WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Boodinon	it Number Overnu		Filliary Crasiff	Jocument #	24-0596	67		S. MESSNE	•	
Crash Da			Crash Time		Date Arri		Time Arrive	d		
06/08/20 Date Noti			03:13 PM Time Notified		06/08/2 Total Un		03:20 PM Total Injured	d Total	Killed	
Of the Notice of			03:13 PM		02	1.5	03	00	Killed	
	mergency	Hit	and Run	Lane Closu		Work Zone		or Towed	Reporting Threshold	
On E	Government Property			hool Zone	School B NO	us Related	Tags			
✓ Rep	ortable		Crash Type DT4000 (STA	NDARD CRASH)		Amend	ded	Secondary Crash	
Descri Diagram	ption =							Reconstruc		
	STH 7		its		1	Not to sacale	\$		/ IESSNER #9134	
	2. hi th	it the she ditch		1. Unit 1 is st causing the crossed the crossed the	unit to specific tenter lin	4. Unit 2 continuinto the field an rest.	ues straight d comes to	Additional PHOTOS	Information	
_						any CJIS data in t		ND 01: 0=:::	70 LINUT / WAS ==	
BY MATT PASSENG	HEW J. BROWN, V GER SIDE PASSEI	WITH FR NGER O	ONT PASSENGE F KAMMY L. BRO	R OF MICHAEL A. A WN. UNIT 2, A 2013	ASMUSSEN 3 WHITE H	I, REAR DRIVER'S SIE YUNDAI SONATA, BEA	E PASSENGER O RING WI# AUC12	F KATHERIN 19, WAS BEII	78. UNIT 1 WAS BEING DRIVEN IE D. ASMUSSEN, AND REAR NG DRIVEN BY MADORIE J. EL. THE DRIVER OF UNIT 2	

WAS CITED FOR CROSSING CENTERLINE (LEFT OF CENTER). BOTH VEHICLES WERE REMOVED BY EVERETT'S TOWING.

ADVISED SHE SERVED TO MISS A RABBIT. UNIT 2 PROCEEDED TO CROSS THE ROAD, LEFT, ENTER THE LEFT DITCH AND CAME TO REST IN A FIELD. THIS WAS IN LINE WITH CONTINUING STRAIGHT WITHOUT NEGOTIATING THE CURVE. UNIT 1, DUE TO BEING STRUCK IN THE REAR CORNER PANEL, SPUN WITH CROSSING THE CENTER LINE. WHEN UNIT 1'S HIT THE SHOULDER, UNIT 1 ROLLED OVER AND LANDED ON ITS TIRES. COMBINATION AIRBAGS WERE DEPLOYED. MICHAEL ASMUSSEN SUSTAINED POSSIBLE MAJOR INJURIES. MICHAEL AND KATHERINE WERE BOTH TRANSPORTED BY EMS. MADORIE KLUTH

