18-06553

Wisconsin Motor Vehicle Crash Report

Document Number Override Primary Crash				ash Document#		ncy Cra	ash Number		Investigating Officer/Deputy DEPUTY S. FINNEGAN					
_			 		Date Arrived				Time Arrived					
2	Crash Date		Crash Time											
く	06/22/2018 11:11 AM				06/2	22/201	18		11:20 AM					
╛	Date Notified Time Notified					l Units			Total Injured		Killed 🗓			
Z	06/22/2018		11:12 AM		02				02	00	`-	1		
286	On Emergen	ıcy 🔲	Hit and Run	Lane	Closure	[Work Zone		Trailer or T	Trailer or Towed			Reporting Threshold	
ا اـــــــــــــــــــــــــــــــــــ			1		Scho	ool Bus	Related		Tags		1200			
_ _	Govern Prope		Active	School Zone					d.					
۱۹		,	Crash Type						Secondary					
	▼ Reportable			STANDARD CF	RASH)				Amended	11.14	. І г	j ³	Crash	
L													- Crucii	
	Location		<u></u>		1		1							
	ON SAUK AVE				Latitude		Longitude		t/LongSource		Access (Control		
	65 FT E				43.46321	229	-89.7685		LT/ILT				 	
	OF USH12 WB IN THE TOWN O	C D A D A D C	30		X Coordina	ate	Y Coordina		n Roadway Link ID#	. (On Road	fway Lin	k Offset	
	IN SAUK COUNT		,0	r=	276037.4	062	4815979.	5 4	559139	1	1530			
	in onon coon						Tribal Land	7.53	. 17		Structure	: Туре		
1					Override	Ш		-		1	NO STRUCTURE			
i	Crash Scene						· · · · · · · · · · · · · · · · · · · ·		* * * *					
ſ	First Harmful Event	· · · · · · · · · · · · · · · · · · ·			First Harm	ful Eve	ent Location	÷.				-		
	MOTOR VEH IN		RT		ON ROA	DWA	Y =====							
}	Manner of Collision						* ******		-					
1	08FRONT TO				Light Condition DAYLIGHT									
- 1	Road Surface Cond				<u> </u>			*				-		
	Road Surface Conc	(פ)ווטוונ			Environment Factor(s)									
	DRY				NONE		74 775 177 273 275							
	ואט				HONE	ti.	411111111111							
ļ	D 4 (-)				Like ather C		:							
	Roadway Factor(s)				Weather Condition(s)									
	WORK ZONE				CLOUDY									
	(CONSTRUCTIO	N/MAINTE	NANCE/UTIL	ITY)	OLOOD1									
	A + 1m				- Dalatica Ta Trafficust									
	Animal Type			– W. ź	Relation To Trafficvay TRAFFICWAY - ON ROAD									
	·			Table With	<u> </u>									
	Crash Classification		Ē		Crash Classification - Jurisdiction									
	PUBLIC PROPE	:RTY	<u></u>		NO SPECIAL JURISDICTION									
	Tribal Land		#		Access Control Special Study									
ļ			-56th 171	<u> </u>	NO CON	NO CONTROL								
	Within Interchange		Junction Location				rsection Type							
l	NO]	INTERSECTI	ON		FO	UR-WAY II	NTERSE	CTION					
	Work Zone Crash L				Work Zone Crash Type									
	TRANSITION AF	rea 🚊 📑			LANE CLOSURE									
- [Workers Present				Law Enforce	cemen	t Present							
	NO		·		NO									
	Work Zone Speed	Limit		Advisory/Regula	tory Speed L	imit		Normal P	osted Speed Limit					
	35			REGULATOR	Υ			35						
ì	Unit Summar	v =												
Ì	Unit Status	<u> </u>		Vehicle Operatin	n As Classif	ication	·	Unit Type						
	IN TRANSIT			D CLASS	19 7 10 0100011	10041011	·	AUTOM						
}	Vehicle Type	. :-:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							As Endorsements					
5	(SPORT) UTILIT	Y VEHICLE	=					Operanity	THE ENGOISEMENTS					
-	Total Occs	Train/Bus #		Total # Citations	Issued		Total Trailer	·e	Total HazMat Ty	nes				
	10tar occs	110111111111111111111111111111111111111	ayureu	1	.50000		0	•	0	,,,,				
ł	Insurance?	Direction Of	Travel		-hT:		Speed Limit							
⊒	YES	WESTBO		Pre Cras			30	t Total Lanes						
5	Most Harmful Even			Special Function				Emergen	y Motor Vehicle Use	Α				
_	MOTOR VEH IN			NO SPECIAL	FUNCTIO	N		NOT AP	PLICABLE	•				

