WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrio	de Primary Crash	Document #	Agency 19-011	Crash Number 88	Investigating Of SERGEANT S		
Crash Date 01/29/2019	Crash Time 11:30 AM		Date Ar 01/29/2		Time Arrived 11:54 AM		
Pate Notified 1/29/2019	Time Notified 11:45 AM		Total Ur 01	nits	Total Injured 00	Total Kille	ed
On Emergency	Hit and Run	Lane Clo		Work Zone	Trailer or	Towed	Reporting Threshold
Government Property		chool Zone	NO School	Bus Related	Tags		_
Reportable	Crash Type DT4000 (ST	ANDARD CRAS	SH)		Amended	I	Secondary Crash
escription =					1-	econstruction	_
					Pi	hotos By	
					A(N	dditional Info ONE	ormation
					l l		

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Crash Date 01/29/2019

Crash Time 11:30 AM

	Loc	ation								
		SKIHI RD			I	Latitude			Longitud	le
	125 FT W OF S SHORE RD IN THE TOWN OF BARABOO IN SAUK COUNTY				4	43.420065916			_	081832
					5	X Coordina	ate		Y Coord	inate
						277454.5			481113	
					5	Structure 7	Type			
							,,			
	Cra	sh Scene			\ -					
	First	: Harmful Event			l i	First Harm	ıful Event Lo	ocation		
	ЕМІ	BANKMENT					ER RIGH			
	Man	ner of Collision				Light Condition DAYLIGHT				
	NO	COLLISION W/VEHIC	LE IN TRANSPORT		ı					
	Roa	d Surface Condition(s)			Roadway Factor(s)					
	SNO	ow								
	Envi	ronment Factor(s)								
	NOI	NE				ROAD SI ETC)	URFACE	CONDITION	I (WET, IC	CY, SNOW, SLUSH,
	Wea	ther Condition(s)								
	CLE	EAR								
	Anin	nal Type			F	Relation T	o Trafficwa	у		
						TRAFFICWAY - NOT ON ROAD Crash Classification - Jurisdiction				
		sh Classification - Location								
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION Access Control Special Study		Special Study		
				NO COM				operation of the state of the s		
	With NO	in Interchange Area	Junction Location NON-JUNCTION			ersection Type OT AN INTERSECTION				
			NON-JUNCTION		NOT AN II	MILKOL	CTION			
		t Summary =				181 .1		1		
		Unit Status Vehicle Operating As C				21				
		IN TRANSIT D CLASS				AUTOMOBILE Operating As Endorsements		monto		
5		Vehicle Type (SPORT) UTILITY VEHICLE						Operating A	S LIIUUISEI	nents
	_	Occs	Total # Cita	Total # Citations Issued		Total Trailers		Total HazMat Types		
	Total Occs Train/Bus # Recorded 01		00		0		0.0	0	, , , , , , , , , , , , , , ,	
		Insurance? Direction Of Travel		Pre CrashTir						es
⊨	YES		EASTBOUND		Special Function NO SPECIAL FUNCTION		45		02	
LNO		t Harmful Event: Collision	With					Emergency Motor Vehicle Use NOT APPLICABLE Traffic Control Inoperative/Missing NO		
		BANKMENT fic Way		Traffic Control						
		O-WAY, NOT DIVIDED	\		NO CONTROL Road Curvature STRAIGHT					live/iviissiiig
		ace Type						Road Grade)	
		ACKTOP (BITUMINOU	S)					LEVEL		
		k Bus or HazMat	,		<u> </u>					
	NO									
	,	.,								
		Vehicle					0.	A		
		License Plate Number		Plate Type			St II	Country of Is		
_			mber		JTOMOBILE	E	St IL Year	Country of Is UNITED S		
10	10	License Plate Number AD56387 Vehicle Identification Nu 1FMDU75W95UA314		AUT - AU Make FORD	JTOMOBILE	=	IL	Model EXPLORE	TATES	
70		License Plate Number AD56387 Vehicle Identification Nu 1FMDU75W95UA314 Color	147	AUT - AU Make FORD Body Style	JTOMOBILE		Year 2005	UNITED S	rates	
01	E 01	License Plate Number AD56387 Vehicle Identification Nu 1FMDU75W95UA314	147	AUT - AU Make FORD Body Style	JTOMOBILE		Year 2005	Model EXPLORE Bus Use	rates	
	E 01	License Plate Number AD56387 Vehicle Identification Nul 1FMDU75W95UA314 Color SIL - SILVER (ALUM	147	AUT - AU Make FORD Body Style UT - SPC	JTOMOBILE		Year 2005	Model EXPLORE Bus Use	rates	
UNIT 01	70	License Plate Number AD56387 Vehicle Identification Nu 1FMDU75W95UA314 Color SIL - SILVER (ALUM Initial Contact Point	147	AUT - AU Make FORD Body Style UT - SPC	DRT UTILITY		Year 2005	Model EXPLORE Bus Use	rates	

