19-11126

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

ſ	Document Number Override	Primary Crash Document #		Agency Crash Number 19-11126		Investigating Officer/Deputy DEPUTY S. FINNEGAN		
	Crash Date 09/05/2019	Crash Time 01:20 PM		Date Arrived 09/05/2019		Time Arrived 01:34 PM		
	Date Notified 09/05/2019	Time Notified 01:23 PM		Total Un <b>01</b>	its	Total Injured Total Killed 00 00		d
	On Emergency	t and Run	Lane Closu	re	Work Zone	Trailer	or Towed	Reporting Threshold
	Government Property	Active Sc	Active School Zone School Bus			Tags	•	
	Reportable	Crash Type DT4000 (STA	NDARD CRASH	)		Amended		Secondary Crash
	Description						Reconstruction	By
			I	USH	12		Photos By	, 
			ЬП				Additional Info NONE	mation
			unit 1	<	chair			
			unit 1		not drawn to scale			
	✓ I, a sworn law enforceme UNIT 1 WAS N/B ON USH 12 WH STH 33 SO HE WAS NOT ON TH	EN DRIVER HIT					OVER PASS. I	DRIVER KEPT GOING TO
	LOCATION				Latitude		Longitu	de
	419 FT N OF STH136 WB				43.47607310 X Coordinate	6		407316
	IN THE VILLAGE OF WEST I IN SAUK COUNTY		275638.593		48174			
				Structure Type NO STRUCTURE				

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**Crash Scene** 

]	First	First Harmful Event						First Harmful Event Location				
	от⊦	THER OBJECT - NOT FIXED					ON ROADWAY					
	Manı	ner of Collision				Light Condition						
	NO	COLLISION W/VEHICLE IN TRANSPORT				DAYLIGHT						
	Road	ad Surface Condition(s)					Roadway Factor(s)					
	DRY	(										
	Envii	ronment Factor(s)										
	NOM	NONE					NONE					
	Wea	Weather Condition(s)										
	CLE	CLEAR										
	Anim	nal Type	I Туре					ау				
	Cras	h Classification - Location						ON ROAD				
		BLIC PROPERTY			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION							
					Access Control				Special Study			
	11100				NO CON					Special Study		
	Withi	in Interchange Area	Junction Location		Intersection Type							
	NO		NON-JUNCTION		NOT AN INTERSECTION							
		t Summary 🛛 💻										
		Status			erating As C	lassification	lassification Unit Type					
		RANSIT		D CLASS	CLASS			AUTOMOBILE				
2		cle Type				Operating As Endorsements						
0	PASSENGER VAN					d Total Trailers Total HazMat Types						
	1 otal	Occs	Train/Bus # Recorded	l otal # Cita <b>0</b>	Total # Citations Issued		10tai 1ra 0	lliers	0			
	Insurance? Direction Of Travel						Speed Limit		Total Lanes			
н	YES NORTHBOUND			Pre	Pre CrashTire Mark		65		4			
UNIT	Most Harmful Event: Collision With S				Special Function			Emergency Motor Vehicle Use				
2	OTTIER OBJECT - NOT TIKED							NOT APPLICABLE Traffic Control Inoperative/Missing				
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER				Traffic Control NO CONTROL			NO				
		ace Type		Road Curvature			Road Grade					
		CONCRETE			STRAIGHT			LEVEL				
	Truc	Truck Bus or HazMat										
	NO											
	<u> </u>	Vehicle										
		License Plate Number		Plate Type			St	Country of Is	suance			
	200SJE Vehicle Identification Number 1D8HN54PX8B188035				AUT - AUTOMOBIL		WI	UNITED STATES Model GRAND CARA				
2				Make DODGE	Make		Year <b>2008</b>					
	0	Color		Body Style		2000	Bus Use					
		SIL - SILVER (ALUMI		VN - VAN NOT A BUS			S					
	щ	Initial Contact Point	Vehicle Da	Vehicle Damage								
Ε	CL	12FRONT										
UNIT	VEHICL	Extent Of Damage FUNCTIONAL DAMAGE			– 1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 12FRONT, UNDERCARRIAGE							
	Towed Due To Damage NOT TOWED What Driver Was Doing GOING STRAIGHT			Vehicle Re	Vehicle Removed By							
					OPERATOR Vehicle Factors NOT APPLICABLE							
				Vehicle Fa								
	Driver Prior Action Other											
				I								

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

E	CLE	Driver Actions NO CONTRIBUTING ACT	ΓΙΟΝ						
UNIT	VEHICLE								
6	01	Owner Name GERALDINE J STOLTZ (608) 402-5258			Owner Address 1220 ASH ST BARABOO, WI 53913 , US				
		Sequence Of Events							
	01	Event OTHER OBJECT - NOT F							
	02	Event							
	03	Event							
	04	Event							
⊢	ľ	Policy Holder							
UNIT		Insurance Company PROGRESSIVE-CASUAI	TY-INS-CO		Individual GERALDINE STOLTZ				
	l	ndividual							
		Driver			Citations Issued	Sex			
	٦L	JAMES L SAGE (608) 402-5258			0	MALE			
Е	INDIVIDUAL				Date of Birth	Race WHITE			
		Address 1220 ASH ST BARABOO, WI 53913 ,US			Driver License Number				
	N				STATE: WISCONSIN COUNTRY: UNITED STATES				
		On Dut	y Crash		Safety Equipment				
	Saf	ety Equipment	-						
					SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use			Helmet Compliance				
		Theimer Use							
		Eye Protection			Tint Compliance				
2	001	Injury S Injury NO AI	Severity PPARENT INJUR		Airbag NON DEPLOYED				
		Ejected	Ejection Path			Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJECTED/	-	EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED			Lino Agency identifier				
		Hospital			Date of Death	Time of Death			
	Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED							
		Non Motorist	Unit # Locat	ion					
		Prior Action	I						

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action						
	L	Action Other Drug & Alcohol	Suspected Alcohol Us	se	Suspected Drug Use			To/From School
		Alcohol Test Given		Alcohol Test Type	<u> </u>		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
6	001	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					