status Vehicle Operating As C										
	IN TRANSIT			D CLASS			AUTOMO				
	nicle Type PORT) UTILITY VEHICI	E		C			Operating As Endorsements				
	al Occs	Train/Bus # Recorded	Total # Cita	Total # Citations Issued Tota					azMat Types		
4			0			0					
	urance?	Direction Of Travel	Pre	CrashTire	•	Speed Lin			anes		
YE		WESTBOUND		Mark	25		2				
	st Harmful Event: Collision TOR VEH IN TRANSP		Special Fur NO SPEC	nction	TION		Emergency Motor Vehicle Use NOT APPLICABLE				
	ffic Way	-	Traffic Con	trol			Traffic Cont	rol Inope	erative/Missing		
	O-WAY, NOT DIVIDED		STOP SIG				NO				
	face Type	<u> </u>	Road Curva				Road Grade	e			
	ACKTOP (BITUMINOU	5)	STRAIGH	11			LEVEL				
NC	ck Bus or HazMat)										
	Vehicle										
	License Plate Number	Plate Type			St	Country of Is					
	ALR8182 Vehicle Identification Nu	AUT - AL Make	JTOMOBIL	E	WI Year	UNITED S	TATES				
0	1GNERJKW6PJ1771	CHEVRO	DLET		2023	TRAVERS	E				
	Color	Body Style				Bus Use					
ш	RED - RED Initial Contact Point		UT - SPC Vehicle Da	ORT UTILI amage	TY VEHIC	LE					
CLI	12 - FRONT			5.					7 8 9 10 11		
EHICL	Extent Of Damage		12 - FRC	ONT					6 5 4 3 2 1		
	MINOR DAMAGE	1									

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		Towed Due To Damage		Vehicle Removed By	/							
		NOT TOWED		OPERATOR								
		What Driver Was Doing		Vehicle Factors								
		LEFT TURN Driver Prior Action Other		NOT APPLICABL	.E							
		Driver Frior Action Other			-							
		Driver Actions										
_	Щ	FAILED TO YIELD RIGHT-O	F-WAY, LOOKED BUT	DID NOT SEE								
UNIT												
Б	VEHICLE											
	>											
		Owner Name		Owner Address								
01	01	SAMANTHA CHRISTIAN (608) 844-0888		109 FREEDO NORTH FREE	M ST EDOM, WI 53951, U	IS						
0	0	(,			,	-						
		Sequence Of Events										
		Event										
	01	MOTOR VEH IN TRANSPOR	RT									
	02	Event										
		Event										
	03	Lion										
	04	Event										
F	l	Policy Holder		-								
UNIT		Insurance Company GEICO-GENERAL-INS-CO		Individual SAMANTHA CI	HRISTIAN							
		Individual		CAMATTIA O								
		Driver		Citations Issued	Sex							
	Ц	SAMANTHA CHRISTIAN		0 FEMALE								
	NA			Date of Birth	Race	Race WHITE						
UNIT	INDIVIDUAL	Address		Driver License Nu								
D	ID.	109 FREEDOM ST										
	≤	NORTH FREEDOM, WI 5395	51 , US	STATE: WISCONSIN COUNTRY: UNITED STATES								
	Saf	On Duty C fety Equipment	rasn	Safety Equipment								
	1	Row	Seat Position	SHOULDER &	LAP BELT							
		01 - FRONT ROW	07 - LEFT									
		Helmet Use		Helmet Complian	ce							
		Eye Protection		Tint Compliance								
0	001	Injury Seve Injury NO APP		Airbag								
	•		ARENT INJURY	NON DEPLOY	ED	Trapped/Extricated						
			OT EJECTED/NOT API	PLICABLE		NOT TRAPPED						
		Medical Transport		EMS Agency Ider	tifier	EMS Run #						
		NOT TRANSPORTED										
		Hospital		Date of Death		Time of Death						
	Distracted By Source											
		Distracted By NOT APP	PLICABLE (NOT DISTR	ACTED)								
		Distracted By Action NOT DISTRACTED										
		NUT DISTRACTED										