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		Towed Due To Damage		Vehicle Removed By				
		TOWED BUT NOT DUE 1	TO DISABLING DAMAG	MIKES TOWING				
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT		Vollidio i dotoro				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Phot Action Other		1101711121071212				
		Driver Actions						
		UNKNOWN						
_	쁘	Ollinoviii						
UNIT	<u>⊆</u>							
5	VEHICL							
	7							
		Owner Name		Owner Address				
_	_	ANDREW P KLEM		638 TAMARISK LANE	44 110			
6	5	(815) 670-4218		CRYSTAL LAKE, IL 600	14 , US			
	,	Sequence Of Events						
		Event						
	5	EMBANKMENT						
	٥.	Event						
	02							
		Event						
	03							
		Event						
	9	LVOIR						
╘		Policy Holder						
UNIT		Insurance Company		Individual				
-		USAA-CASUALTY-INS-CO		ANDREW KLEM				
_		USAA-CASUALTT-INS-C		ANDREW KLEM				
	ı	Individual		ANDREW KLEM				
_	İ		,0	Citations Issued	Sex			
		Individual Driver LOGAN EDWARD KLEM			Sex MALE			
		Individual Driver		Citations Issued				
		Individual Driver LOGAN EDWARD KLEM		Citations Issued 00	MALE			
		Individual Driver LOGAN EDWARD KLEM		Citations Issued 00	MALE Race			
LIND		Driver LOGAN EDWARD KLEM (608) 402-5665 Address S7559 USH 12 LOT D7	I	Citations Issued 00 Date of Birth Driver License Number	MALE Race WHITE			
	INDIVIDUAL	Driver LOGAN EDWARD KLEM (608) 402-5665	I	Citations Issued 00 Date of Birth	MALE Race WHITE			
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	INDIVIDUAL	Individual Driver LOGAN EDWARD KLEM (608) 402-5665 Address S7559 USH 12 LOT D7 NORTH FREEDOM, WI 5	I	Citations Issued 00 Date of Birth Driver License Number STATE: WISCONSIN COL	MALE Race WHITE			
	INDIVIDUAL	Driver LOGAN EDWARD KLEM (608) 402-5665 Address S7559 USH 12 LOT D7 NORTH FREEDOM, WI 5	1 53951 , US	Citations Issued 00 Date of Birth Driver License Number	MALE Race WHITE			
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	INDIVIDUAL	Driver LOGAN EDWARD KLEM (608) 402-5665 Address S7559 USH 12 LOT D7 NORTH FREEDOM, WI 5	1 3 3951 , US ty Crash	Citations Issued 00 Date of Birth Driver License Number STATE: WISCONSIN COL	MALE Race WHITE UNITED STATES			
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Crash Time 11:30 AM

		Non Motorist Striking Unit #	Location				
		Prior Action					
TIND	INDIVIDUAL	Action					
		Action Other					To/From School
	ı	Drug & Alcohol NO	ol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	е		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3	
6	001	Drug Type	•				
		Individual Condition					
		APPEARED NORMAL					