18-13727

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

rash Date	Crash Time			Arrived	DEPUTY S. PARKHURST Time Arrived			
2/10/2018	05:30 PM			/2018	05:37 PM			
ate Notified 2/10/2018	Time Notified 05:33 PM	i	Total I	Jnits	Total Injured 01	Total Kill	Cilled	
On Emergency	Hit and Run	t and Run		Work Zone	▼ Trailer or	Towed	Reporting Threshold	
Government Property	Active	School Zone	School NO	l Bus Related	Tags			
Reportable	Crash Type DT4000 (S	TANDARD CRASI	H)		Amended	I	Secondary Crash	
escription =								
iagram					F	econstructio	n By	
	1	I		1	F	hotos By		
	,		ı					
<u> </u>						dditional Info	ormation	
(D)					ĺ	IONE		
199								
	#1							
			1					
	!	-						
	#2							
								
	## ## ##		'					
	/ -		1					
	'		'					
			1	Not to	o Scale			
		USH	12					
	USH 12	0311	1					
	·							
				ed any CJIS data in th				
¬		41 4 1 1						

REST ON ITS PASSENGER SIDE IN THE SOUTHBOUND LANES OF TRAFFIC.

Location

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Crash Time 05:30 PM

0.4	I USH12 EB 11 MI N KINGS CORNER RD					Latitude 43.3836 2	21174		Longitud	de 3397619
IN	IN THE TOWN OF SUMPTER IN SAUK COUNTY					X Coordin 275756.2			Y Coord 480713	
						Structure NO STR		RE	1	
Cra	ash Scene				<u> </u>					
Firs	st Harmful Event					First Harm	nful Eve	nt Location		
	OTOR VEH IN TRANSPO	RT				ON ROA		,		
	nner of CollisionFRONT TO REAR					Light Cond DARK/U				
	ad Surface Condition(s)					Roadway		s)		
DR	()							-,		
	vironment Factor(s)					NONE				
NO	DNE					NONE				
We	ather Condition(s)									
CL	EAR									
Anii	mal Type					Relation T		cway - ON ROAD		
	ash Classification - Location				(Crash Cla	ssificatio	on - Jurisdiction		
	BLIC PROPERTY							URISDICTIO	N .	T
	oal Land					Access Control Special Study NO CONTROL			Special Study	
	•	Junction Location			Intersection	rsection Type T AN INTERSECTION				
NO	sure Type	NON-JUNCTION		Donno	ons for Closur		CHON			
	OSURE-ONE DIRECTIO	N		Reaso	ilis ioi Ciosui	е				
Dat	te Initial Lane/Rd Closed	Time Initial Lane/Rd Close 05:30 PM	ed	LAW	ENFORCE	RCEMENT, TOW TRUCK, FIRE/EMS				
	te All Lanes Open /10/2018	Time All Lanes Open 06:19 PM			e Scene Cleared 10/2018 Time Scene Cleared 06:19 PM					
Un	it Summary									
Uni	t Status				rating As Cla	ssification	1	Unit Type		
	TRANSIT		DC	CLASS					AUTOMOBILE Operating As Endorsements	
	nicle Type PORT) UTILITY VEHICLE	<u>.</u>						Operating	As Endorse	ments
	al Occs	Train/Bus # Injured	Tota	I # Citat	ions Issued		Total	Frailers	Total Haz	:Mat Types
1		,	0				0		0	
Inst YE	urance? S	Direction Of Travel SOUTHBOUND		Pre CrashTire Mark 55			ed Limit Total Lar		es	
	st Harmful Event: Collision W				Function					
	OTOR VEH IN TRANSPO	RT				ION			ntrol Inopera	
	IIIC Way /IDED HWY W/O TRAFF	IC BARRIFR		fic Contr				NO	ntroi mopera	tive/iviissing
	DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL Surface Type Road Curvature									
							DOWNH	DOWNHILL		
Tru-	ck Bus or HazMat)		•					<u>.</u>		
	Vehicle									
	License Plate Number			te Type			St	Country of		
	31810U				GHER EDU	CATI	WI	UNITED	STATES	
5	Vehicle Identification Numb KM8J2CA49JU694243		Ma HY	ke 'UNDA	I		Year 2018	Model TUCSON		
oncin	Motor Vehicle Crash	This	report d	oes not	include any C	CIIS data			Crash Date	e 12/10/2018