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		Non Motorist	Unit #	Location						
		Prior Action		L						
		Action								
	_									
⊢	INDIVIDUAL									
UNIT	N									
	Q									
		Action Other						To/From School		
	L	Drug & Alcohol NO	ed Alcohol I		Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Type	2		Alcohol Test Results			
		Drug Test Given		Drug Test Type		Drug Test Results				
	_	TEST NOT GIVEN Drug Type								
2	001	Didg Type								
		Individual Condition								
		APPEARED NORMAL								
		Individual Passenger			Citations Issued	Sex				
	Ļ	TUCKER CHRISTIAN		0	MALE					
L	INDIVIDUAL				Date of Birth	Race WHITE				
UNIT	INI	Address 109 FREEDOM ST			Driver License Numbe	er				
	Z	NORTH FREEDOM, WI 53	951 , US							
			Oursch							
	Sat	fety Equipment	Crash		Safety Equipment					
			Seat P		CHILD RESTRAINT SYSTEM - FORWARD FACING					
		02 - SECOND ROW Helmet Use	07 - L	571	Helmet Compliance					
		Eye Protection								
		Lyeriolecion			Tint Compliance					
2	002	Injury So Injury NO AP	everity PARENT I	NURY	Airbag NON DEPLOYED					
	-	Ejected	Ejection Pa	ath			Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPI	LICABLE EMS Agency Identifier	-	NOT TRAPPED EMS Run #			
		NOT TRANSPORTED			EWS Agency Identifier	I	EMS Rull #			
		Hospital			Date of Death		Time of Death			
		Distracted By	ed By Sourc	e	<u> </u>		1			
		Distracted By Action								
		Non Motorist	Unit #	Location						
	noin N	Motor Vehicle Crash		This repor	rt does not include anv C	`IIS data	Crash Date	05/15/2024		

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

	_										
		Prior Action									
İ		Action									
	Ļ										
⊢	INDIVIDUAL										
UNIT	Ξ										
-	ND										
	_										
		Action Other						To/From School			
		Suspec	ted Alcohol	Use	Suspected Drug Use NO						
		Alcohol Test Given		Alcohol Test Type	e		Alcohol Test Results				
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	S				
6	002	Drug Type									
	õ										
		Individual Condition									
		APPEARED NORMAL									
		Individual Passenger			Citations Issued	Sex					
	Ļ	BRANTLEY CHRISTIAN			0	MALE					
	INDIVIDUAL				Date of Birth	Race WHITE					
UNIT	M	Address			Driver License Numbe	er					
 	N	109 FREEDOM ST NORTH FREEDOM, WI 53	3951,US								
	Sa	fety Equipment	y Crash		Safety Equipment						
	ou	Row	Seat P	osition	CHILD RESTRAINT SYSTEM - FORWARD FACING						
		02 - SECOND ROW	09 - R								
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
	~	Injury S	overity		Airbag						
2	003	Injury NO AF	PARENT	INJURY	NON DEPLOYED						
		Ejected	Ejection P	ath			Trapped/Extricated				
		NOT EJECTED Medical Transport	NOTEJE	CTED/NOT APP	EMS Agency Identifie	r	NOT TRAPPED EMS Run #				
		NOT TRANSPORTED			3,						
		Hospital			Date of Death		Time of Death				
		Distract	ted By Sourc	ce							
		Distracted By									
		Distracted By Action									
		Non Motorist	Unit #	Location							
		Prior Action									

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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UNIT	INDIVIDUAL	Action	ction								
									T / C 0 1 1		
		Action Other							To/From School		
	,	Drug & Alcohol	Suspected A	Alcohol U	se	Suspected Drug Use					
	-	Alcohol Test Given	NU		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN						Alconor rest results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results				
6	003	Drug Type			I						
		Individual Condition									
			IAL								
		ndividual									
		Passenger				Citations Issued	Sex				
	۹L	ROSALEE CHRIS	TIAN			0	FEMALE				
Ъ	nc)					Date of Birth	Race WHITE				
UNIT	INDIVIDUAL	Address 109 FREEDOM ST NORTH FREEDOM, WI 53951 , US		Driver License Number							
	Sat	ety Equipment	On Duty Cra	ash		Safety Equipment					
	Sai			0 1 0		CHILD RESTRAINT SYSTEM - FORWARD FACING					
		Row 03 - THIRD ROW		Seat Po 09 - RI		CHILD RESTRAINT	STSTEW - FORM	ARD FACING			
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
2	004	Injury	Injury Sever	ity RENT IN		Airbag NON DEPLOYED					
	-	Ejected		ection Pa				Trapped/Extricated			
		NOT EJECTED	NC	DT EJE	CTED/NOT APPL			NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #			
	Hospital					Date of Death		Time of Death			
		Distracted By	Distracted B	by Source	9						
		Distracted By Action									
		Non Motorist	Striking Unit	:#	Location						
		Prior Action									
A/:	consin Motor Vehicle Crash This report does not include any CJIS data. Crash Date 05/15/2024										

