## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override 6TL0BNZM1H	Primary Crash Document#	Agency Crash Number 20-07472	Investigating Officer/Deputy DEPUTY A. BREUNIG			
Crash Date 07/29/2020	Crash Time 03:12 PM	Date Arrived 07/29/2020	Time Arrived 03:21 PM			
Date Notified 07/29/2020	Time Notified 03:17 PM	Total Units 02	Total Injured 00	Total Killed 00		
On Emergency Hit	and Run Lane Closu	re Work Zone	Trailer or 1	Fowed Reporting Threshold		
Date Notified 07/29/2020  On Emergency Hit  Government Property	Active School Zone	School Bus Related NO	Tags			
Reportable	Crash Type DT4000 (STANDARD CRASH	)	Amended	Secondary  Crash		
Description			1_			
Diagram				construction By		
NOT TO S	SCALE			ditional Information		
	DRIVEWAY	TO FARM & FLEET		NE		
i. a sworn law enforceme	E11257 C	TH W DRIVEWAY	report.			
UNIT 1 WAS TRAVELING EASTBOU	ND ON CTHW. UNIT 2 WAS TRAVE	LING EASTBOUND BEHIND UNIT 2.	UNIT 1 WAS SLOW			
ATTEMPTED TO MAKE A RIGHT TU	BEGAN TO MOVE TO THE CURB LI JRN. UNIT 1 AND 2 COLLIDED. THE D THAT SHE CHANGED HER MIND A	OPERATOR OF UNIT 1 STATED TH	AT SHE WAS LOOK			

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Crash Date 07/29/2020

Crash Time 03:12 PM

L		4.								
T	ON E	ation ESS E11257 CTHW EB FT E				Latitude 43.4600	3245		Longitud	de 8842244
	OF INDUSTRIAL CT (FIRE E11257)					X Coordin 276649.			Y Coord 481560	
		HE TOWN OF BARAE AUK COUNTY	300			Structure FIRE	Туре			
C	ras	sh Scene 💳								
1		HarmfulEvent OR VEH IN TRANSPO	ORT			First Harn ON ROA	nful Event L <b>DWAY</b>	ocation		
		ner of Collision FRONT TO REAR				Light Con				
F	Roac	Surface Condition(s)				Roadway	Factor(s)			
	DRY									
	envir <b>VON</b>	onment Factor(s)				NONE				
١	/Veat	ther Condition(s)				_				
	CLE									
	۱nim	alType				1	o Trafficwa CWAY - O	•		
	Crash Classification - Location PUBLIC PROPERTY Tribal Land				Crash Classifica NO SPECIAL Access Control NO CONTROL					
٦							'		Special Study	
	Vithi	n Interchange Area	Junction Location DRIVEWAY ACCESS-RE	LATED	Intersection Type  FED NOT AN INTERSECTION					
	nit	Summary =								
		Status		Vehicle O	perating As C	lassification	1	UnitType		
		RANSIT		D CLASS	3			AUTOMOBILE		
		cle Type DRT) UTILITY VEHICL	.E					Operating As Endorsements		ments
	Γotal 3	Occs	Train/Bus#Recorded	Total#Cita	ations Issued	t Total Trailers		lers	Total Haz	Mat Types
	nsur Y <b>ES</b>	ance?	Direction Of Travel  EASTBOUND	Pre	CrashTire Mark	,	Speed Li	mit	it TotalLanes	
١		Harmful Event: Collision \ OR VEH IN TRANSPO		Special Fu NO SPEC	inction CIAL FUNC	l		Emergency Motor Vehicle Use  NOT APPLICABLE		
		icWay D-WAY, NOT DIVIDED		Traffic Cor				Traffic Con	trol Inopera	tive/Missing
3	Surfa	се Туре		Road Curv	/ature			Road Grad	е	
F	Fruci	CKTOP (BITUMINOU: Bus or HazMat	5)	STRAIGH	11			LEVEL		
	0V 1	/ehicle								
		License Plate Number		Plate Typ	e UTOMOBII		St WI	Country of Is		
	675YHZ  Vehicle Identification Number		Make	O I OWIOBII	-E	Year	UNITED STATES  Model			
	5	2FMDK3GC0DBC497		FORD			2013	EDGE SE		
		Color BLK - BLACK		Body Styl	e ORT UTILI	TY VEHIC	LE	Bus Use		
********		Initial Contact Point 02 - RIGHT SIDE FRONT								

