

6TL09CGFD9

20-04287

# 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 <b>20-02487</b>	Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>05/08/2020</b>		Crash Time <b>99:99</b>	Date Arrived <b>05/08/2020</b>	Time Arrived <b>07:52 PM</b>	
Date Notified <b>05/08/2020</b>		Time Notified <b>07:35 PM</b>	Total Units <b>01</b>	Total Injured <b>01</b>	Total Killed <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 type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram 	Reconstruction By
	Photos By <b>L. GJORJIEV</b>
	Additional Information <b>PHOTOS</b>

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

KIMBERLY SCHUMACHER WAS DRIVING UNIT 1 EAST ON COUNTY RD B. SCHUMACHER WAS USING HER PHONE AND LOST CONTROL OF HER VEHICLE. UNIT 1 CROSSED THE ROADWAY, HIT A CULVERT CAUSING SCHUMACHER TO OVER CORRECT. SCHUMACHER RE-ENTERED THE ROADWAY AND HER VEHICLE THEN OVERTURNED CAUSING MAJOR DAMAGE TO IT. SCHUMACHER'S VEHICLE LANDED ON A BARBED WIRE FENCE. SCHUMACHER LEFT THE SCENE OF THE ACCIDENT AND DID NOT REPORT IT. SCHUMACHER WAS LATER FOUND UNDER THE INFLUENCE OF ALCOHOL AND CLAIMED TO DRINK ALCOHOL IN HER VEHICLE DIRECTLY AFTER THE ACCIDENT. SCHUMACHER WAS EVENTUALLY TREATED AT THE RICHLAND HOSPITAL AFTER BEING LOCATED.

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## Location

ON CTHB EB 0.40 MI W OF BEAR VALLEY RD IN THE TOWN OF BEAR CREEK IN SAUK COUNTY	Latitude <b>43.251460969</b>	Longitude <b>-90.170606976</b>
	X Coordinate <b>242617.21875</b>	Y Coordinate <b>4793622</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>CULVERT</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>5</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>AAW9761</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FMDK06105GA79773</b>	Make <b>FORD</b>	Year <b>2005</b>	Model <b>FREESTYLE</b>
		Color <b>BLU - BLUE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>15 - ALL AREAS</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>GEORGES AUTO BODY</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>FAILURE TO CONTROL, WRONG SIDE OR WRONG WAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, OVER-CORRECTING/OVER-STEERING</b>		
01	01	Owner Name <b>KIMBERLY ANN SCHUMACHER (608) 521-0297</b>	Owner Address <b>46535 TORGERSON RD SOLDIERS GROVE, WI 54655 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	VEHICLE	01 Event <b>CROSS CENTERLINE</b>		
		02 Event <b>CULVERT</b>		
		03 Event <b>REENTERING ROADWAY</b>		
		04 Event <b>OVERTURN/ROLLOVER</b>		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>FOUNDERS-INS-CO</b>	Individual <b>KIMBERLY SCHUMACHER</b>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>KIMBERLY ANN SCHUMACHER (608) 521-0297</b>	Citations Issued <b>5</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>46535 TORGERSON RD SOLDIERS GROVE, WI 54655 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>		On Duty Crash
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000724</b>	EMS Run #	
Hospital <b>RICHLAND HOSP</b>		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>HAND-HELD MOBILE PHONE</b>		
Distracted By Action <b>MANUALLY OPERATING(TEXTING,DIALING,PLAYING GAME ETC)</b>				

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UNIT	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition <b>EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC), UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>				
	<b>Violations</b>				
01	UTC Number <b>BD755610</b>	Issue To? <b>001</b>	Statute Number <b>346.70(1)</b>	Description <b>FAILURE OF OCCUPANT TO NOTIFY POLICE OF ACCIDENT</b>	
02	UTC Number <b>BD755611</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	
03	UTC Number <b>BD755612</b>	Issue To? <b>001</b>	Statute Number <b>343.05(3)(a)</b>	Description <b>OPERATE W/O VALID LICENSE (1ST VIOLATION)</b>	
04	UTC Number <b>BD755613</b>	Issue To? <b>001</b>	Statute Number <b>346.935(2)</b>	Description <b>POSSESS OPEN INTOXICANTS IN MV-DRIVER</b>	
05	UTC Number <b>BD755614</b>	Issue To? <b>001</b>	Statute Number <b>341.61(2)</b>	Description <b>DISPLAY UNAUTH. VEH. REGISTRATION PLATE</b>	