6TL0D94277 21-00128

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override Crash Date 01/04/2021 Date Notified 01/04/2021		Primary Crash E	ocument#	Agency 21-001	Crash Number 128	Investigatin DEPUTY	-		
		Crash Time 06:07 PM		Date Ar 01/04/		Time Arrive 06:47 PM	Time Arrived 06:47 PM		
		Time Notified 06:10 PM			nits	Total Injured		d Total Killed	
On Emergency		and Run	Lane Closu		☐ Work Zone	Traile	r or T	owed	Reporting Threshold
Government Property		Active Sc	hool Zone	School NO	Bus Related	Tags			
Reportable		Crash Type DT4000 (STA	NDARD CRASH)		Amend	ded		Secondary Crash
Description ■ Diagram							T Doo	anatri atian	D.,
Diagram							Rec	onstruction	вы
							Pho	tos By	
					Drawing n	ot to			
			071140		scale		A of of	itional Infor	rus ation
			STH 12				NOI	NE	irratori
				1)					
		I		Ĭ					

↓ I, a sworn law ent	forceme	nt officer, agre	e that I have no	ot added	d any CJIS data in t	this report.	•		
UNITS 1 AND 2 WERE TR	AVELING	NORTH BOUND (ON STH 12. UNIT 1	WAS IN T	HE RIGHT LANE AND I	UNIT 2 IN THE LEF			
REMEMBER ALL OF WHA									

OVER INSPECTED THE DAMAGE AND HE CONTACTED LAW ENFORCEMENT. UNIT 1 DENIED SAYING HE WAS AT FAULT.

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Crash Date 01/04/2021

	Location —								
	ON USH12 WB				Latitude			Longitud	de
	773 FT N				43.563412669			-89.778	227774
	OF MOON RD	01 ;			X Coordin	ate		Y Coord	inate
	IN THE TOWN OF DELT	UN			275626.71875			4827134.5	
	in oacit cociet i				Structure Type				
•	Crash Scene				I =				
	FirstHarmfulEvent MOTOR VEH IN TRANSI	DODT			First Harm ON ROA	nful Event Lo	ocation		
	Manner of Collision	FORT			Light Con-				
	03 - FRONT TO REAR			DARK/U					
	Road Surface Condition(s)			Roadway Factor(s)					
	WET, ICE								
	Environment Factor(s)				1				
	NONE				ROAD S	URFACE (CONDITION	(WET, IC	Y, SNOW, SLUSH,
	Weather Condition(s)				1				
	CLOUDY								
	Animal Type			Relation To Trafficway TRAFFICWAY - ON ROAD					
	Crash Classification - Location	nn							
	PUBLIC PROPERTY			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION Access Control NO CONTROL					
	Tribal Land						Special Study		
	Within Interchange Area NO		Intersection Type NOT AN INTERSECTION						
İ	Unit Summary								
	Unit Status Vehicle Operating As C								
	IN TRANSIT		D CLASS		AUTOMOBILE				
U.I	Vehicle Type PASSENGER CAR			Operating As Endorsements			ments		
		Total#Cita	Total#Citations Issued TotalTrail			 ilers			
	Total Occs Train/Bus#Recorded 01		0	0 0		0	0		
	Insurance?	Direction Of Travel	Pre	CrashTire	ı	Speed Lin	nit	TotalLan	es
=	YES	NORTHBOUND	Canada III	Mark		65	Cman======	04	iolo i loo
							Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way	I	Traffic Control		Traffic Control Inoperative/Missing				
	DIVIDED HWY W/TRAFF	IC BARRIER		NO CONTROL		NO			
	Surface Type BLACKTOP (BITUMINO)	118)	Road Curva STRAIGH				Road Grade DOWNHILL		
	Truck Bus or HazMat		JINAIGH	•			DOMANIE	-	
	NO NO								
	Vehicle								
		License Plate Number			St Country of Issuance				
	License Plate Number		Plate Type	ITOMORII	=	\A/t	UNITED STATES		
	License Plate Number 970NHL	lumber	AUT - AL	JTOMOBIL	.E	WI Year		IAIES	
- >	License Plate Number			JTOMOBIL	.Ε	Year 2002	Model CARAVAN		
5	License Plate Number 970NHL Vehicle Identification N 1B4GP15B32B6290 Color		AUT - AL Make DODGE Body Style	:	.E	Year	Model		
L	License Plate Number 970NHL Vehicle Identification N 1B4GP15B32B6290 Color BLU - BLUE		AUT - AL Make DODGE	÷	E.	Year	Model CARAVAN		
	License Plate Number 970NHL Vehicle Identification N 1B4GP15B32B6290 Color BLU - BLUE	010	AUT - AL Make DODGE Body Style VN - VAN Vehicle Da	e I amage		Year 2002	Model CARAVAN Bus Use		
5	License Plate Number 970NHL Vehicle Identification N 1B4GP15B32B6290 Color BLU - BLUE		AUT - AL Make DODGE Body Style VN - VAN	÷	E	Year	Model CARAVAN		
UNIT 01	License Plate Number 970NHL Vehicle Identification N 184GP15B32B6290 Color BLU - BLUE Initial Contact Point	CORNER	AUT - AL Make DODGE Body Style VN - VAN Vehicle Da	÷		Year 2002	Model CARAVAN Bus Use		