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	II.			Vehicle Damage				
IND	VEHICLE	Extent Of Damage MINOR DAMAGE		02 - RIGHT SIDE FRONT				
	7	Towed Due To Damage NOT TOWED		Vehicle Removed By				
		What Driver Was Doing		Vehicle Factors				
		RIGHT TURN  Driver Prior Action Other		NOT APPLICABLE				
LINO	VEHICLE	Driver Actions OPERATED MOTOR VEHI	CLE IN INATTENTIVE, C	ARELESS OR ERRATIC MANNER				
2	5	OwnerName SHAUNNA MAE BURRESS (608) 434-4189	;	Owner Address 933 2ND ST BARABOO, WI 53913, US				
		Sequence Of Events						
	5	Event MOTOR VEH IN TRANSPO						
	8	Event						
	8	Event						
	8	Event						
<b>—</b>		Policy Holder						
L N		Insurance Company PROGRESSIVE-CLASSIC-	NS-CO	Individual SHAUNNA BURRESS				
		Individual						
		Driver KYRAH MAE BURRESS		Citations issued	Sex FEMALE			
<b>-</b>	IDIVIDIA	(608) 963-9066		Date of Birth	Race WHITE			
ş	ጀ	Address		Driver License Number				
	Z	933 2ND ST BARABOO, WI 53913 , US	<b>,</b>	STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sai	On Duty	Crash	Safety Equipment				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT				
		HelmetUse	1	Helmet Compliance				
		Eye Protection		Tint Compliance				
5	8	Injury Se	verity PARENT INJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT API	PLICABLE	Trapped/Extricated NOT TRAPPED			
		Medical Transport		EMS Agency Identifier	EMS Run#			
		NOT TRANSPORTED		Date of Death	Time of Death			
		Hospital		Date of Death	raise of Death			

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	Distracted By Source  Distracted By NOT APPLICABLE (NOT DISTRACTED)									
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Unit# Location							
		Prior Action								
		Action								
	4									
LNO.	NDIVIDUAL									
_	2									
		Action Other					To/From School			
	į	Drug & Alcohol NO	ed Alcohol Use	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	)		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3				
2	8	Drug Type	,		'					
		Individual Condition								
		APPEARED NORMAL								
		Individual								
		Passenger JAYKEE PRINTICE WILLIAMS (608) 393-2362		Citations Issued  0		Sex MALE				
⊨	INDIVIDUA			Date of Birth Race WHITE						
EN S		Address 334 6TH ST		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sai	On Duty	Safety Equipment							
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT						
		HelmetUse		Helmet Compliance						
		Eye Protection		Tint Compliance						
2	200	Injury Se	verity PARENT INJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPL			Trapped/Extricated NOT TRAPPED				
		Medical Transport	HOT EVECTED/HOT ALL	EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED Hospital		Date of Death		Time of Death				
		Distracte	ed By Source							
		Distracted By								

