19-11349

# 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 #	5,			nvestigating Officer/Deputy DEPUTY A. BREUNIG			
۶ŀ	Crash Date	Crash Time		Date Ar	rived	Time Arrived	-	-		
2	09/11/2019	04:23 PM Time Notified		09/11/		04:33 PM				
J	Date Notified 09/11/2019	04:25 PM		Total U <b>02</b>	nits	Total Injured	Total <b>00</b>	Killed		
		and Run	Lane Clos		Work Zone		or Towed	Reporting Threshold		
	Government Property	Crash Type	hool Zone	NO	Bus Related	Tags				
	Reportable	DT4000 (STA	NDARD CRASH	I)		Amend	ed	Secondary Crash		
	Description						_			
	Diagram						Reconstrue	ction By		
		CTH F	PF				Photos By			
	QUENCH DR		dD				A BREÚI	NIG		
			[}]							
			2				Additional PHOTOS	Information		
				NOT SCA						
		Ľ								
	STOP									
		I,								
			2							
			мР							
	- <b>-------------</b>									
	► I									
			1-0							
			imi I							
	✔ I, a sworn law enforcement	nt officer, agre	e that I have no	ot added	I any CJIS data in thi	s report.				
	UNIT 1 WAS TRAVELING EASTBO									
	SLOWING IN FRONT OF HER. UN IN FRONT OF UNIT 2. THE WITN MEDICINE. THE WITNESS ADVIS AND SO DID UNIT 2.	ESS ADVISED T	HAT A CAR IN FR	ONT OF	HIM WAS SIGNALING T	O MAKE A LEFT	TURN INT	O MUELLER SPORT		
_	ocation									
	ON CTHPF EB 0.26 MI W				Latitude 43.2930538	65		ngitude <b>.752473007</b>		
	OF 21ST ST IN THE TOWN OF PRAIRIE D	USAC			X Coordinate		YC	Coordinate		
	IN SAUK COUNTY				276714.375		479	97038		
					Structure Typ	e				
	nsin Motor Vehicle Crash 0T4000		This report of	loes not ir 1 c	Include any CJIS data.			Date 09/11/2019 Time 04:23 PM		

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		sh Scene									
Ī		Harmful Event					nful Event L	ocation			٦
		TOR VEH IN TRANSP				ON ROA					
		ner of Collision				Light Cond					[
	-	FRONT TO REAR				DAYLIG					_
		d Surface Condition(s)				Roadway	Factor(s)				
	DR										
	Envi	ronment Factor(s)									
	NOM	NE			NONE						
	Wea	ther Condition(s)									
	CLC	OUDY									
	Anim	nal Type			Relation To Trafficway						—
							CWAY - O				
	Cras	h Classification - Location				Crash Clas	ssification -	Jurisdiction			_
	PUE	BLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION			
Ì	Triba	al Land				Access Co				Special Study	_
					NO CONTROL						
		in Interchange Area	Junction Location		Intersectio	• •					
	NO		DRIVEWAY ACCESS-REI	LATED	NOT AN	INTERSE	CTION				
		t Summary 🛛 💻									
		Status		-	erating As C	lassification		Unit Type			
				D CLASS	D CLASS			AUTOMO			
5			F					Operating A	s Endorse	ments	
-	•	ORT) UTILITY VEHICL	Train/Bus # Recorded	Total # Cita	tions Issued		Total Trai	lers	Total Haz	zMat Types	
	<b>4</b>	TOLLS	Train/Dus # Necorded	10iai # Cila	lions issued		0	1013	0		
		ance?	Direction Of Travel		CrashTire		Speed Lir	nit	Total Lan	ies	
-	YES	;		Mark		45		2			
		Harmful Event: Collision			Special Function NO SPECIAL FUNCTION			Emergency NOT APP			_
-			ORT			T		-	Traffic Control Inoperative/Missing		
				Traffic Cont NO CONT				NO			
		D-WAY, NOT DIVIDED ace Type						NO Road Grade			
			S)	STRAIGH	Road Curvature					1	
		k Bus or HazMat	•,		<u> </u>						_
	NO										
	,	Vehicle									
		License Plate Number		Plate Type	•		St	Country of Is	suance		٦
		258ZAK		AUT - AU	JTOMOBIL	.E	WI	UNITED ST	TATES		
5	-	Vehicle Identification Nur		Make			Year	Model			
2	6	3G5DA03E74S59807	'9	BUICK			2004	RENDEZV	ous		
				Body Style				Bus Use NOT A BU	s		
	ш	WHI - WHITE Initial Contact Point		Vehicle Da	DRT UTILIT	YVEHIC	LE	NOT A BO	<b>.</b>		
-		11LEFT FRONT CO	RNER	Venicle Da	inage						
	₽	Extent Of Damage		11LEFT	11LEFT FRONT CORNER, 12FRONT						
ו	VEHICL	FUNCTIONAL DAMA	<b>IGE</b>			,,					
		Towed Due To Damage		Vehicle Re	moved By						$\neg$
		NOT TOWED		OPERAT	OR						
		What Driver Was Doing		Vehicle Fa	ctors						٦
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APP	PLICABLE						

