

6TL0DQPGG2

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|--|---|--|---|---|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 24-06466 | Investigating Officer/Deputy DEPUTY B. SONN | |
| Crash Date 06/20/2024 | | Crash Time 06:42 PM | Date Arrived 06/20/2024 | Time Arrived 06:50 PM | |
| Date Notified 06/20/2024 | | Time Notified 06:42 PM | Total Units 02 | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input checked="" type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure | <input checked="" 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 NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

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|--|
| <p>Diagram</p> <p>Reconstruction By</p> <p>Photos By 9104</p> <p>Additional Information PHOTOS, DASH CAMERA VIDEO, BODY CAMERA VIDEO</p> |
| |
| |

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

DRIVER OF UNIT 2 WAS TRAVELING SOUTHBOUND ON W PINE ST NEAR HWY 136, ON A GREEN LIGHT. DRIVER OF UNIT 2 ADVISED THAT A BLACK SEDAN, WITH TWO WHITE LATE TEEN TO EARLY 20'S MALES WERE DRIVING, AND HAD TRIED TO BEAT THEM THROUGH THE INTERSECTION. DRIVER OF UNIT 2 STATED HE TRIED SLOWING DOWN TO AVOID A COLLISION, BUT ULTIMATELY STRUCK THE BACK PASSENGER BUMPER AND QUARTER PANEL AREA OF UNIT 1, WITH HIS RIGHT FRONT BUMPER AREA. UNIT 2 DID NOT HAVE ANY AIRBAG DEPLOYMENT, ALL OCCUPANTS OF UNIT 2 CLAIMED NO INJURY, AND ALL OCCUPANTS OF UNIT 2 ADVISED THEY WERE WEARING THEIR SEAT BELTS. DRIVER OF UNIT 2 PULLED OFF TO A NEARBY BUSINESS PARKING LOT (FESTIVAL FOODS), AND THE BLACK SEDAN FLED FROM THE SCENE. DRIVER OF UNIT 2 WAS NOT ABLE TO OBTAIN A PLATE. I MADE CONTACT WITH WITNESS 1, WHO HAD STOPPED INTO THE PARKING LOT WHILE I WAS SPEAKING TO DRIVER OF UNIT 2. WITNESS 1 CLAIMED THAT THE BLACK SEDAN WAS IN FRONT OF HIM IN THE TURN LANE. WITNESS 1 CLAIMED THE BLACK SEDAN HAD A YELLOW FLASHING TURN ARROW. WITNESS 1 STATED THAT IT APPEARED THE BLACK SEDAN WAS TRYING TO BEAT UNIT 2 THROUGH THE INTERSECTION, AS THE BLACK SEDAN NEVER APPLIED THE BRAKES. LOCAL CAMERAS WERE CHECKED, BUT NO VEHICLE MATCHING THE DESCRIBED DAMAGE WERE LOCATED. A PHYSICAL CHECK OF THE AREA WAS CONDUCTED, AND THE SUSPECT VEHICLE WAS NOT LOCATED. DRIVER OF UNIT 2 PRODUCED ALLSTATE INSURANCE INFORMATION, AND CONTACTED THEM REGARDING THE INCIDENT.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

Table with 3 columns: Location details (ON STH33 EB 16 FT E OF STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY), Latitude (43.474782776), Longitude (-89.768863051), X Coordinate (276055.21875), Y Coordinate (4817265.5), and Structure Type.

Crash Scene

Table with multiple rows detailing crash scene information: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (01 - ANGLE), Road Surface Condition (WET), Environment Factor (WEATHER CONDITIONS), Weather Condition (CLOUDY, RAIN), Animal Type, Crash Classification (PUBLIC PROPERTY), Intersection Type (FOUR-WAY INTERSECTION), Work Zone Crash Location (ADVANCE WARNING AREA), and Speed Limits (30).

Unit Summary

Table with 2 main sections: Unit Summary (01) and Vehicle (01). Unit Summary includes Unit Status (HIT AND RUN), Vehicle Type (PASSENGER CAR), Total Occs (1), Insurance? (UNKNOWN), Most Harmful Event (MOTOR VEH IN TRANSPORT), and Surface Type (CONCRETE). Vehicle section includes License Plate Number (UNKNOWN), Plate Type (AUT - AUTOMOBILE), St (OT), Country of Issuance (UNITED STATES), and Vehicle Identification Number.