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Distracted By Action											
		Striking Ur	nit# Location								
		Prior Action									
 		Action									
	M										
E S	9										
_	INDIVIDUAL										
		Action Other						To/From School			
		Sugnosto	d Alcohol Use		Suspected Drug Use						
	I	Drug & Alcohol NO	TAICOIGI OSE		NO						
		AlcoholTestGiven TEST NOT GIVEN	Alcohol Te	stType			Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	Drug Test 1	Туре		Drug Test Results	l				
_	æ	Drug Type									
2	005	Drug - ypo									
		Individual Condition									
		APPEARED NORMAL									
		individual									
				annannanna	INCONCONCONCONCONCONCONCONCONCONCONCON						
		Passenger LUCIANNA F FOWLER			Citations Issued	*****************	Sex FEMALE				
	JAL	LUCIANNA F FOWLER			Citations Issued  Date of Birth		FEMALE Race				
¥	WIDUAL	LUCIAÑNA F FOWLER			O Date of Birth	5435435435435435435435435	FEMALE				
TNU	NDIVIDUAL	Address 1300 LIBERTY ST	<b>.</b>		0	50,350,350,350,350,350,350,350,350,350,3	FEMALE Race				
TNO	INDIVIDUAL	LUCIANNA F FOWLER  Address	<b>S</b>		O Date of Birth	50,350,350,350,350,350,350,350,350	FEMALE Race				
UNT		Address 1300 LIBERTY ST LA CROSSE, WI 54603 , US			O Date of Birth	50.350,350,350,350,350,350,350,350	FEMALE Race				
TNU		Address 1300 LIBERTY ST LA CROSSE, WI 54603, US	rash Seat Position		Date of Birth  Driver License Number		Race WHITE				
TNU		Address 1300 LiBERTY ST LA CROSSE, WI 54603 , US  ety Equipment  Row 02 - SECOND ROW	rash		Date of Birth Driver License Number  Safety Equipment  CHILD RESTRAINT		Race WHITE				
TNU		Address 1300 LIBERTY ST LA CROSSE, WI 54603 , US  ety Equipment  Row 02 - SECOND ROW  HelmetUse	rash Seat Position		Date of Birth Driver License Number  Safety Equipment CHILD RESTRAINT  Helmet Compliance		Race WHITE				
TNU		Address 1300 LiBERTY ST LA CROSSE, WI 54603 , US  ety Equipment  Row 02 - SECOND ROW	rash Seat Position		Date of Birth Driver License Number  Safety Equipment  CHILD RESTRAINT		Race WHITE				
	Sai	Address 1300 LIBERTY ST LA CROSSE, WI 54603 , US  ety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection	Seat Position 09 - RIGHT		Date of Birth  Driver License Number  Safety Equipment  CHILD RESTRAINT  Helmet Compliance  Tint Compliance		Race WHITE				
UNT UNT		Address 1300 LIBERTY ST LA CROSSE, WI 54603 , US  Ety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury Sev. NO APP	Seat Position 09 - RIGHT  erity  ARENT INJURY		Date of Birth  Driver License Number  Safety Equipment  CHILD RESTRAINT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED		Race WHITE				
	Sai	Address 1300 LIBERTY ST LA CROSSE, WI 54603 , US  Ety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury Sevential Second Row NO APPLICABLE  NOT APPLICABLE	Seat Position 09 - RIGHT erity ARENT INJURY	APPL	Date of Birth  Driver License Number  Safety Equipment  CHILD RESTRAINT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED		FEMALE Race WHITE  VARD FACING  Trapped/Extricated NOT TRAPPED				
	Sai	Address 1300 LIBERTY ST LA CROSSE, WI 54603 , US  Ety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury Sev. NO APP	Seat Position 09 - RIGHT  erity  ARENT INJURY	APPL	Date of Birth  Driver License Number  Safety Equipment  CHILD RESTRAINT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED		Race WHITE  VARD FACING  Trapped/Extricated				
	Sai	Address 1300 LIBERTY ST LA CROSSE, WI 54603 , US  Ety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury Sevent NO APPA  Ejected NOT APPLICABLE  Medical Transport	Seat Position 09 - RIGHT  erity  ARENT INJURY	APPL	Date of Birth  Driver License Number  Safety Equipment  CHILD RESTRAINT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED		FEMALE Race WHITE  VARD FACING  Trapped/Extricated NOT TRAPPED				
	Sai	Address 1300 LIBERTY ST LA CROSSE, WI 54603 , US  Ety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury Sevent NO APPLICABLE  Medical Transport NOT TRANSPORTED  Hospital	Seat Position 09 - RIGHT  erity  ARENT INJURY	APPL	Date of Birth  Driver License Number  Safety Equipment  CHILD RESTRAINT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  LICABLE  EMS Agency Identifier		FEMALE Race WHITE  VARD FACING  Trapped/Extricated NOT TRAPPED EMS Run#				
	Sai	Address 1300 LIBERTY ST LA CROSSE, WI 54603 , US  Cety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury Sevent NO APPA  Ejected ENOT APPLICABLE  Medical Transport NOT TRANSPORTED  Hospital	Seat Position 09 - RIGHT  enity  ARENT INJURY Ejection Path	APPL	Date of Birth  Driver License Number  Safety Equipment  CHILD RESTRAINT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  LICABLE  EMS Agency Identifier		FEMALE Race WHITE  VARD FACING  Trapped/Extricated NOT TRAPPED EMS Run#				

