WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document # Crash Time 06:40 AM		Agency Crash Number 24-05458 Date Arrived 05/28/2024		Investigating Officer/Deputy DEPUTY W. NEUBAUER Time Arrived 07:12 AM			
13	Crash Date 05/28/2024								
61 LUF BUU19	Date Notified 05/28/2024	Time Notified 06:44 AM		Total Units 02		Total Injured	Total Injured Total Killed 00		d
-0FI	On Emergency Hit	and Run	Lane Closu	ure	☐ Work Zone	Traile	or T	owed	Reporting Threshold
0 [Government Property	Active Sc	chool Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amen	ded		Secondary Crash
	Description Diagram					•	1_		
								onstruction otos By	
NOT TO SCALE _{STH 23} Additional Information NONE									
	I, a sworn law enforceme								
	UNIT 1 AND UNIT 2 WERE TRAVEL LINE AND RAN INTO THE LANE OF 2 ACTIVATE IT'S BRAKE LAMPS AI PASSENGER SIDE REAR BUMPER	TRAVEL. UNIT 2 ND HE BRAKED H	DRIVER HAD TO	QUICKLY	BRAKE. UNIT 1 DRIVER V	VAS BEHIND UN	IIT 2. I	UNIT 1 DRI\	/ER STATED HE SAW UNIT

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Lo	cation									
ON 311	N STH23 EB 1 FT N				Latitude 43.47196	61016		Longitud	de 1479626	
IN	F CTHCH NB THE TOWN OF REEDSI SAUK COUNTY	DSBURG			X Coordin 256177. 5			Y Coord 481764		
					Structure 7	Туре				
_	ash Scene									
Fire	st Harmful Event				First Harm	nful Event Lo	cation			
	OTOR VEH IN TRANSPO	DRT			ON ROA	DWAY				
	nner of Collision				Light Cond					
03	- FRONT TO REAR			DAYLIG	HT					
Roa	ad Surface Condition(s)				Roadway	Factor(s)				
DR	RY									
Enν	vironment Factor(s)									
NC	ONE				NONE					
We	eather Condition(s)		1							
CL	EAR									
Ani	imal Type			Relation To Trafficway						
			TRAFFIC	CWAY - ON	ROAD					
Cra	ash Classification - Location			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
PU	JBLIC PROPERTY									
Trib	bal Land			Access Control Special Study NO CONTROL			Special Study			
Wit	thin Interchange Area	Junction Location		Intersectio	ion Type N INTERSECTION					
NC		NON-JUNCTION		NOT AN						
	it Summary									
Uni	it Status		Vehicle Ope	erating As C	lassification		Unit Type			
IN	TRANSIT		D CLASS			AUTOMOBILE				
	hicle Type		<u> </u>				Operating A	s Endorse	ments	
	ASSENGER CAR									
	tal Occs	Train/Bus # Recorded	Total # Citat	tions Issued		Total Traile	ers		Mat Types	
1			0			0		0		
	urance?	Direction Of Travel	Pre	CrashTire					es	
ΥE		NORTHBOUND							2	
_	st Harmful Event: Collision V	Special Fun		- C		Emergency				
	OTOR VEH IN TRANSPO		NO SPECIAL FUNCTION							
	affic Way		Traffic Cont				Traffic Control Inoperative/Missing			
	VO-WAY, NOT DIVIDED		NO CONT				NO Dead Order			
	rface Type	21	Road Curva				Road Grade			
DL	ACKTOP (BITUMINOUS	CURVELI	CURVE LEFT			UPHILL				

	Vehicle									
		License Plate Number	Plate Type	St	Country of Issuance					
		AKZ9100	AUT - AUTOMOBILE	WI	UNITED STATES					
1_		Vehicle Identification Number	Make	Year	Model					
2	9	1G2WP12K22F191032	PONTIAC	2002	GRAND PRIX					
1		Color	Body Style		Bus Use					
		SIL - SILVER (ALUMINUM)	CP - COUPE							
İ	Щ	Initial Contact Point	Vehicle Damage			7 0 0 10 11				
E	걸	11 - LEFT FRONT CORNER				7 8 9 10 11				
15	王	Extent Of Damage	11 - LEFT FRONT CORNER	4						
	¥.	MINOR DAMAGE				5 4 3 2 1				

Wisconsin Motor Vehicle Crash Form DT4000

Truck Bus or HazMat

NO

This report does not include any CJIS data.

