WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Overrio	de Primary Crash	Primary Crash Document # Agency Crash Num 24-04862				g Officer/Deputy J. HUNTER		
Crash Date 05/14/2024	Crash Time 12:22 PM		Date Ar 05/14/2		Time Arrived 12:38 PM			
Date Notified 05/14/2024	Time Notified 12:25 PM			nits	Total Injure	d Total Kille	d	
On Emergency	Hit and Run	Lane Closu		Work Zone	Traile	r or Towed	Reporting Threshold	
Government Property	Active So	chool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH)		Amen	ded	Secondary Crash	
Diagram						Reconstruction		
		5		n	ot to scale	Photos By DEPUTY HU	·	
		W. Pine St.	I I			Additional Info	rmation	
		(2)						
02	**	I		Berkley Blv	d.			
STOP Taco Bell/Easton Motors Parking Lot								
n Motors								
↓ I, a sworn law enfo	orcement officer, agr	ee that I have no	ot added	any CJIS data in tl	his report.			

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/14/2024

Crash Time 12:22 PM

Į	_OC	ation									
·		CTHBD NB				Latitude			Longi	tude	
		TN				43.47733	3491		-89.7	68863542	
	IN T	BERKLEY BLVD HE VILLAGE OF WES AUK COUNTY	ST BARABOO			X Coordinate 276064.59375			Y Coo	ordinate 549	
						Structure NO STR	Type UCTURE				
(:ra	sh Scene									
ì		Harmful Event				First Harm	nful Event Lo	ocation			
		TOR VEH IN TRANSP	ORT			ON ROA		oation			
ŀ		ner of Collision			Light Con						
	01 -	ANGLE			DAYLIG	НТ					
ŀ	Road	d Surface Condition(s)				Roadway	Factor(s)				
	DR۱	•									
ŀ	Envi	ronment Factor(s)				1					
	NOI	NE				NONE					
ŀ	Wea	ther Condition(s)									
	CLE	AR									
ŀ	Anin	nal Type				Relation T	o Trafficway	1			
						TRAFFIC	CWAY - OI	N ROAD			
ľ	Cras	h Classification - Location	1			Crash Cla	ash Classification - Jurisdiction				
	_	BLIC PROPERTY					JURISDICTION				
	Tribal Land					Access Control NO CONTROL		Special Study			
ı		in Interchange Area	Junction Location	Intersection Type		••					
L	YES)	INTERSECTION		FOUR-W	AY INTER	RSECTION				
Į		t Summary 💻									
T	Unit	Status			erating As C	lassification	1	Unit Type			
		RANSIT		D CLASS				AUTOMOBILE			
;		cle Type	. –					Operating As Endorsements			
'		ORT) UTILITY VEHICI	Train/Bus # Recorded	T-4-1# 0:4-	itions Issued		Total Trail	ara	Total L	azMat Types	
	10ta	l Occs		1 Otal # Cita	itions issued	!	0	515	0		
Ī		rance?	Direction Of Travel	Pre	CrashTire	35		Limit Total Lanes 4 Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing NO Road Grade UPHILL		anes	
Ļ	YES		NORTHBOUND		Mark						
-		t Harmful Event: Collision TOR VEH IN TRANSP		Special Fur	nction CIAL FUNC						
ŀ		ic Way	OKI	Traffic Con							
		•	PROTECTED (PAINTED > 4	STOP SIG							
		ace Type		Road Curva							
	BLA	CKTOP (BITUMINOU	S)	STRAIGH	IT						
ľ	Truc NO	k Bus or HazMat						.1			
4		Vehicle									
1		License Plate Number		Plate Type	9		St	Country of Iss	suance		
1		AWR5901			AUT - AUTOMOBIL		wı	UNITED STATES			
.		Vehicle Identification Nu	Make		Year		Model				
	2	2CNALDEC9B62025	CHEVRO	DLET		2011	SEDAN				
		Color	Body Style				Bus Use				
		BRO - BROWN		4D - 4DR							
	쁘	Initial Contact Point		Vehicle Da	amage					7 8 9 10 11	
	EHICL	11 - LEFT FRONT Co	UKNEK		T FRONT					6 2 12	
	_		11 - LEFT FRONT CORNER								