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

										1 1 1
								4.	Pg a S	Search Search
		ic Way O-WAY, NOT DIVIDED	Traffic Control STOP SIGN		Tra	affic Control Inopen	ative/Missing			
		ace Type NCRETE	Road Curvature STRAIGHT				oad Grade EVEL	e Andrija og gregorija og gregor Og gregorija og gre		
2	Truc NO	k Bus or HazMat					y se de			
_		Role DRIVER	Citations Issued			Use Driver Address	Individual INDIVID			
2	2	Last Name ROSOL		First Name SAMANTHA		4		Middle Ini JO	itial	Suffix
		Street Address 2021 VIKING DR	Street Address	2	er H	¥	PO Box			
-	3	City REEDSBURG	State WI		Zip Code 53959	e ,	Country of Residence UNITED STATES			
LIND	INDIVIDUAL	DOB Sex Re W	ce	Hair BROWN	Eyes HAZE	L	Height 507	Weight 150		Number 415-2068 EXT.
	2	Driver's License Number	State WI	5	icense STATE	Jursidiction	Country o	STATE		
		License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICEN				DL Expire 2021	e Year	
		Equipment On Duty Acciden	Safety Equipment							
	δ	Seat Position 1FRONT SEAT-LEFT SIDE (DRI	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							
	ر ا	Injury Severity POSSIBLE IN	IURY	Airbag DEPLOYED-CURTAIN						
UNIT	NDWDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTE		APPLI	ICA NOT TRA			
5	2	MedicalTransport NOT TRANSPORTED		EMS Agency Ide	entifier		EMS Run#			
		Hospital		Date of Death			Time of Dea	ath		
		Non Motorist Striking Unit #	Location			To/FromSci	To/FromSchool			
	8	Prior Action	Action							
				Action Other						
		Drug & Alcoh APPEARED N								

Suspected Alcohol Use

Suspected Drug Use

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	Z	NO												
LNO	NOIVION	Alcohol Test Given TEST NOT GIVEN Alcohol Test Type			est Type	Alcohol Test Results								
ر	2	Drug Test Given Drug Test Type TEST NOT GIVEN					Drug Test Results							
	The second of th	Drug Type												
		License Plate Number		Plate Type		•	St	4 .	try of Issuance					
		935ZFN Vehicle Identification Number				AUT - AU	ITO	MOBILE	WI	975.55	UNITED STATES			
		3D4PG1FG3BT544134							Year 2011	Make DOD	with,			
		Model	1134	· · · · · · · · · · · · · · · · · · ·		Body Style	:		2011	Color	77.703			
		JOURNEY MA						UTILITY V	EHICLE	123	WHITE			
		Initial Contact Point				Vehicle Da	mag	е	2	Dr				
		9LEFT SIDE MIDDLE				1RIGHT	FR	ONT COR	NER, 3RI	GHT SIDE	MIDDLE, 5RIGHT REAR CORNER,			
2	5	Extent Of Damage DISABLING DAMA	7LEFT REAR CORNER, 8LEFT SIDE REAR, 9LEFT SIDE MIDDLE, 10LEFT SIDE FRONT											
		Towed Due To Damage				Vehicle Factors								
		TOWED DUE TO DISABLING DAMAGE				NOT APPLICABLE								
		Vehicle Removed By BILLS TOWING				NOT APA	The state of the s							
		What Driver Was Doin	ıg			Driver Prio	r Act	ion Other		Bus U	lse			
		GOING STRAIGHT				7110		ulianus silvii Prinsineri		NOT	A BUS			
LIND	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER					Driver Distractions UNKNOWN IF DISTRACTED								
		∇ Vehicle Owner	· Sama As On	erator		Use Operator Address								
		Organization Type	Same As Op	AF.	mpany Name									
		INDIVIDUAL.	*		inpany itame	to the state of th								
		Last Name		Fic	st Name				Middle	Suffix	Date of Birth			
		ROSOL		77.774	MANTHA				JO					
		Street Address 2021 VIKING DR	4 /	Str	eet Address2				PO Box					
		City REEDSBURG		St WI	Zip Cod 53959				Country of Residence UNITED STATES					
		Telephone Number (608) 415-2068 EX	1		- 1									
	ы	Event MOTOR VEH IN TE	RANSPORT								12.77			
	22	Event OVERTURN/ROLL	OVER								- 11-12-11-11-11-11-11-11-11-11-11-11-11-1			
	03	Event												
	40	Event							• .					
2	8	UTC Number AE137896	Issue To? 001	Statute 1 346.32		Seq Nui 005	m	Description FAILURE	TO YIELD	RIGHT OF	WAY			