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		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Prior Action Cities						
		Driver Actions						
	щ	UNKNOWN						
╘	ರ							
INN	VEHICLE							
	3							
				10 11				
		OwnerName MARIAM D CLEARY		Owner Address N487 COUNTY A PO BOX	/24			
2	5	(608) 981-2454		BRIGGSVILLE, WI 53920				
		Sequence Of Events						
		Event				*****************		
	5	MOTOR VEH IN TRANSP	UKI					
	8	Event						
		Event						
	03	Event						
		Event						
	4							
_		Policy Holder						
UNIT		Insurance Company		Individu al				
ן ⊃		HASTINGS-MUTUAL-INS-CO		MARIAM CLEARY				
		Individual						
		Driver		Citations Issued	Sex			
	ı	Driver MARIAM D CLEARY		Citations Issued 0	Sex FEMALE			
	ı	Driver		Citations Issued	Sex FEMALE Race			
LIN.	ı	Driver MARIAM D CLEARY (608) 981-2454		Citations Issued O Date of Birth	Sex FEMALE			
UNIT	ı	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX	4 724	Citations Issued O Date of Birth Driver License Number	Sex FEMALE Race WHITE			
UNIT	INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address	4 724	Citations Issued O Date of Birth	Sex FEMALE Race WHITE			
TINO	ı	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX	4 724	Citations Issued O Date of Birth Driver License Number	Sex FEMALE Race WHITE			
TIND	INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 On Dub	(/24 , US	Citations Issued O Date of Birth Driver License Number	Sex FEMALE Race WHITE			
TINO	INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 ety Equipment	(/24 , US y Crash	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment	Sex FEMALE Race WHITE			
TINU	INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Fety Equipment Row	(/24 , US y Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN	Sex FEMALE Race WHITE			
TINO	INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Fety Equipment Row 01 - FRONT ROW	(/24 , US y Crash	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT	Sex FEMALE Race WHITE			
TIND	INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Fety Equipment Row	(/24 , US y Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment	Sex FEMALE Race WHITE			
TINO	INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Fety Equipment Row 01 - FRONT ROW	(/24 , US y Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT	Sex FEMALE Race WHITE			
TINU	INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Cety Equipment Row 01 - FRONT ROW Helmet Use	(/24 , US y Crash Seat Position 07 - LEFT	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex FEMALE Race WHITE			
	S INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Fety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection	V/24 , US y Crash Seat Position 07 - LEFT	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex FEMALE Race WHITE			
	INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Cety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury S NO AF	C/24 , US y Crash Seat Position 07 - LEFT	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex FEMALE Race WHITE STRY: UNITED STATES			
	S INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Fety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection	V/24 , US y Crash Seat Position 07 - LEFT	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE			
	S INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S NO AF Ejected	C/24 , US y Crash Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE STRY: UNITED STATES			
	S INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Pety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury NO AF Ejected NOT EJECTED	C/24 , US y Crash Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE STRY: UNITED STATES Trapped/Extricated NOT TRAPPED			
	S INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S Injury NO AF Ejected NOT EJECTED Medical Transport	C/24 , US y Crash Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE STRY: UNITED STATES Trapped/Extricated NOT TRAPPED			
	S INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Con Duty Co	C/24 , US y Crash Seat Position 07 - LEFT everity PARENT INJURY Ejection Path NOT EJECTED/NOT AF	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier	Sex FEMALE Race WHITE STRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run#			
	S INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Pety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	(/24 , US y Crash Seat Position 07 - LEFT everity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death	Sex FEMALE Race WHITE STRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run#			
	S INDIVIDUAL	Driver MARIAM D CLEARY (608) 981-2454 Address N487 COUNTY A PO BOX BRIGGSVILLE, WI 53920 Con Duty Co	(/24 , US y Crash Seat Position 07 - LEFT everity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death	Sex FEMALE Race WHITE STRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run#			