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

			Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS						
	Е		Vehicle Damage							
⊨		12FRONT								
UNIT	VEHICL	Extent Of Damage	ALL AREAS							
	VE	DISABLING DAMAGE								
			Vehicle Removed By EVERETTS TOWING							
			Vehicle Factors							
		NEGOTIATING CURVE	vonisio i dotoro							
		Driver Prior Action Other	NOT APPLICABLE							
		Driver Actions								
	Е	OTHER CONTRIBUTING ACTION								
╘										
UNIT	VEHICL									
	VE									
		Driver Distractions								
		UNKNOWN IF DISTRACTED								
0	01									
_)									
		Owner Name JANE ELIZABETH DISCHLER	Owner Address N880 CLUB CIRCLE DR							
		(608) 643-4672	PRAIRIE DU SAC, WI 53578 , US							
		Sequence Of Events								
	01	Event MOTOR VEH IN TRANSPORT								
	~	Event								
	02	OVERTURN/ROLLOVER								
	03	Event								
	04	Event								
LINO		Policy Holder Insurance Company	Individual							
5		AMERICAN-FAMILY-INS-CO	JANE DISCHLER							
	i	ndividual								
		Driver	Citations Issued	Sex						
	Ļ	JANE ELIZABETH DISCHLER (608) 643-4672	0	FEMALE						
	INDIVIDUAL	(666) 616 1612	Date of Birth	Race WHITE						
	NE	Address	Driver License Number							
\supset	Ξ	N880 CLUB CIRCLE DR	STATE: WISCONSIN COUNTRY: UN	UITED STATES						
	=	PRAIRIE DU SAC, WI 53578 , US	STATE. WISCONSIN COUNTRY. OF	WIED STATES						
		On Duty Crash	Safety Equipment							
		Equipment	Caroty Equipment							
		Seat Position	SHOULDER & LAP BELT Helmet Compliance							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
		Helmet Use								

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		Eye Protection			Tint Compliance							
01	001	Injury	Injury Severity POSSIBLE INJU	RY	Airbag DEPLOYED-FRONT							
		Ejected			Ejection Path			Trapped/Ext	ricated			
		NOT EJECTED			NOT EJECTEDA		ICABL		/EXTRICATED			
		Medical Transport EMS GROUND			EMS Agency Ident	tifier		EMS Run #				
		Hospital			Date of Death			Time of Dea	th			
		SAUK PRAIRIE HO	Striking Unit #	Prior Action		Location			To/From S	chool		
		Non Motorist	<u> </u>									
LIND	INDIVIDUAL	Action										
		Action Other										
	,	Sween R. Alaahal	Suspected Alcohol	Use	Suspected Drug U	se						
	L	Drug & Alcohol NO			NO							
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug Test R	esults			
5	001	Drug Type										
		Individual Condition	Individual Condition									
		APPEARED NORM	1AL									
		t Summary Status			Vehicle Operating As	Classification		Unit Type				
		RANSIT			O CLASS	Ciassilication		EQUIPME	NT			
05		cle Type						Operating A	s Endorsements			
0		RM TRACTOR/SELF										
	Tota 1	I Occs	Train/Bus # In	jured	Total # Citations Issue 0	ed	Total Traile	ers	Total HazMat Types 0			
	Insu	Insurance? Direction Of Travel YES SOUTHBOUND			Pre CrashTire Speed Lin			nit Total Lanes				
LNO		t Harmful Event: Collision	JND	Special Function		33	Emergency	Motor Vehicle Use				
\supset		TOR VEH IN TRANS			NO SPECIAL FUN	CTION		NOT APPLICABLE				
		ic Way DED HWY W/O TRA	Traffic Control			Traffic Control Inoperative/Missing						
		ace Type	AFFIC BARRIER		NO CONTROL Road Curvature			NO Road Grade				
	BLACKTOP (BITUMINOUS)				CURVE RIGHT			DOWNHILL				
	Truc NO	k Bus or HazMat		<u></u>				•				
		Vehicle										
		License Plate Number			Plate Type		St	Country of Iss	suance			
		Vehicle Identification N	Number		Make		Year	Model				
05	02	4450RW4450PD24			JOHN DEERE			4450				