Insurance Company

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															(555) 555	
片	and an Arabada			NS-CO-(AT	TN:-CL	AIMS-DEPT)	V	Policy Same	Holder As Ow	r ner			lder Sam	e As Dri	lver	
LIND	HOL	Organization INDIVIDUAL	Гуре -		ast Name		1	First Name P SAMANTHA			Policy	Policy Holder Company				
•	llnif	Summar	., I			100							vite mental processor	autorio la vologentoti suvergativa na costrava sessi		
		Status	, -		- Ti	Vehicle Operating	As Class	ification			Unit Type				7.5 7.4	
1	ı	RANSIT				D CLASS	A3 01030	SILICALIO I			TRUCK				1.00	
		cle Type								\dashv	Operating	As Endor	eamonte	-37	e in Net Principal	
05	UTILITY TRUCK/PICKUP TRUCK															
	Total Occs Train/Bus # Injured To 0			Total # Citations Issued Total Traile 0 0				ailer	s Total HazMat Types 0							
LIND	Insurance? Direction Of Travel Pre Cras YES SOUTHBOUND Mari							Total Lanes								
בֿן	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL F					UNCTIO	ON			Emergence NOT AP	y Motor V	ehicle Use E				
		ic Way			1	Traffic Control		•		-	Traffic Co	nicol Inope	rative/Missi	na	· · · · · · · · · · · · · · · · · · ·	
	ı	DED HWY N	MEDIAN	W/BARRIS	1	NO CONTROL					NO	iuo: iiiope		9		
1		ace Type				Road Curvature				┪	Road Gra	de	103			
	ı	NCRETE			5	STRAIGHT					LEVEL					
Truck Bus or HazMat											Av	<u> </u>				
		Role					Citation	s Issued	185	:	, Use D	river	Individual	Туре		
O.		Role DRIVER									Addr		INDIVID	UÄL		
02	2	Last Name					First Name				in. Air Thirt		tial	Suffix		
	0	KOPF					DESTINY			- 57	ARCTIC					
	Street Address S S4111 FOX HILL RD						Street A	ddress :	2 · * * * * * * * * * * * * * * * * * *	ÿ			PO Box			
		City					State		12	io C	ode		Country o	f Residen	nce	
1	3	BARABOO					WI	17.7	. 1	391			UNITED			
L N	INDIVIDUAL	OOB		Sex F	Race W	. %_	Hair BLON	D ::::::::::	Eyes BLUE		Heig 511	ht	Weight 165	1	Number 393-9325 EXT.	
	Ž	Driver's License Number				State Wi		- 1	License Jursidiction STATE			Country of Issuance UNITED STATES				
	License Type					License Status VALID LICENSE						DL Expire Year 2024				
		Equipn	ient :	On Duty Acc	 		Safety Equipment									
		Seat Position	Particular and the order of		a. Th		SHOULDER & LAP BELT									
	5	1FRONT	SEAI-L	.cri SIDE	(nKi∧F	R/MUTURU	Helmet Compliance									
		Helmet Use														
		Eye Protectio	n j		·		Tint Compliance									
		Injur	y	Injury Severi SUSPECT	•	IOR INJURY	Airbag DEPLOYED-FRONT									
E	Z	Ejected NOT EJEC					Ejection NOT E		D/NOT	API		Trapped/E				
LIND	INDIVIDUAL	MedicalTrans	port	ren			EMS Ag	gency Ide	entifier			EMS Run	#			
	Z	Hospital	1.7				Date of Death			-	Time of De	eath				
		Non Mot	oriet	Striking Unit	t#		Location	n			1.	To/FromSe	chool		<u> </u>	
		Prior Action	JIIOL				Action									
	N															
	02															