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		RIGHT TURN								
		Driver Prior Action Other		NOT APPLICABLE						
LINO	VEHICLE	Driver Actions FAILED TO YIELD RIGHT	-OF-WAY, IMPROPER TUI	RN						
		Owner Name		Owner Address						
7	01	SHARON WARNER (608) 356-9432		422 3RD ST BARABOO, WI 53	913 , US					
		Sequence Of Events								
	01	MOTOR VEH IN TRANSPO	ORT							
	02	Event								
	03	Event								
	04	Event	vent							
		Dell'ere Helden								
LNN		Policy Holder Insurance Company		Individual						
5		PROGRESSIVE-ADVANC	ED-INSURANCE-CO	Individual SHARON WARNER						
		Individual								
		Driver SHARON WARNER		Citations Issued Sex 1 FEMALE						
	٩L	(608) 356-9432		1 Date of Birth						
⊨	INDIVIDUAL			Date of Birth	of Birth Race WHITE					
	<u> </u>	Address 422 3RD ST		Driver License Number						
	Z	BARABOO, WI 53913 , U	S	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty fety Equipment	Crash	Safety Equipment						
	Sai	• • •		CHOIN DED 8 LAD	DELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELI					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
5	001	Injury Se	everity	Airbag						
0	ŏ		PARENT INJURY	NON DEPLOYED		1				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APP	PLICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death		Time of Death				
		Distracted By UNKNO	ed By Source DWN							
		Distracted By Action UNKNOWN								

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	Striking Unit #	Location								
		Prior Action		•								
		Action										
	AL.											
LIND	INDIVIDUAL											
)	707											
	=											
		Action Other									To/From School	
		S	Suspected Alcoho	ol Use		Suspected Drug Use						
	L	Drug & Alcohol N	10			NO			T	- ·		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test T	ype				Alcohol Test	Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Typ	е		Drug 7	Test Results					
5	001	Drug Type										
	0											
		Individual Condition										
		APPEARED NORMA	AL									
	1	Violations										
	01			Statute Number 346.31(2)		Description IMPROPER RIGHT T	URN					
•	Unit	Summary =										
		Unit Status				hicle Operating As Classi	fication		Unit Type			
	IN TRANSIT				D CLASS			AUTOMOBILE Operating As Endorsements				
05	Vehicle Type PASSENGER CAR									operating / to Endorsements		
	Total	Occs	Recorded	To 0	tal # Citations Issued	Total Trail 0		ailers Total Haz		Mat Types		
		rance?	Direction Of	Travel	·	Pre CrashTire		Speed Lim	it	Total Lane	es	
늘	YES NORTHBOUND Most Harmful Event: Collision With			Sn	Mark 35 Special Function			4 Emergency Motor Vehicle Use				
5	МОТ	MOTOR VEH IN TRANSPORT			NO SPECIAL FUNCTION				NOT APPLICABLE			
	Traffic Way TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4					Traffic Control STOP SIGN			Traffic Control Inoperative/Missing NO			
	Surface Type					ad Curvature			Road Grade			
		CKTOP (BITUMINOU	JS)		S	RAIGHT			UPHILL			
	NO	k Bus or HazMat										
	'	Vehicle										
		License Plate Number				late Type		St	Country of Iss			
		W8576V Vehicle Identification Nu	ımber		AUT - AUTOMOBILE WI Make Year		Year	Model Model	AIES			
05	02	1G2ZM36116424195	56		PONTIAC 2006			2006	G6			
		Color BLK - BLACK				ody Style V - CONVERTIBLE			Bus Use			
ı		Initial Contact Point			+							
		01 - RIGHT FRONT (CORNER								7 8 9 10 11 6 2 2 1	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage – 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT						
		Towed Due To Damage NOT TOWED		/ehicle Removed By						
		What Driver Was Doing LEFT TURN	V	/ehicle Factors						
		Driver Prior Action Other	N	NOT APPLICABLE						
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTIO	N							
02	05	Owner Name TARYN RAASCH (608) 449-8528		Owner Address W5404 STATE RO MAUSTON, WI 539						
	;	Sequence Of Events								
	2	Event MOTOR VEH IN TRANSPOR	RT							
	05	Event								
	Event									
	4	Event								
_		L Policy Holder								
UNIT		nsurance Company Individual								
		PROGRESSIVE-ADVANCED	D-INSURANCE-CO	TARYN RAASCH						
	ļ	Individual Driver		Citations Issued Sex						
	_	TARYN RAASCH		0	FEMALE					
	DIVIDUAL	(608) 449-8528		Date of Birth	Race WHITE					
LIND	\leq	Address		Driver License Number						
ס	N	W5404 STATE ROAD 82 E # MAUSTON, WI 53948 , US	29	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty C	rash	Safety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance Airbag NON DEPLOYED						
02	002	Injury Seve	erity ARENT INJURY							
		Ejected E	jection Path	<u> </u>		Trapped/Extricated				
			OT EJECTED/NOT APPL			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death		Time of Death				

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Crash Date 05/14/2024

Crash Time 12:22 PM

		Distracted By	Distracted By Source UNKNOWN	,				
		Distracted By Action UNKNOWN						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNO	INDIVIDUAL							
		Action Other						To/From School
	1	Drug & 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		
02	005	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					