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Crash Date 01/04/2021

		Non Motorist	riking Unit#	Location						
		Prior Action								
TINO	INDIVIDUAL	Action								
	_									
		Action Other						To/From School		
	I	Drug & Alcohol N	uspected Alcohol U O	se	Suspected Drug Use NO					
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3			
٦	æ	Drug Type								
		Individual Condition								
		APPEARED NORMAI	-							
1		t Summary 💻		IVe	ehicle Operating As Class	ification	UnitType			
		RANSIT			CLASS		TRUCK			
05		cle Type LITY TRUCK/PICKUP	TRUCK	•			Operating As Endorsements			
	Tota	lOccs	Train/Bus#Re	corded To	otal#Citations Issued	Total Trail 0	ers Total Hazi	Mat Types		
H	Insurance? Direction Of Travel YES NORTHBOUND		·	Pre CrashTire Mark	Speed Lin	nit Total Lane	95			
TINO		tHarmfulEvent: Collision \ TOR VEH IN TRANSPO			pecialFunction O SPECIAL FUNCTIO	N	Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way DIVIDED HWY W/TRAFFIC BARRIER Surface Type BLACKTOP (BITUMINOUS)				affic Control O CONTROL		NO Road Grade DOWNHILL			
					oad Curvature TRAIGHT					
	Truc NO	k Bus or HazMat								
		Vehicle					N G C KIN G C KIN G C KIN G C KIN			
		License Plate Number SN1293			Plate Type .TK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES			
02	8	Vehicle Identification Number 1FTFX1EV7AFC85875			Make FORD	Year 2010	Model F150			
		Color GRY - GRAY			lody Style PK - PICKUP	I	Bus Use			
	Щ	Initial Contact Point	NDAIED		ehicle Damage					
TIND	VEHICLE	05 - RIGHT REAR CO Extent Of Damage MINOR DAMAGE	MEN	o	5 - RIGHT REAR COR	NER, 06 - REAF	₹			
		Towed Due To Damage NOT TOWED			/ehicle Removed By DPERATOR					

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Crash Date 01/04/2021

		What Driver Was Doing GOING STRAIGHT		Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions UNKNOWN						
—	VEHICLE	Children						
IN N	Ĭ							
_	NE.							
		Owner Name		Owner Address				
~		ALEXANDER ALBERT DE	AN FRINGER	523 COUNTY ROAD A				
05	62	(608) 408-7493		OXFORD, WI 53952 , U	JS .			
		Sequence Of Events Event						
	8	MOTOR VEH IN TRANSPI	ORT					
	8	Event						
		Event						
	8							
	8	Event						
UNIT		Policy Holder Insurance Company		Individual				
5		PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		ALEXANDER FRINGER				
		ndividual						
		Driver ALEXANDER ALBERT DEAN FRINGER		Citations Issued	Sex			
	¥	(608) 408-7493	AN FRINGER	0 Date of Birth	MALE Race			
⊨	INDIVIDUA			2010 07 21111	WHITE			
LNO	膏	Address 523 COUNTY ROAD A		Driver License Number	•			
	Z	OXFORD, WI 53952 , US		STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sai	On Duty lety Equipment	Crash	Safety Equipment				
		Row Seat Position		SHOULDER & LAP BELT				
		01 - FRONT ROW	07 - LEFT					
		Helmet Use		Heimet Compliance				
		Eye Protection		Tint Compliance				
05	8	Injury Si Injury NO AP	everity PARENT INJURY	Airbag NON DEPLOYED				
		Ejected	Ejection Path		Trapped/Extricated	Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT API		NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run#			
		Hospital		Date of Death	Time of Death			
		Distracted By NOT A	ed By Source .PPLICABLE (NOT DISTR.	ACTED)				
		Distracted By Action	,	•				
		NOT DISTRACTED						
		Non Motorist	Unit# Location					

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Crash Date 01/04/2021

	Prior Action					
	Action					
MAL						
2						
	Action Other					To/From School
	Suspected Alcohol &	Jse	Suspected Drug Use			
	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
005	Drug Type					
	Individual Condition					
	APPEARED NORMAL					
	002 E INDIVIDUAL	Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Action Other Drug & Alcoho Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Action Other Drug & Alcohol Suspected Alcohol Use No	Action Other Drug & Alcoho Suspected Alcohol Use No Suspected Drug Use No No No No No No No N	Action Other Drug & Alcohol Suspected Alcohol Use No