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in a state of the												
equi limit () () () dimension			Action Othe	r			agraga À					
a separate de la constanta de		Individual Condition	on.			.						
lo kail valiko		Drug & Alcoh				er en						
		Suspected Alcohol Use NO		Suspected I	Orug Use							
LIND	NDIVIDUAL	Alcohol Test Given A TEST NOT GIVEN	lcohol Test	Туре		Alcohol Test Re	esults					
<u>ر</u>		Drug Test Given DTEST NOT GIVEN	ре		Drug Test Resu	ilts		The second				
Pilas Chaces		Drug Type			···········			· ·	1			
sor head in the							J.					
u (en te secon								-***:	egivi (
i total		License Plate Number	Plate Type	LIT TOUCK	. 7	St	1	ry of Issuance ED STATES				
4 taken		965414 Vehicle Identification Number			LTK - LIGHT TRUCK WI Year				Make	EUSIAIES		
ceditorio.		3GCUKREC6FG229354					/ROLET					
ind add green		Model	Body Style PK - PICK	110			Color	- WHITE				
Modh Parench		SILVERADO Initial Contact Point	Vehicle Dar		:		44111	- MALIER				
of Good Canadas		12FRONT		a,Tooliesee	NED 1	14_1 EC1	r EDAN	T CODNED 12_EDONT				
02	8	Extent Of Damage	1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT, UNDERCARRIAGE									
_		DISABLING DAMAGE Towed Due To Damage	Vehicle Factors									
of the last		TOWED DUE TO DISABLING DAM										
Control of the Contro		Vehicle Removed By	NOT APPLICABLE									
Ì		MIKES TOWING What Driver Was Doing	Dover Prior	Action Other			Bus Use					
		GOING STRAIGHT	get árfr G	1100						NOT A BUS		
		Driver Actions NO CONTRIBUTING ACTION	Driver Distractions NOT DISTRACTED									
—	<u>П</u>	THE CONTRIBUTION ASTION		3	INOT DISTRACTED							
LIND			A STORY									
_	Ē											
2001000						<u> </u>		A 1.1				
		Vehicle Owner Same As Oper				Use Ope	erator	Audres	>			
***************************************		Organization Type INDIVIDUAL	Compa	ny Name	•							
of our and other		Last Name	First Na				Middle	+	Suffix	Date of Birth		
200		TOBIAS Street Address	TODD) Address2)		C PO Bo					
e de la composition della comp		Street Address E7776 CLINGERMAN DR										
-	Ologia Ologia	City ROCK SPRINGS	St WJ	Zip Co 53961				y of Resid	Residence			
		Telephone Number	AAI	100903	1		CINIT	LD GIA				
		(608) 355-9916 EXT.										
	9	Event MOTOR VEH IN TRANSPORT								·		

Event

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ſ								111			
		Event					· · · · · · · · · · · · · · · · · · ·				
	8										
	8	Event			4						
Series Property	8	Insurance Company			Policy Holder Same As Own	•	☐ Policy Holde	der Same As Driver			
12	Company of	CINCINNATI-INS-CO,-THE Organization Type	Last Name		First Name	ner	Policy Holder Comp	100 mg			
Ò		Organization Type INDIVIDUAL	TOBIAS		TODD		<u></u>				
		cription						Reconstruction By			
	٥.0	,,e ∡	1	1 1		ı		The second of th			
			А		٨			The management of the second o			
		7			Ť			Photos By LT ZUNKDER			
			1		A			LIZONNOLN			
			A		2005			A 1.000			
								Additional Information NONE, PHOTOS			
		SALUZANE	A	1	A						
		SAUK AVE	ı		UNIT 2						
							"	·			
					A	U	NIT 1				
		UNIT 1				4					
				UNIT 1							
	_		•	 							
			1								
			A .								
			'	lυ	NIT 2						
			Δ		Δ						
		,	1		ı <i>(</i>						
		CTH BD	Å								
			·	.	UNIT 2	not d	lrawn to scale				
				I]	l)	,					
	UNI	T 1 WAS STOPPED AT SAUK A	VE AND BD TRAV	ELING W/B W	HEN THE DRIVER TH	lOUGH	IT THE N/B AND S/B	LANES OF CTH BD WERE CLEAR. SHE			
	DID	NOT SEE UNIT 1 UNTIL IT WAS	H BD AND DID NO S TOO LATE AND :	I SEE UNIT 2 SHE COULD I	SOUNCTHED AND NOT STOP IN TIME TO	O AVO	LED OUT IN FRONT O ID THE CRASH. UNI	OF UNIT 2. UNIT 2 DRIVER STATED SHE T 1 DRIVER SIMPLY STATED SHE DID			
 		r see u nit 2. n ature			and the second section of the second						
Ì		<u> </u>	t officer serve t	hat I have =	ot added any C IIC	data	in this report				
	<u> </u>	I, a sworn law enforcement		nat i nave h	or added any GJIS	Qa(a	m uns repoπ.				
1		/ Enforcement Agency	/ 	1.0.4				- Company of the Comp			
Į				05	t Nama	O#F	eer Middle Name	Cuffix			
	Offic	cer Rank Officer Last N	ame	Officer First	t Name	Ome	cer Middle Name	Suffix			

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DEP	FINNEGAN		s							
DOT Officer ID 9107	·	DNR Office	DNR Officer ID		Officer Badge Number 9107					
Officer EMail		•		•						
Local Agency Number Law Enforcement Agency Jurisdi SAUK						Law Enforcement Agency type COUNTY SHERIFF				
Law Enforcement . SAUK COUNTY	Agency Name SHERIFFS DEP	ARTMEN	I	TAS Agency Name SAUK COUNTY SHERIFF						
Law Enforcement . 1300 LANGE C	Agency Street Addre	ess	Law	Law Enforcement Agency Street Address2						
Law Enforcement Agency City BARABOO LEA State WI				Law Enforcement Agency Zip Code 53913						
Law Enforcement Agency Phone Number (608) 356-4895 EXT. ORI Number WI0570000				BFUNC Ager 5600	icy	TraCS Agency Number 205				