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Crash Date 07/29/2020

Crash Time 03:12 PM

		Non Motorist	Striking Unit#	Location							
		Prior Action									_
ļ											
		Action									
	4										
l⊨	Ž										
TINO	INDIVIDUAL										
	9										
	_										
		Action Other							1	To/From School	
		Action Other								10/2101113611001	
		Drug P Aloohol	Suspected Alcohol	Jse	Suspected Drug Use						_
	£	Drug & Alcohol	NO	I Al b - l T t T t	NO			I Al1-17	. D l-		_
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Tes	t Kesuns		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Te	est Results	l			_
	_										_
01	8	Drug Type									
		Individual Condition									
		APPEARED NORM	1AL								
	•	∪ Violations		\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	. 18 18 18 18 18 18 18 18 18 18 18 18 18		o' &' &' &' &' &' &' &'	5 5 5 5 5 5 5 5 5 5 5 5 5	SSSSSSSSSS	'' \$''\$' \$'\$\$'\$'\$'\$'\$\$'\$!\$\$'\$!\$\$\\$\\$\\$\\$\\$\\$\\$\\$\	
	9	UTC Number		itute Number 3.44(1)(a)	Description OPERATING WHILE	SUSPE	NDED				
		AE753334	001 34	0.44( · )(u)	Of ERATING WIREE						
		t Summary  Status		ΙV	ehicle Operating As Classi	ification		UnitType			_
	IN T	RANSIT			CLASS			AUTOMO	BILE		
05		icle Type	101 F	•				Operating A	s Endorsem	ents	
	`	ORT) UTILITY VEH	Train/Bus#Re	corded T	Total#Citations Issued Total Tra		Total Traile	illers Total HazMat Types		lat Types	_
	2			0			0		0	,	
		rance?	Direction Of Tr	g	Pre CrashTire		Speed Lim	it	Total Lanes	3	
Ħ	YES	s t Harmful Event: Collisi	EASTBOUN	Same	Mark pecial Function		35	Emergency Motor Vehicle Use			
⋽		TOR VEH IN TRANS			O SPECIAL FUNCTIO	N		NOT APPLICABLE			
		fic Way			raffic Control			Traffic Cont	rol Inoperati	ve/Missing	
		O-WAY, NOT DIVIDI ace Type	ED		O CONTROL oad Curvature			NO Road Grade	<b>)</b>		
		ACKTOP (BITUMING	ous)		TRAIGHT			LEVEL			
		k Bus or HazMat		•				•			
	NO										
		Vehicle License Plate Numbe	r	Te	Plate Type	Ι:	St	Country of Is	suance		
		954VMG	1		AUT - AUTOMOBILE		WI	UNITED ST			
02	8	Vehicle Identification			//ake		Year	Model			_
	0	2GKFLUE39G619	5033		GENERAL MOTORS C	OR	2016	Rustlee			
1		BLK - BLACK			Body Style UT - SPORT UT!LITY VEHICLE Bus Use						
				1,	J. C. C						
		Initial Contact Point  10 - LEFT SIDE FF			, o. o						