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Crash Date 06/08/2024

Crash Time 03:13 PM

Loc	ation 									
	STH78 SB					Latitude			Longitud	le
	FT S					43.32518	38302		-89.727	011684
-	GRUBERS GROVE RE				-	X Coordin	ate		Y Coord	inate
	HE TOWN OF SUMPT AUK COUNTY	ER				278896.5	53125		480053	9
IIN 3	AUK COUNTT				-	Structure Type				
						NO STR	UCTURE			
Cras	sh Scene									
First	Harmful Event					First Harm	nful Event L	ocation		
мот	OR VEH IN TRANSPO	ORT				ON ROA	DWAY			
Manr	ner of Collision					Light Cond	dition			
06 -	SIDESWIPE/OPPOSIT	TE DIRECTION				DAYLIG	HT			
Road	Surface Condition(s)					Roadway	Factor(s)			
DRY	,									
Envir	onment Factor(s)									
ANII	MAL (S) IN ROADWAY	′		NONE						
Wea	ther Condition(s)									
CLC	UDY									
Anim	al Type					Relation T	o Trafficwa	у		
ОТН	IER NON DOMESTICA	ATED				TRAFFIC	CWAY - O	N ROAD		
Cras	h Classification - Location					Crash Cla	ssification -	Jurisdiction		
PUB	SLIC PROPERTY					NO SPECIAL JURISDICTION				
Triba	l Land					Access Control Special Study				
						NO CONTROL				
	n Interchange Area	Junction Location			Intersection		OTION			
NO	Т	NON-JUNCTION	- 15		NOT AN I		CHON			
	ure Type E CLOSURE		Re	aso	ns for Closu	re				
	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed		w	ENFORCE	MENT T	OW TRU	CK, FIRE/EM	9	
	8/2024	03:20 PM			LINI OROL					
	All Lanes Open	Time All Lanes Open			Scene Cleare	ared Time Scene Cleared				
06/0	8/2024	04:32 PM	06	/08	/2024					
	Summary =									
	Status				rating As Cla	assification	ı	Unit Type		
	RANSIT		D CLAS	SS				AUTOMOE		
	cle Type	-						Operating As	Endorser	nents
•	ORT) UTILITY VEHICL	Train/Bus # Recorded	T-4-1#0	N:1 - 1	ions Issued		Total Trail	oro	Total Haz	Mat Types
4	Occs	Train/bus # Necolded	0	ııaı	ions issued		0	CIS	0	iviat Types
	ance?	Direction Of Travel	1				Speed Lin	nit	Total Lane	29
YES		NORTHBOUND			CrashTire Mark		55		2	
	Harmful Event: Collision \		Special F					Emergency I		cle Use
MOT	OR VEH IN TRANSPO	ORT	NO SPE	EC	AL FUNC	ΓΙΟΝ		NOT APPL	ICABLE	
Traffi	c Way		Traffic Co	ontr	ol			Traffic Contr	ol Inoperat	tive/Missing
TWC	D-WAY, NOT DIVIDED		NO CO	NT	ROL			NO		
Surfa	се Туре		Road Cu	ırva	ture			Road Grade		
BLA	CKTOP (BITUMINOU	S)	CURVE	LE	FT			LEVEL		
Truck NO	k Bus or HazMat									
	/ehicle									
	License Plate Number		Plate Ty	/pe			St	Country of Iss	uance	
	560WPM				TOMOBIL	E	WI			
	Vehicle Identification Nur	nber	Make				Year	Model		
6	2FMTK4J90FBB2761	9	FORD				2015	EDGE SEL	Α	

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		Color		Body Style		Bus Use					
		GRY - GRAY		LL - CARRYALL			T				
_	۳	Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage			7 8 9 10 11				
UNIT	≌	Extent Of Damage		15 - ALL AREAS			6 12				
1	VEHICLE	DISABLING DAMAGE		10 - ALL ARLAO			5 4 3 2 1				
		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABLIN	IG DAMAGE	EVERETTS TOWING	i						
		What Driver Was Doing		Vehicle Factors							
		NEGOTIATING CURVE									
		Driver Prior Action Other		NOT APPLICABLE							
		Daire Astis as									
		Driver Actions NO CONTRIBUTING ACTIO	N.								
⊢	VEHICLE	NO CONTRIBOTINO ACTIO									
UNIT	¥										
ן כ	回										
		Owner Name		Owner Address							
01	2	MICHAEL ASMUSSEN		9023 OLSON DR EAU CLAIRE, WI 54703,US							
0	0			, ,							
	,	Sequence Of Events Event									
	2	MOTOR VEH IN TRANSPO	RT								
	٥.	Event									
	02	RUN OFF ROADWAY LEFT									
	03	Event DITCH									
		Event									
	9	OVERTURN/ROLLOVER									
╘		Policy Holder									
UNIT		Insurance Company	_	Individual							
		HASTINGS-MUTUAL-INS-C	:0	MICHAEL ASMUSSEN							
		Individual		Tan n							
		Driver MATTHEW BROWN		Citations Issued 0	Sex MALE						
	A	(715) 338-4868		Date of Birth	Race						
_	DUAL			Date of Biltin	WHITE						
LINO	Ĭ	Address		Driver License Number							
⊃	INDIN	237 155TH ST									
	=	AMERY, WI 54001 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sai	On Duty C	Crash	Safety Equipment							
	-		To (B) '''	SHOULDER & LAF	DELT						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAF	DELI						
		Helmet Use	10	Helmet Compliance							
				·							
		Eye Protection		Tint Compliance							
	_	Injury Sev	erity	Airbag							
01	00	1	ARENT INJURY	DEPLOYED-COME	BINATION						
		=	jection Path			Trapped/Extricated					
			NOT EJECTED/NOT APP			NOT TRAPPED					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	r	EMS Run #					
		NOT TRANSPURIED									