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UNIT	VEHICLE	Driver Actions FOLLOWING TOO CLOSE, FAILURE TO CONTROL Owner Name Owner Address											
6	01	Owner Name XAVIER FRANCIS CAS (910) 446-3613	го		3702 PACKERS AVE #201 MADISON, WI 53704 2457, US								
		Sequence Of Events	6										
	01	Event MOTOR VEH IN TRANS	PORT										
	02	Event											
	03	Event											
	04												
ъ	I	Policy Holder											
UNIT		Insurance Company GEICO-CASUALTY-CO											
_					XAVIER CASTO								
	1	ndividual Driver			Citations Issued	Sex	_						
		AYSHA CLARRISSA GO	DODWIN		1	FEMALE							
⊢	DUA	(608) 446-1537			Date of Birth	Race BLACK							
UNIT	INDIVIDUAL	Address 1120 GAMMON LN MADISON, WI 53719 ,U	JS		Driver License Number STATE: WISCONSIN COU	NTRY: UNITED STATES							
	Sat	On Du fety Equipment	ity Crash		Safety Equipment								
	Sai	Seat Position			SHOULDER & LAP BELT								
		1FRONT SEAT-LEFT	SIDE (DRIVE	ER/MOTORCY	SHOULDER & LAP BELT								
		Helmet Use	, ,		Helmet Compliance								
		Eye Protection			Tint Compliance								
2	001	Injury Injury NO A	Severity	INJURY	Airbag NON DEPLOYED		_						
		Ejected NOT EJECTED	Ejection Pa			Trapped/Extricated NOT TRAPPED							
		Medical Transport	1		EMS Agency Identifier	EMS Run #							
		NOT TRANSPORTED											
		Hospital			Date of Death	Time of Death							
		Distracted By NOT	cted By Source APPLICAB	E (NOT DISTRA	CTED)								
		Distracted By Action NOT DISTRACTED											
		Non Motorist	ig Unit #	Location									
		Prior Action					_						

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		Action										
_												
_	Ľ											
.	<b>NDIVIDUAL</b>											
	ē											
5	>											
-	Δ											
_	Z											
_												
_		Action Other						To/From School				
	L	Sust	pected Alcohol U	se	Suspected Drug Use							
_	Ľ	Drug & Alcohol NO			NO							
		_										
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results					
		TEST NOT GIVEN										
		Drug Test Given		Drug Test Type		Drug Test Results						
		TEST NOT GIVEN										
_	-	Drug Type										
2	001	3 71										
	-											
	ľ	Individual Condition										
		APPEARED NORMAL										
_												
_		ndividual										
_	1				Ottationa lasurad							
		Passenger VANESSA RYAN MILL	ED		Citations Issued		Sex					
⊢	_	(608) 604-1432	.EK		0		FEMALE					
		(008) 004-1432			Date of Birth		Race					
	ď						WHITE					
	INDIVIDUAL	Address			Driver License Number							
<b>&gt;</b>		N1061 BYINGTON RD										
	Z	<b>WONEWOC, WI 53968</b>	, US		STATE: WISCONSIN	N COUNTRY: UN	ITED STATES					
_												
_	l		Duty Creat									
_	Saf	ety Equipment	Duty Crash		Safety Equipment							
	our											
		Seat Position			SHOULDER & LAP BELT							
		3FRONT SEAT-RIGH	T SIDE (TRAII	N ENGINEER								
	İ	Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
		,										
			y Severity		Airbag							
2	002		APPARENT II									
	Ξ.				NON DEPLOTED		Turner a d/Eutoinata d					
_		Ejected	Ejection Par				Trapped/Extricated					
		NOT EJECTED	NOT EJE	CTED/NOT APPL	ICABLE		NOT TRAPPED					
_		Medical Transport			EMS Agency Identifier		EMS Run #					
_		NOT TRANSPORTED										
_	İ	Hospital			Date of Death		Time of Death					
_												
		Dietr	acted By Source	•	l							
_	Distracted By											
	r	-										
		Distracted By Action										
		Striki	ing Unit #	Location								
		Non Motorist										
	[	Prior Action										