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		Action								
E	INDIVIDUAL									
UNIT										
	Ĩ									
		Action Other							To/From School	
		Susp Drug & Alcohol NO	pected Alcohol U	lse	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Type				Alcohol Test Results		
		TEST NOT GIVEN			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		Results			
2	004	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
I	Uni	t Summary								
	Unit	Status			ehicle Operating As Classi	ification	Unit Type	Unit Type		
		CRANSIT		D	CLASS		TRUCK	As Endorseme	nte	
02		LITY TRUCK/PICKUP TI	RUCK				Operating	AS Endorseme	115	
	Total Occs Train/Bus # Recorded				Total # Citations Issued Total Trail		al Trailers	Total HazMa	at Types	
	1 Insurance? Direction Of Travel			0		0 Sne	ed Limit	0 mit Total Lanes		
⊢	YES		NORTHBOU		Pre CrashTire Mark		4			
UNIT	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				pecial Function O SPECIAL FUNCTIO		y Motor Vehicle	• Use		
		fic Way IDED HWY W/O TRAFFI			Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		
		ace Type	OBANNEN		Road Curvature			Road Grade		
		ACKTOP (BITUMINOUS)		S	STRAIGHT			LEVEL		
	Truc NO	k Bus or HazMat								
		Vehicle								
		License Plate Number PZ3597			Plate Type _TK - LIGHT TRUCK	St WI	Country of UNITED S			
		Vehicle Identification Numb	ber		Make	Year		JIAILS		
02	02	1FT7W2B6XCEA40703	3		FORD	2012		PER		
		Color RED - RED		F	Body Style PK - PICKUP		Bus Use			
┝┍	Ë	Initial Contact Point		V	/ehicle Damage				7 8 9 10 11	
UNIT	VEHICLE	03 - RIGHT SIDE MIDDLE Extent Of Damage MINOR DAMAGE			03 - RIGHT SIDE MIDE	DLE			6 1 2 5 4 3 2 1	
	>	Towed Due To Damage		V	/ehicle Removed By					
		NOT TOWED			OPERATOR					
		What Driver Was Doing GOING STRAIGHT		V	/ehicle Factors					
		Driver Prior Action Other		N	NOT APPLICABLE					

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		Driver Actions NO CONTRIBUTIN		.I					
ъ	ĽE	NOCONTRIBUTIN		N					
UNIT	VEHICL								
	VE								
		Owner Name WILLIAM RICK				Owner Address E9840 HOGSBACK	RD		
02	02					BARABOO, WI 539			
		Sequence Of Ev	vents						
	01	Event MOTOR VEH IN TR	RANSPOR	т					
		Event							
	02								
	03	Event							
	04	Event							
UNIT		Policy Holder			<u> </u>				
5		Insurance Company 1ST-AUTO-&-CAS	UALTY-IN	S-CO		Individual WILLIAM RICK			
		ndividual							
		Driver			(Citations Issued	Sex		
	٦L	WILLIAM RICK				0	MALE		
⊢	NDIVIDUAL				l	Date of Birth	Race WHITE		
UNIT	N	Address E9840 HOGSBACK RD BARABOO, WI 53913 , US			[Driver License Number			
_	IN				\$	STATE: WISCONSIN	COUNTRY: UNI	TED STATES	
	Saf	ety Equipment	On Duty Cr	ash	5	Safety Equipment			
		Row		Seat Position		SHOULDER & LAP E	BELT		
		01 - FRONT ROW		07 - LEFT					
		Helmet Use			ł	Helmet Compliance			
		Eye Protection			7	Tint Compliance			
						·			
02	005	Iniurv	Injury Seve	rity RENT INJURY		Airbag NON DEPLOYED			
_	0	Ejected		ection Path	1	NON DEPLOTED		Trapped/Extricated	
		NOT EJECTED		OT EJECTED/NOT A	APPLIC	CABLE		NOT TRAPPED	
		Medical Transport			E	EMS Agency Identifier		EMS Run #	
		NOT TRANSPORT Hospital	ED		1	Date of Death		Time of Death	
		lioopital			-				
		Distracted By	Distracted I	By Source LICABLE (NOT DIS	TRACT	ED)			
		Distracted By Action)						
			Striking Un	it # Location					
		Prior Action							

UNIT	INDIVIDUAL	Action					
	L	Action Other Suspected Alcohol Us NO	se	Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	005	Drug Type					
		Individual Condition APPEARED NORMAL					