2 of 6

Crash Date 05/28/2024 Crash Time 06:40 AM

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		Towed Due To Damage		Ve	hicle Removed By							
		NOT TOWED		OF	PERATOR							
		What Driver Was Doing		Ve	hicle Factors							
		NEGOTIATING CURVE										
		Driver Prior Action Other		NC	T APPLICABLE							
		Driver Actions	Driver Actions									
	щ	NO CONTRIBUTING ACT	ION									
╘	ರ											
UNIT	VEHICLE											
_	7											
		Owner Name			Owner Address	LLEVED						
2	5	KADEN MEYER (608) 393-5294			S6258 SPRING VA LOGANVILLE, WI							
0	0	(000) 000-0204			LOGARTILLE, W	00040 , 00						
	. ;	Sequence Of Events										
	5	MOTOR VEH IN TRANSPORT										
	07	Event										
		F										
	03	Event										
		Event										
	8	Event										
╘		Policy Holder	-									
E N		Insurance Company			Individual							
-		GEICO-GENERAL-INS-CO		KADEN MEYER								
	- 1	Individual										
		Driver KADEN MEYER (608) 393-5294			Citations Issued Sex							
	ب				0	MALE						
	5				Date of Birth Race WHITE							
I≒	INDIVIDUAL											
F	\leq	Address S6258 SPRING VALLEY RD			Driver License Number							
	Ξ	LOGANVILLE, WI 53943										
		,										
		On Duty	/ Crash	-	Safety Equipment							
	Saf	fety Equipment	Oldsii	ľ	Salety Equipment							
		Row Seat Position		—	SHOULDER & LAP	BELT						
		01 - FRONT ROW	07 - LEFT		ONO CEDENCE EAST DEET							
		Helmet Use		Helmet Compliance								
		Tionilet Use										
		Eye Protection			Tint Compliance							
10	001	Injury S	everity	-	Airbag							
•	0	Injury NO AP	PARENT INJURY		NON DEPLOYED							
		Ejected	Ejection Path				Trapped/Extricated					
	NOT EJECTED NOT EJECTED/NOT AP					NOT TRAPPED						
		Medical Transport			EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED		_	D-1(D11-		Time of Dooth					
		Hospital			Date of Death		Time of Death					
		Dietroot	ed By Source				1					
		Distracted By NOT A	PPLICABLE (NOT DIST	RAC	ΓED)							
		Distracted By Action	,		•							
		NOT DISTRACTED										

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 6 \end{tabular}$

Crash Date 05/28/2024
Crash Time 06:40 AM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	king Unit #	Location							
		Prior Action									
		Action									
		Action									
	JAL										
L	INDIVIDUAL										
>	₫										
	=										
			To/From Cohool								
		Action Other		To/From School							
	ı	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO						
		Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN					Alcohol Test I	Results			
		Drug Test Given	g Test Given Drug Test Type			Drug Test Res	ults				
	_	TEST NOT GIVEN Drug Type									
9	001	July 1760									
		Individual Condition									
		APPEARED NORMAL									
		t Summary Status		V	ehicle Operating As Classi	fication	Unit Type				
		TRANSIT D			CLASS	AUTOMOB	AUTOMOBILE				
05		cle Type ORT) UTILITY VEHICLE				Operating As	Operating As Endorsements				
	Tota	l Occs	Train/Bus # Recorde		otal # Citations Issued	Total T		Total Haz 0	Mat Types		
İ		rance?	Direction Of Tra		Pre CrashTire	Speed 55		Total Lane	es		
F	YES	Harmful Event: Collision W	NORTHBOU ith	_	Mark pecial Function		Emergency Motor Vehicle Use				
>		TOR VEH IN TRANSPO	RT		IO SPECIAL FUNCTIO	N		NOT APPLICABLE			
		ic Way D-WAY, NOT DIVIDED			raffic Control		NO	Traffic Control Inoperative/Missing NO			
		ace Type			oad Curvature		Road Grade	Road Grade UPHILL			
		ACKTOP (BITUMINOUS k Bus or HazMat)		URVE LEFT						
	NO										
	'	Vehicle License Plate Number		1 2	Plate Type	St	Country of Issu	lance			
		443FBB			AUT - AUTOMOBILE	WI	-	JNITED STATES			
05	05	Vehicle Identification Number 2GNAXUEV9K6187820			Make Year CHEVROLET 2019		Model EQUINOX				
					Body Style Bus Use						
		SIL - SILVER (ALUMIN Initial Contact Point	IUM)		UT - SPORT UTILITY V Vehicle Damage						
I≡	CLE	05 - RIGHT REAR COR	RNER		venice danage				7 8 9 10 11		
LIND	VEHICLE	Extent Of Damage MINOR DAMAGE		1	05 - RIGHT REAR CORNER				6		
	_	Towed Due To Damage			Vehicle Removed By						
1		NOT TOWED			OPERATOR						