Form DT4000

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

		Hospital				Date of Death			Time of Death			
		Distracted By	NOT APP	By Source LICABL	e E (NOT DISTRAC	CTED)						
		Distracted By Action NOT DISTRACTED										
		Non Motorist	Striking Uni	it#	Location							
		Prior Action										
		Action										
LIND	NDIVIDUAL											
	Z											
		Action Other								To/From School		
	Ĺ	Drug & Alcohol	Suspected NO	Alcohol U	lse	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				
5	001	Drug Type			<u> </u>							
		1 5 1 10 5										
		Individual Condition APPEARED NORM	маг									
		AFF LAKED NOKI										
	ı	ndividual										
		Passenger	CEN			Citations Issued Sex						
	٩L	MICHAEL ASMUS (715) 271-8855	SEN			O Data of Birth		MALE Race				
_	DIVIDUAL	,				Date of Birth		WHITE				
LNO	Σ	Address				Driver License Number						
_		9023 OLSON DR EAU CLAIRE, WI 5	54703 , US	8		STATE: WISCONSIN COUNTRY: UNITED STATES						
			On Duty Cr	ash		Safety Equipment						
	Sat	fety Equipment										
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LAP BELT						
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
2	002	Injury	Injury Seve	rity	RIOUS INJUR	Airbag DEPLOYED-COM	/BIN	NATION				
		Ejected	Ej	ection Pa	th	<u> </u>			Trapped/Extricated			
		NOT EJECTED	N	OT EJE	CTED/NOT APPL		,		NOT TRAPPED			
		Medical Transport EMS GROUND				EMS Agency Identifi 6000555	er		EMS Run # SPAA2406682	EMS Run # SPAA2406682		
		Hospital				Date of Death			Time of Death			
		SAUK PRAIRIE HO	OSP									

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

								, ,		
		Distracted By Dist	tracted By Source	9						
		Distracted By Action								
	L	Non Motorist	king Unit#	Location						
		Prior Action		L						
		Action								
	JAL									
E	INDIVIDUAL									
٦	N									
		Action Other						To/From School		
	L	Orug & Alcohol NO	spected Alcohol U	lse	Suspected Drug Use	÷				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	e e		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	<u> </u> 			
2	002	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	l I	ndividual								
	ſ	Passenger			Citations Issued	Sex				
	_	KATHERINE ASMUSS	SEN		0	FEMALE				
	INDIMIDUAL	(715) 271-8855			Date of Birth	Race WHITE	ace			
	Ī	Address			Driver License Number					
٦		9023 OLSON DR EAU CLAIRE, WI 5470	03 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Ĺ		Dut One of		0.6.5					
	Saf	ety Equipment	Duty Crash		Safety Equipment					
		Row 02 - SECOND ROW	Seat Po 07 - LE		SHOULDER & LAP BELT					
		Helmet Use	_		Helmet Compliance					
		Eye Protection			Tint Compliance					
2	003	Injury _{SU}	ry Severity SPECTED MIN	IOR INJURY	Airbag DEPLOYED-SIDE					
		Ejected	Ejection Pa	th	LICARIE		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOTEJE	CTED/NOT APP	EMS Agency Identifie	or	NOT TRAPPED EMS Run #			
		EMS GROUND			6000555	C1	SPAA2406680			
		Hospital			Date of Death Time of Death					
		SAUK PRAIRIE HOSP	•							