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UNIT	INDIVIDUAL	Action										
		Action Other							To/From School			
	L	Drug & Alcohol	Suspec	ted Alcohol	Jse	Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	2		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		<u> </u>					
6	002	Drug Type										
		ndividual Condition APPEARED NORMAL										
	ļ	ndividual										
	٩L	Passenger GINA ELLEN HOL (608) 495-9089	LOWA	Y		Citations Issued 0		Sex FEMALE				
UNIT	INDIVIDUAL					Date of Birth		Race WHITE				
5	<b>INDI</b>	Address E3976 GUDENSCI LA VALLE, WI 539				Driver License Number	N COUNTRY: UN	IITED STATES				
	Saf	ety Equipment	On Duty	/ Crash		Safety Equipment						
		Seat Position 6SECOND SEAT	-RIGHT	SIDE		SHOULDER & LAP BELT						
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
6	003	Injury	Injury S NO AF	everity PPARENT	INJURY	Airbag NOT APPLICABLE						
		Ejected NOT EJECTED		Ejection Pa	ath CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport	ED			EMS Agency Identifier		EMS Run #				
		Hospital				Date of Death		Time of Death				
		Distracted By	Distract	ed By Sourc	e	I		1				
		Distracted By Action										
		Non Motorist	Striking	Unit #	Location							
		Prior Action										

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UNIT	INDIVIDUAL	Action										
		Action Other							To/From School			
	Ľ	Drug & Alcohol	Suspect NO	ed Alcohol l	Jse	Suspected Drug Use						
	ĺ	Alcohol Test Given			Alcohol Test Type	1		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results					
5	003	Drug Type			I		I					
		ndividual Condition APPEARED NORMAL										
	I	Individual										
F	۸L	Passenger LESA ANNE HOLLOWAY (608) 604-3183				Citations Issued		Sex FEMALE				
	IDU/	(,				Date of Birth		Race WHITE				
UNIT	INDIVIDUAL	Address E1548 COUNTY R LA VALLE, WI 539		6		Driver License Number	I COUNTRY: UN	ITED STATES				
	Saf	ety Equipment	On Duty	r Crash		Safety Equipment						
	ĺ	Seat Position 4SECOND SEAT	LEFT :	SIDE(MOT	ORCYCLE/BI	SHOULDER & LAP BELT						
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
5	004	Injury	Injury S NO AP	everity PARENT I	NJURY	Airbag NOT APPLICABLE						
	ĺ	Ejected NOT EJECTED		Ejection Pa				Trapped/Extricated NOT TRAPPED				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		Hospital	ED			Date of Death		Time of Death				
		Distracted By	Distract	ed By Sourc	е	1		1				
		Distracted By Action										
		Non Motorist	Striking	Unit #	Location							
		Prior Action			1							

