

6TL092T5P3

19-14560

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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|   |                                      |  |  |  |  |
|---|--------------------------------------|--|--|--|--|
| Document Number Override                                |                                      | Primary Crash Document #                     | Agency Crash Number<br><b>19-14560</b> | Investigating Officer/Deputy<br><b>DEPUTY J. KIRKENG</b> |  |
| Crash Date<br><b>11/24/2019</b>                         |                                      | Crash Time<br><b>05:55 PM</b>                | Date Arrived<br><b>11/24/2019</b>      | Time Arrived<br><b>06:02 PM</b>                          |  |
| Date Notified<br><b>11/24/2019</b>                      |                                      | Time Notified<br><b>05:55 PM</b>             | Total Units<br><b>01</b>               | Total Injured<br><b>00</b>                               | Total Killed<br><b>00</b>                    |
| <input type="checkbox"/> On Emergency                   | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure        | <input type="checkbox"/> Work Zone     | <input type="checkbox"/> Trailer or Towed                | <input type="checkbox"/> Reporting Threshold |
| <input checked="" type="checkbox"/> Government Property |                                      | <input type="checkbox"/> Active School Zone  | School Bus Related<br><b>NO</b>        | Tags   |  |
| <input checked="" type="checkbox"/> Reportable          |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                         | <input type="checkbox"/> Secondary Crash     |

## Description

|         |                                       |
|---------|---------------------------------------|
| Diagram | Reconstruction By                     |
|         | Photos By                             |
|         | Additional Information<br><b>NONE</b> |

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS ATTEMPTING TO TURN AROUND ON A DEAD END ROAD WHEN IT EXITED THE ROADWAY ON THE WEST SIDE GETTING STUCK IN A DITCH.

## Location

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| <b>ON SKILLET CREEK RD<br/>1243 FT W<br/>OF POINT OF ROCKS RD/ USHL U WB<br/>IN THE TOWN OF BARABOO<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.437774949</b>       | Longitude<br><b>-89.773643536</b> |
|  | X Coordinate<br><b>275531.59375</b>   | Y Coordinate<br><b>4813168</b>    |
|  | Structure Type<br><b>NO STRUCTURE</b> |                                   |

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## Crash Scene

|   |  |   |               |
|---|--|---|---------------|
| First Harmful Event<br><b>DITCH</b>                               |  | First Harmful Event Location<br><b>ROADSIDE</b>                       |               |
| Manner of Collision<br><b>NO COLLISION W/VEHICLE IN TRANSPORT</b> |  | Light Condition<br><b>DARK/UNLIT</b>                                  |               |
| Road Surface Condition(s)<br><b>DRY</b>                           |  | Roadway Factor(s)<br><br><b>NONE</b>                                  |               |
| Environment Factor(s)<br><b>NONE</b>                              |  |   |               |
| Weather Condition(s)<br><b>CLOUDY</b>                             |  |   |               |
| Animal Type   |  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>         |  | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land   |  | Access Control<br><b>NO CONTROL</b>                                   | Special Study |
| Within Interchange Area<br><b>NO</b>                              | Junction Location<br><b>NON-JUNCTION</b> | Intersection Type<br><b>NOT AN INTERSECTION</b>                       |               |

## Unit Summary

|                |  |  |   |                            |  |  |
|----------------|--|--|---|----------------------------|--|--|
| <b>UNIT 01</b> | Unit Status<br><b>IN TRANSIT</b>                   |  | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|                | Vehicle Type<br><b>PASSENGER CAR</b>               |  |   |                            | Operating As Endorsements                            |  |
|                | Total Occs<br><b>1</b>                             | Train/Bus # Recorded                     | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|                | Insurance?<br><b>YES</b>                           | Direction Of Travel<br><b>SOUTHBOUND</b> | <input type="checkbox"/> Pre Crash Tire Mark          | Speed Limit<br><b>25</b>   | Total Lanes<br><b>2</b>                              |  |
|                | Most Harmful Event: Collision With<br><b>DITCH</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|                | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>         |  | Traffic Control<br><b>NO CONTROL</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|                | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>       |  | Road Curvature<br><b>CURVE LEFT</b>                   |                            | Road Grade<br><b>LEVEL</b>                           |  |
|                | Truck Bus or HazMat<br><b>NO</b>                   |  |   |                            |  |  |