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		Color			Body Style			Bus Use			
		GRN - GREEN			C - TRAC			NOT A BUS			
.	쁘				/ehicle Damage						
UNIT	$\overline{\mathbf{S}}$	NON-COLLISION			10 0 11 11 11 11 11 11 11 11 11 11 11 11						
5	VEHICLE	Extent Of Damage NO DAMAGE			NO DAMA	GE					
	>	Towed Due To Damage		\	/ehicle Rem	avad Rv					
					OWNER	oved by					
		What Driver Was Doing			/ehicle Facto	ors					
		GOING STRAIGHT									
		Driver Prior Action Other			NOT APPLICABLE						
		Driver Actions NO CONTRIBUTING ACTION									
	VEHICLE	NO CONTRIBUTING ACTION									
UNIT	≌										
0	卓										
	>										
		Driver Distractions									
		NOT DISTRACTED									
02	02										
0	0										
		Owner Name			Owner A	Address					
		CLAYTON D BARE				KINGS CORNER RD					
		(608) 370-1255			NORTH	H FREEDOM, WI 53951	ı, US	3			
	;	Sequence Of Eve	nts								
	2	Event MOTOR VEH IN TRA	NSDODT								
	0		NOFORI								
	02	Event									
		Event									
	03	Lvent									
		Event									
	04										
		Policy Holder									
UNIT		Insurance Company			Individual						
n		SECURA-INS-A-MUTUAL-CO				CLAYTON BARE					
	-	Trailer/Towed									
02		Trailer Plate #	Plate Type	Make		State	Coun	try of Issuance			
0				KUHL				•			
	2 ~	Unit Type	Inc	dividual			Addre				
UNIT	필빌	EQUIPMENT	10	LAYTON D BARE 08) 370-1255				943 KINGS CORNER RD RTH FREEDOM, WI 53941 , US			
5	TRAILER/ TOWED	Vehicle Identification Nur	mber	00,010 1200	NOKIH PREEDOW, WI 53941, US						
		Individual									
		Driver COLBY JAMES BEN	NFTT		Citations I	ssued		Sex MALE			
	AL	(608) 644-6231			Date of Birth			Race			
	IDUAL							WHITE			
╘	= =										

Crash Date 12/10/2018
Crash Time 05:30 PM

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Crash Date 12/10/2018

Crash Time 05:30 PM

NO	INDIV	Address 239 MADISON ST SAUK CITY, WI 5			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment	On Duty Crash		Safety Equipment					
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			NOT APPLICAB					
		Helmet Use			Helmet Compliance	•				
		Eye Protection			Tint Compliance					
02	005	Injury	Injury Severity NO APPARENT I	NJURY	NON DEPLOYE	D	I.T. 1/5			
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identi	fier	EMS Run #			
		Hospital		Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action	·	Location		To/From School		
TINO	INDIVIDUAL	Action								
		Action Other			10					
	L	Orug & Alcohol	Suspected Alcohol L NO	Jse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results Drug Test Results			
					Drug Test Type					
02	005	Drug Type								
Individual Condition APPEARED NORMAL										