WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrid 6TL0F68VNV	DF68VNV 24-14009			Investigating Officer/Deputy SERGEANT T. CLAUER					
Crash Date 12/23/2024	Crash Time 04:30 PM			Date Arrived 12/23/2024 Total Units 01		Time Arrived 04:51 PM			
Date Notified 12/23/2024						Total Injured Total Killed 00 00			
On Emergency	Hit and Run	Lane Clo	sure	Work Zone	Trailer	or Towed	Reporting Threshold		
Government Property	Active S	School Zone	School NO	Bus Related	Tags				
Reportable	Crash Type DT4000 (ST	ANDARD CRAS	SH)		Amend	led	Secondary Crash		
Description =									
Diagram						Reconstruction	Ву		
						Photos By			
	Non reportable	slide off				Additional Information	mation		
	NonTeponable	Slide off							
, a sworn law enfo	arcament officer so	ree that I have	not addod	any C IIS data in th	nis ranort	<u>I</u>			
UNIT ONE WAS TRAVELIN						/ING VEHICLE AN	ND LOST CONTROL ON		
THE SNOW COVERED ROA									
Amennen channe Summan.	,								
NON REPORTABLE CRASH	1								

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Loc	ation								
INT ON	ERSECTION USH12 WB				Latitude 43.4804 4	13247		Longitud	de 409817
AT STH33 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY				X Coordinate 275627.53125			Y Coordinate 4817909		
				Structure NO STR					
	-1-0								
_	sh Scene				T				
	Harmful Event				First Harmful Event Location				
DIT	ner of Collision				ON ROADWAY Light Condition				
		HICLE IN TRANSPORT			DAYLIGI				
	d Surface Condition(s)				Roadway				
SNO	. ,				Í	()			
Envi	ronment Factor(s)								
	ATHER CONDITIONS				NONE				
Wea SNO	ther Condition(s)								
	nal Type				Relation T	o Trafficw	ay		
					TRAFFICWAY - ON ROAD				
	sh Classification - Location BLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
	al Land				Access Co		KISDICTION		Special Study
Thoat cand				FULL CONTROL			Openial Study		
With YES	in Interchange Area	Junction Location ENTRANCE RAMP		NOT AN	n Type INTERSE	CTION			
Uni	t Summary 💻								
Unit	Status		Vehicle Ope	Vehicle Operating As Classification			Unit Type		
	RANSIT		D CLASS			AUTOMOBILE			
	cle Type SSENGER CAR						Operating A	As Endorser	ments
Tota	l Occs	Train/Bus # Recorded	Total # Citations Issued 0		Total Tra	nilers	Total Haz	Mat Types	
Insu	rance?	Direction Of Travel	Pre CrashTire			Speed Limit		Total Lanes	
YES	3	WESTBOUND	Mark		65		4		
Mos	t Harmful Event: Collision	With	Special Function NO SPECIAL FUNCTION		TION		Reference Motor Vehicle Use NOT APPLICABLE		
	ic Way I DED HWY W/O TRAF	EIC BADDIED		Traffic Control			Traffic Control Inoperative/Missing NO		tive/Missing
	ace Type	FIC DARRIER		NO CONTROL Road Curvature			Road Grade		
	NCRETE			STRAIGHT			LEVEL		
Truc	k Bus or HazMat		10	·-			1		
NO	Mahiala								
Vehicle License Plate Number Pla			Dioto Tumo	Plate Type St		St	t Country of Issuance		
381URK AUT		•		WI	UNITED S				
Vehicle Identification Number		Make			Year	Model			
5 JTDKN3DU7D1650548			TOYT			2013	PRI		
	Color			Body Style			Bus Use		
	RED - RED		4D - 4DR	4D - 4DR					
	Initial Contact Point 12 - FRONT								

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6TL0CNLHJS

24-14009

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	Щ	ľ		Vehicle Damage					
LNO	VEHICLE						7 8 9 10 11 6 8 12		
5	ĒH	Extent Of Damage NO DAMAGE	00 - NO DAMAGE			5 4 3 2 1			
	>	Towed Due To Damage	\	/ehicle Removed By					
		NOT TOWED		CRAIGS TOWING					
		What Driver Was Doing	١	/ehicle Factors					
		GOING STRAIGHT		NOT APPLICABLE					
		Driver Prior Action Other	'	NOT APPLICABLE					
		Driver Actions	FAILURE TO CONTROL						
_	LE	SPEED TOO FAST/COND	, FAILURE TO CONTROL						
LNO	VEHICL								
_	Æ								
		Owner Name GREGORY SMITH		Owner Address 310 ACADIA DR					
2	01	(608) 658-3660		MADISON, WI 537	17 , US				
		Sequence Of Events							
	01	Event DITCH							
	02	Event							
		Event							
	03								
	04	Event							
⊢	ĺ	Policy Holder							
		Insurance Company	INDIVIDUAL						
		SECURA-INS-CO		GREGORY SMITH					
	l	Individual DRIVER		Citations Issued	Sex				
		GREGORY SMITH		0	MALE				
	JAL	(608) 658-3660		Date of Birth	Race				
╘	DIVIDUAL				WHITE				
	2	Address 310 ACADIA DR		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Z	MADISON, WI 53717 , US							
	Sat	On Duty fety Equipment	Crash	Safety Equipment					
	Jai	Row .	Seat Position	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT	ONOGEDEN & EAR	DEET				
		Helmet Use		Helmet Compliance					
		Core Department on							
		Eye Protection		Tint Compliance					
5	00	Injury S	everity PARENT INJURY	Airbag NON DEPLOYED					
		Ejected	Ejection Path	IOADI E		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPL	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORTED	LIVIS Agency Identifier						
		Hospital	Date of Death		Time of Death				

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								,			
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)									
		Distracted By Action NOT DISTRACTED)								
	ļ	Non Motorist	Striking Unit	# Location							
		Prior Action									
		Action									
	IAL										
LNO	VIDU										
٦	INDIVIDUAL										
		Action Other						To/From School			
	Ĺ	Drug & Alcohol	Suspected A	Alcohol Use	Suspected Drug Use NO			I			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	<u> </u>		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
5	001	Drug Type									
	0										
		Individual Condition APPEARED NORMAL									
		Individual									
		PASSENGER			Citations Issued	Sex					
	_	ROBERTA SMITH (608) 658-3660			0	FEMALE					
_	INDIVIDUAL				Date of Birth	Race WHITE					
L N N	₹	Address			Driver License Number	er					
٦	IND	310 ACADIA DR MADISON, WI 53717 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
			On Duty Cra	ısh	Safety Equipment						
	Sat	ety Equipment									
		Row Seat Position 01 - FRONT ROW 09 - RIGHT			SHOULDER & LAP BELT						
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
2	002	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED						
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPL			Trapped/Extricate PLICABLE NOT TRAPPET						
		Medical Transport	1.10	A	EMS Agency Identifie	r	EMS Run #				
		NOT TRANSPORT	ED		j ,						
		Hospital			Date of Death		Time of Death				
		Distracted By	Distracted B	y Source			I				

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		Distracted By Action					
		Non Motorist Striking Unit #	Location				
		Prior Action					
		Action					
	JAL						
LNO	VIDI						
	INDIVIDUAL						
		Action Other					To/From School
	L	Drug & Alcohol NO	Use	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	5	
2	002	Drug Type			<u> </u>		
)	Individual Condition					
		APPEARED NORMAL					
		AFFEARED NORWAL					