## Vehicle

|                |                   |   |  |                             |   |  |
|----------------|-------------------|---|--|-----------------------------|---|--|
| <b>UNIT 01</b> | <b>VEHICLE 01</b> | License Plate Number<br><b>833TWA</b>                       | Plate Type<br><b>AUT - AUTOMOBILE</b>  | St<br><b>WI</b>             | Country of Issuance<br><b>UNITED STATES</b> |  |
|                |                   | Vehicle Identification Number<br><b>2C3HE66G34H685743</b>   | Make<br><b>CHRYSLER</b>  | Year<br><b>2004</b>         | Model<br><b>300M</b>                        |  |
|                |                   | Color<br><b>BLU - BLUE</b>                                  | Body Style<br><b>4D - 4DR</b>  | Bus Use<br><b>NOT A BUS</b> |   |  |
|                |                   | Initial Contact Point<br><b>12--FRONT</b>                   | Vehicle Damage<br><b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b> |                             |   |  |
|                |                   | Extent Of Damage<br><b>DISABLING DAMAGE</b>                 |  |                             |   |  |
|                |                   | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b> | Vehicle Removed By<br><b>MIKES TOWING</b>  |                             |   |  |
|                |                   | What Driver Was Doing<br><b>UNKNOWN</b>                     | Vehicle Factors<br><b>NOT APPLICABLE</b>   |                             |   |  |
|                |                   | Driver Prior Action Other                                   |  |                             |   |  |

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|   |  |   |   |                                |                  |
|---|--|---|---|--------------------------------|------------------|
| UNIT  | VEHICLE  | Driver Actions<br><b>IMPROPER TURN, FAILURE TO CONTROL, RAN OFF ROADWAY</b> |   |                                |                  |
|   |  | Owner Name<br><b>LORI E KAMPEN<br/>(608) 697-5861</b>                       | Owner Address<br><b>W5838 GROUSE DR<br/>ENDEAVOR, WI 53930 , US</b> |                                |                  |
| <b>Sequence Of Events</b>                     |  |   |   |                                |                  |
| UNIT  | 01   | Event<br><b>RUN OFF ROADWAY RIGHT</b>                                       |   |                                |                  |
|   | 02   | Event<br><b>DITCH</b>   |   |                                |                  |
|   | 03   | Event   |   |                                |                  |
|   | 04   | Event   |   |                                |                  |
| <b>Policy Holder</b>                          |  |   |   |                                |                  |
| UNIT  | Insurance Company<br><b>AMERICAN-FAMILY-INS-CO</b>             |   | Individual<br><b>LORI KAMPEN</b>                                    |                                |                  |
|   | <b>Individual</b>  |   |   |                                |                  |
| UNIT  | INDIVIDUAL   | Driver<br><b>BETTY JEAN CLARK<br/>(608) 697-5861</b>                        | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>           |                  |
|   |  |   | Date of Birth   | Race<br><b>WHITE</b>           |                  |
|   | Address<br><b>W5838 GROUSE DR<br/>ENDEAVOR, WI 53930 , US</b>  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>     |   |                                |                  |
| UNIT  | 01   | 001   | <b>Safety Equipment</b>   | On Duty Crash                  | Safety Equipment |
|   |  |   | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>     | <b>SHOULDER &amp; LAP BELT</b> |                  |
|   | Helmet Use   | Helmet Compliance   |   |                                |                  |
|   | Eye Protection   | Tint Compliance   |   |                                |                  |
|   | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>                                | Airbag<br><b>NON DEPLOYED</b>                                       |                                |                  |
|   | Ejected<br><b>NOT EJECTED</b>                                  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                          | Trapped/Extricated<br><b>NOT TRAPPED</b>                            |                                |                  |
| Medical Transport<br><b>NOT TRANSPORTED</b>   | EMS Agency Identifier  | EMS Run #   |   |                                |                  |
| Hospital                                      | Date of Death  | Time of Death   |   |                                |                  |
| <b>Distracted By</b>                          | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |   |   |                                |                  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |  |   |   |                                |                  |
| <b>Non Motorist</b>                           | Striking Unit #  | Location  |   |                                |                  |
| Prior Action                                  |  |   |   |                                |                  |

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|             |                   |  |                   |                                    |                                 |
|-------------|-------------------|--|-------------------|------------------------------------|---------------------------------|
| <b>UNIT</b> | <b>INDIVIDUAL</b> | Action   |                   |                                    |                                 |
|             |                   | Action Other                                   |                   |                                    | To/From School                  |
| <b>01</b>   | <b>001</b>        | <b>Drug &amp; Alcohol</b>                      |                   | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|             |                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type | Alcohol Test Results               |                                 |
|             |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type    | Drug Test Results                  |                                 |
|             |                   | Drug Type                                      |                   |                                    |                                 |
|             |                   | Individual Condition<br><b>APPEARED NORMAL</b> |                   |                                    |                                 |

### Property Owner

|                   |           |  |   |
|-------------------|-----------|--|---|
| <b>PROP OWNER</b> | <b>01</b> | Government<br><b>TOWNSHIP OF BARABOO</b><br>(608) 356-5170 | Address<br><b>101 CEDAR ST</b><br><b>BARABOO, WI 53913 , US</b> |
|                   |           |  |   |

### Fixed Objects Struck

|           |                            |                               |                  |                                  |
|-----------|----------------------------|-------------------------------|------------------|----------------------------------|
| <b>01</b> | Striking Unit<br><b>01</b> | Struck Object<br><b>DITCH</b> | Structure Number | Damage Tag Number<br><b>0000</b> |
|           |                            |                               |                  |                                  |