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UNIT	INDIVIDUAL	Action										
		Action Other										To/From School
	,	Drug & Alcohol	Susp	pected Alcohol U	lse		Suspected Drug Use					
	-	Alcohol Test Given	NO		Alcohol Test Ty	ре				Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given			Drug Test Type			Drug	Test Results			
	_	TEŠT NOT GIVEN						Didg				
2	004	Drug Type										
		ndividual Condition										
		APPEARED NORMAL										
	ļ	/iolations										
	01	UTC Number AE753242	lssu 001		tute Number 5 <b>.57(2)</b>		Description FAILURE TO KEEP	/EHIC	LE UNDE	R CONTRO	L	
		Summary		•								
		Status <b>RANSIT</b>					hicle Operating As Classi CLASS	lication	1	Unit Type AUTOMOI	BILE	
02	Vehicle Type									Operating A		ients
0	PASSENGER CAR Total Occs Train/Bus # Recorded					То	tal # Citations Issued		Total Traile	ors	Total HazM	Aat Types
	1					0			0		0	
F	Insur YES	ance?		Direction Of Tra			Pre CrashTire Mark		Speed Lim 45		Total Lane	
UNIT		Harmful Event: Collisio				Special Function NO SPECIAL FUNCTION			Emergency NOT APPI		le Use	
		ic Way D-WAY, NOT DIVIDE	-			Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
		ace Type					ad Curvature			Road Grade		
		CKTOP (BITUMINC	OUS)	)		S	TRAIGHT			UPHILL		
	Trucl	KBus or HazMat										
		/ehicle										
		License Plate Number 296XWJ					late Type UT - AUTOMOBILE			Country of Is UNITED S1		
02	02	Vehicle Identification N 1G11E5SA2GF140					lake HEVROLET			Model MALIBU LI	м	
-	0	Color				В	ody Style			Bus Use		
	ш	MAR - MAROON (E Initial Contact Point	SUR	(GUND I)			D - 4DR ehicle Damage					
UNIT	VEHICL	6REAR				_						
D	VEF	Extent Of Damage		E			RIGHT REAR CORN	ER, 0				
		Towed Due To Damag	ge				ehicle Removed By					
		What Driver Was Doin	g				ehicle Factors					
		SLOW/STOPPING Driver Prior Action Oth	ner			N	IOT APPLICABLE					

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		Driver Actions	0 4 OT										
Ы	LE	NO CONTRIBUTIN	G ACT	ION									
INU	VEHICLE												
	VEI												
						1							
		Owner Name JENNIFER ANN FI	ENE			Owner Address 1267 JACOB DR							
02	02	(608) 370-1631				PRAIRIE DU SAC, WI 53	3578 ,US						
		Sequence Of Ev	vents										
	01	Event MOTOR VEH IN TR	RANSP	ORT									
	02	Event											
	03	Event											
		Event											
	04												
ъ	I	Policy Holder											
UNIT		Insurance Company AMERICAN-FAMIL		<u></u>		Individual JENNIFER FIENE							
		ndividual	.1-1113-	0		JENNIFER FIENE							
		Driver				Citations Issued	Se	ex exercise a second se					
	Ļ	JENNIFER ANN FI	ENE			0		EMALE					
ь	INDIVIDUAL	(608) 370-1631				Date of Birth		ace HITE					
	IVI	Address				Driver License Number							
-	IND	1267 JACOB DR PRAIRIE DU SAC,	WI 535	78,US		STATE: WISCONSIN COL	JNTRY: UNITE	D STATES					
	Saf	ety Equipment	On Duty	/ Crash		Safety Equipment							
	-u.	Seat Position				SHOULDER & LAP BELT							
		1FRONT SEAT-L	EFT SI	DE (DRIVE	R/MOTORCY								
		Helmet Use				Helmet Compliance							
		Eye Protection				Tint Compliance							
03	005	Injury	Injury So NO AP	everity PARENT I	NJURY	Airbag NON DEPLOYED							
	_	Ejected		Ejection Pa			Tra	apped/Extricated					
		NOT EJECTED		NOT EJE	CTED/NOT APPL			OT TRAPPED					
	Medical Transport NOT TRANSPORTED					EMS Agency Identifier	EN	//S Run #					
		Hospital				Date of Death	Tir	me of Death					
		Distracted By	NOT A	ed By Sourc PPLICABI	e .E (NOT DISTRA	CTED)							
		Distracted By Action NOT DISTRACTED	)										
		Non Motorist	Striking	Unit #	Location								
		Prior Action			1								

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UNIT	INDIVIDUAL	Action								
		Action Other		_			To/From School			
	L	Drug & Alcohol NO	Use	Suspected Drug Use						
		Alcohol Test Given Alcohol Test TEST NOT GIVEN		2	Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results					
02	005	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	Witi	ness								
VITN 01 ESS 01	Indiv EVA	vidual AN JAMES WOODRUFF 8) 495-9853		Address S1509 CANARY CT LA VALLE, WI 53941	, US		Date of Birth			