Wisconsin Motor Vehicle Crash Form DT4000

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4 of 6

Crash Date **05/28/2024**Crash Time **06:40 AM**

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

		What Driver Was Doing		Vehic								
		NEGOTIATING CURVE										
		Driver Prior Action Other		NOT	IOT APPLICABLE							
		D: 4 ::										
		Driver Actions NO CONTRIBUTING ACTIO	N									
_	ĽE	NO CONTINUE ACTIO										
UNIT	VEHICL											
_	亩											
	>											
		Owner Name			Owner Address							
~	7	DAWN HELLENBRAND			S6022 STH 23							
05	02	(608) 434-0697		ا ا	LOGANVILLE, WI	53943 , US						
		Sequence Of Events										
	01	Event MOTOR VEH IN TRANSPORT										
	02	Event										
	03	Event										
		Event										
	04	LVent										
╘	ı	Policy Holder										
L N		Insurance Company			Individual							
_		AMERICAN-FAMILY-INS-CO DAWN HELLENBRAND										
	. !	ndividual										
		Driver DAWN HELLENBRAND (608) 434-0697			Citations Issued Sex 0 FEMALE							
	A.				ate of Birth	Race						
_	NDIVIDUAL				NO OF BIRT	WHITE						
Ę	Ī	Address			iver License Number							
_	Ð	S6022 STH 23 LOGANVILLE, WI 53943 , US										
	=											
		O- Duty O										
	Saf	On Duty C	rasn	Sa	fety Equipment							
		Row Seat Position			SHOULDER & LAP BELT							
		01 - FRONT ROW Seat Position 07 - LEFT			onocident de la companya de la compa							
		Helmet Use		He	Helmet Compliance							
		Eye Protection		Tir	Tint Compliance							
02	005	Injury Seve	erity	Air	Airbag							
•	8		ARENT INJURY	N	ON DEPLOYED							
		-	jection Path IOT EJECTED/NOT AP	PLICA	ABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport		EN	AS Agency Identifier		EMS Run #					
	NOT TRANSPORTED											
		Hospital		Da	ite of Death		Time of Death					
		Distracted By Distracted NOT APP	By Source	ACT	:D)		!					
		Distracted By Action	-LICABLE (NOT DISTR	ACIE	וט:							
		NOT DISTRACTED										
		Non Motorist Striking Ur	nit # Location									

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	Prior Action						
	Action						
JAL							
/IDL							
NDI							
_							
	Action Other						To/From School
L	Orug & Alcohol	Suspected Alcohol Us NO	е	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		
002	Drug Type						
	Individual Condition						
	APPEARED NORM	1ΔΙ					
	002 INDIVIDUAL	Action Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Action Action Other Prug & Alcohol No Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Drug Type	Action Action Other Drug & Alcohol NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Action Other Action Other	Action Other Drug & Alcohol Suspected Alcohol Use NO	Action Other Drug & Alcohol Suspected Alcohol Use NO