Crash Date 06/08/2024
Crash Time 03:13 PM

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		Distracted By Action										
		Non Motorist	Striking U	Jnit #	Location							
		Prior Action			I							
		Action										
	ب											
_	INDIVIDUAL											
╘	<u> </u>											
LNO	>											
_	ቯ											
	Z											
		Action Other							To/From School			
		Drug & Alachal	Suspecte	d Alcohol U	se	Suspected Drug Use						
		Drug & Alcohol	NO			NO						
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN										
		Drug Test Given			Drug Test Type		Drug Test Results	3				
		TEŠT NOT GIVEN										
_	က	Drug Type			l							
2	003											
		Individual Condition										
		APPEARED NORM	4 A I									
		AFFEARED NORW	IAL									
		Individual										
	•	Passenger				Citations Issued	Sex					
		KAMMY BROWN				0	FEMALE					
	₹	(715) 338-4868				Date of Birth	Race					
_	INDIVIDUAL						WHITE					
	Ī	Address				Driver License Numbe	r					
\supset	₫	237 155TH ST										
	=	AMERY, WI 54001	, US			STATE: WISCONSIN COUNTRY: UNITED STATES						
			On Duty (Crash		Safety Equipment						
	Sat	fety Equipment										
		Row		Seat Po	sition	SHOULDER & LAP	BELT					
		02 - SECOND ROV	V	09 - RI								
		Helmet Use		i		Helmet Compliance						
		Eye Protection				Tint Compliance						
_	4		Injury Sev	verity		Airbag						
2	004	Injury	NO APP	PARENT II	NJURY	DEPLOYED-CURT	AIN					
	Ejected Ejection Path					l .		Trapped/Extricated				
		NOT EJECTED		NOT EJE	CTED/NOT APPL	ICABLE		NOT TRAPPED				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT	ED									
		Hospital				Date of Death		Time of Death				
		Distracted By	Distracted	d By Source	•							
		-										
		Distracted By Action										
		İ										

Crash Date 06/08/2024
Crash Time 03:13 PM

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		Non Motorist	Striking Unit #	Location									
		Prior Action		-									
TINO	INDIVIDUAL	Action											
		Action Other						To/From School					
	1	Orug & Alcohol	Suspected Alcohol UNO	lse	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	S						
5	004	Drug Type											
		Individual Condition											
		APPEARED NORM	IAL										
		t Summary											
	Unit	Status			chicle Operating As Classi	fication	Unit Type						
	IN T	RANSIT		D	CLASS		AUTOMOBILE						
05		cle Type SSENGER CAR		•			Operating As Endorse	ments					
	Tota 1	l Occs Train/Bus # Re		corded To	tal # Citations Issued	Total Trail	lers Total Haz	zMat Types					
╘	YES		Direction Of Tra	ND 🗆	Pre CrashTire Speed Mark 55		2						
LNO	MO.	Harmful Event: Collisio		Ń	pecial Function O SPECIAL FUNCTIO	N	Emergency Motor Vehicle Use NOT APPLICABLE						
		ic Way	-n		affic Control		Traffic Control Inoperative/Missing						
		D-WAY, NOT DIVIDE	ט:		O CONTROL pad Curvature		NO Road Grade						
		CKTOP (BITUMINO	ous)		URVE RIGHT		LEVEL						
		k Bus or HazMat	,				1						
	,	Vehicle											
		License Plate Number		Р	late Type	St	Country of Issuance						
		AUC1219		Α	UT - AUTOMOBILE	WI	UNITED STATES						
02	8	Vehicle Identification N	lumber		lake	Year	Model						
0	05	5NPEC4AC5DH785	5802		IYUNDAI	2013	SONATA						
		Color WHI - WHITE			ody Style SD - SEDAN		Bus Use						
	ш	Initial Contact Point			ehicle Damage		<u> </u>						
⊨		10 - LEFT SIDE FR	ONT		01 - RIGHT FRONT CO)RNER. 02 - RIG	SHT SIDE	7 8 9 10 11					
LNO	VEHICL	Extent Of Damage DISABLING DAMA		F	FRONT, 03 - RIGHT SI REAR, 05 - RIGHT RE	DE MIDDLE, 04	- RIGHT SIDE	6					
	>	Towed Due To Damag			ehicle Removed By	<u> </u>							
		TOWED DUE TO D	ISABLING DAMA	GE E	VERETTS TOWING			EVERETTS TOWING					