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

			_				
_ا	Ш			Vehicle Damage			
HN	VEHIC			40 I SET OIDE SDONT			
5	#	Extent Of Damage		10 - LEFT SIDE FRONT			
	7	MINOR DAMAGE		V 1.1 B			
		Towed Due To Damage NOT TOWED		Vehicle Removed By  OPERATOR			
		What Driver Was Doing					
		OVERTAKE RIGHT		Vehicle Factors			
		Driver Prior Action Other		NOT APPLICABLE			
		Dilver Filor Action Other					
		Driver Actions					
	ш	NO CONTRIBUTING ACTIO	N				
l⊨	7						
	Ĭ						
_	VEHICLE						
		OwnerName		Owner Address			
۱.,		ROBERT JOSEPH ROLTGE	N	230 4TH ST			
8	02	(608) 356-2504		BARABOO, WI 53913 , US			
		Seguence:Of Events	***************************************				
		Event					
	5	MOTOR VEH IN TRANSPOR	RT				
		Event					
	8						
		Event					
	8						
		Event					
	3						
١		Policy Holder					
NS.		Insurance Company		Individual			
5		AUTO-OWNERS-INS-CO		ROBERT ROLTGEN			
		walional					
		Driver		Citations  ssued	Trac		
		ROBERT JOSEPH ROLTGE	N	0	Sex MALE		
	7	(608) 356-2504		Date of Birth	Race		
١.	DIVIDUA			Date of Billin	WHITE		
ş	S	Address		<u>Driver License Numb</u> er			
5		230 4TH ST		Differ License adultiper			
	Z	BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNI	TED STATES		
		I 	rash	Safety Equipment			
	Sai	fety Equipment					
		Row	Seat Position	SHOULDER & LAP BELT			
		01 - FRONT ROW	07 - LEFT				
		HelmetUse		Helmet Compliance			
		Eye Protection		Tint Compliance			
62		Injury Sev	erity	Airbag			
		Injury NO APPARENT INJURY		NON DEPLOYED			
•	50		ARENT INJURY	NON DEPLOYED			
	8	Ejected E	ARENT INJURY		Trapped/Extricated		
	8	Ejected E NOT EJECTED N	ARENT INJURY	LICABLE	NOT TRAPPED		
0	700	Ejected E NOT EJECTED N Medical Transport	ARENT INJURY				
0	700	Ejected E NOT EJECTED N Medical Transport NOT TRANSPORTED	ARENT INJURY	LICABLE  EMS Agency Identifier	NOT TRAPPED EMS Run#		
0	70	Ejected E NOT EJECTED N Medical Transport	ARENT INJURY	LICABLE	NOT TRAPPED		

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	Distracted By Source  Distracted By NOT APPLICABLE (NOT DISTRACTED)									
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Unit# Location							
		Prior Action	1							
		Action								
	₹									
LNO	NDIVIDUAL									
٠										
		Action Other					To/From School			
	1	Drug & Alcohol NO	oted Alcohol Use	Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Typ	<u> </u> e		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3				
03	8	Drug Type								
_	•									
		Individual Condition  APPEARED NORMAL								
		Individual		LCitations land						
	4	Passenger MARY GRETCHEN ROLTGEN (608) 356-2504		0 FE		Sex FEMALE	MALE			
⊨	INDIVIDUAL			Date of Birth Race WHITE						
N	Ř	Address		Driver License Number						
_	Z	230 4TH ST BARABOO, WI 53913 , U	STATE: WISCONSIN COUNTRY: UNITED STATES							
	<b>C</b> 3.	 	y Crash	Safety Equipment						
		Row	SeatPosition	SHOULDER & LAP BELT						
		01 - FRONT ROW HelmetUse	09 - RIGHT	Helmet Compliance						
		Eye Protection		Tint Compliance						
۵.	LD.	Injury Severity		Airbag						
05	902	Injury no af	PARENT INJURY	NON DEPLOYED		Trapped/Extricated				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APP			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death				
		Distracted By Distract	ted By Source	1		1				

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Crash Date 07/29/2020

Crash Time 03:12 PM

		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
UNIT	INDIVIDUAL	Action					
		Action Other					To/From School
	1	Drug & Alcohol NO	Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	005	Drug Type					
		Individual Condition  APPEARED NORMAL					