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		What Driver Was Doin			١	/ehicle Factors					
		NEGOTIATING CU				NOT APPLICABLE					
		Driver Prior Action Oth	ner		l'	NOT APPLICABLE					
		Driver Actions									
_	щ	FAILED TO KEEP OBJECT, NON-MO				OR AVOIDED DUE	TO WIND, SLIPPE	ERY SURFACE, MOTO	R VEHICLE,		
LIND	VEHICL	OBJECT, NON-WO	IURIST	IN KOAD	WAI, EIG.						
5	ĒΗ										
	>										
		Owner Name				Owner Address					
02	02	TIMOTHY MOHRB	ACHER				414 ELDRED ST MAZOMANIE, WI 53560 , US				
						ŕ	·				
		Sequence Of Ev	vents								
	01	Event CROSS CENTERL									
	0	Event	.IIVE								
	02	MOTOR VEH IN TRANSPORT									
	03	Event DITCH									
	04	Event									
_		Policy Holder									
UNIT		Insurance Company				Individual					
_		AMERICAN-FAMIL	Y-INS-CO	0		TIMOTHY MOHRBA	ACHER				
	I	Individual Driver				Ton r	To				
		MADORIE KLUTH				Citations Issued	Sex FEMALE				
	INDIVIDUAL					Date of Birth	Race				
LINO	/IDI						WHITE				
5		Address 414 ELDRED ST				Driver License Numbe					
	Z	MAZOMANIE, WI 53560 , US				STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty C	\rank		Safety Fruinment					
	Sat	ety Equipment	On Duty C	лаы		Safety Equipment					
		Row		Seat Po		SHOULDER & LAP	BELT				
		01 - FRONT ROW Helmet Use		07 - LE	FT	Helmet Compliance					
		Tielinet 030				Tiennet Compilarioe					
		Eye Protection				Tint Compliance					
05	900		Injury Sev	erity		Airbag					
0	0		. 000.2			DEPLOYED-COMB	INATION				
		Ejected NOT EJECTED		jection Pa	tn CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport				EMS Agency Identifier		EMS Run #			
		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death			
		Ποσριταί				Date of Death		Time of Death			
		Distracted By	Distracted UNKNO\	By Source	;	Į.					
		Distracted By Action UNKNOWN									
		Non Motorist	Striking U	nit#	Location						
		NON WICKUISE									

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		Prior Action						
		Action						
	ب							
_	Ď							
LNO	=							
>	INDIVIDUAL							
	Z							
•		Action Other						To/From School
			Cooperated Alex	h-111	I Overs a start Down Har			
		Drug & Alcohol	Suspected Alco	noi Use	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
	10	Drug Type						
05	900	Drug Type						
		1 1 10 10						
		Individual Condition						
		APPEARED NORM	IAL					
	,	Violations						
		UTC Number	Issue To?	Statute Number	Description OPERATING LEFT C			
	0	BG944218	005	346.05(1)	OPERATING LEFT C	OF CENTER		