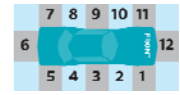
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| | | | | |
|---|---|--|---|------------------------------|
| UNIT VEHICLE | Color | | Body Style | Bus Use |
| | Initial Contact Point 99 - UNKNOWN | | Vehicle Damage | |
| | Extent Of Damage VEHICLE NOT AT SCENE | | 16 - VEHICLE NOT AT SCENE | |
| | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing | | Vehicle Factors | |
| | Driver Prior Action Other | | UNKNOWN | |
| UNIT VEHICLE | Driver Actions UNKNOWN | | | |
| | Owner Name | | Owner Address | |
| 01 | 01 | | | |
| Sequence Of Events | | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| 02 | 02 | Event | | |
| 03 | 03 | Event | | |
| 04 | 04 | Event | | |
| Individual | | | | |
| UNIT INDIVIDUAL | Driver | | Citations Issued 0 | Sex |
| | | | Date of Birth | Race |
| | Address , , | | Driver License Number | |
| Safety Equipment | | | | |
| On Duty Crash | | Safety Equipment | | |
| 01 | 004 | Row 01 - FRONT ROW | Seat Position 07 - LEFT | RESTRAINT USE UNKNOWN |
| Helmet Use | | Helmet Compliance | | |
| Eye Protection | | Tint Compliance | | |
| Injury | | Injury Severity NO APPARENT INJURY | Airbag NOT APPLICABLE | |
| Ejected NOT APPLICABLE | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT APPLICABLE | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | |
| Hospital | | Date of Death | Time of Death | |



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UNIT 01 004 INDIVIDUAL
Distracted By Source
Distracted By Action
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
NOT OBSERVED

Unit Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR Operating As Endorsements
Total Occs 3 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel SOUTHBOUND Pre Crash Tire Mark Speed Limit 30 Total Lanes 4
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER Traffic Control TRAFFIC SIGNAL Traffic Control Inoperative/Missing NO
Surface Type CONCRETE Road Curvature STRAIGHT Road Grade LEVEL
Truck Bus or HazMat NO

Vehicle

UNIT 02 02
License Plate Number DOWNIE Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 4T1B11HK3KU212089 Make TOYOTA Year 2019 Model CAMRY
Color WHI - WHITE Body Style SD - SEDAN Bus Use
Initial Contact Point 01 - RIGHT FRONT CORNER

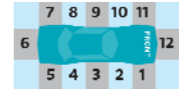
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WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
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BARABOO, WI 53913
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Form containing vehicle damage details, driver information, sequence of events, policy holder details, individual driver info, safety equipment, and injury status.



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| | | | | |
|---|---|---|--|---------------|
| UNIT | INDIVIDUAL | Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| | | Distracted By Action NOT DISTRACTED | | |
| | | Non Motorist | Striking Unit # Location | |
| | | Prior Action | | |
| | | Action | | |
| | | Action Other To/From School | | |
| | | Drug & Alcohol | Suspected Alcohol Use NO 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 | |
| | | Drug Type | | |
| 02 | 001 | Individual Condition APPEARED NORMAL | | |
| | | Individual | | |
| | | Passenger LAURIE DOWNIE | Citations Issued 0 Sex FEMALE | |
| | | | Date of Birth Race WHITE | |
| | | Address 1026 CRESTVIEW CIR BARABOO, WI 53913 , US | Driver License Number | |
| | | Safety Equipment | On Duty Crash Safety Equipment SHOULDER & LAP BELT | |
| | | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | |
| | | Helmet Use | Helmet Compliance | |
| | | Eye Protection | Tint Compliance | |
| | | 02 | 002 | Injury |
| Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED | | | |
| Medical Transport NOT TRANSPORTED | EMS Agency Identifier EMS Run # | | | |
| Hospital | Date of Death Time of Death | | | |
| Distracted By | Distracted By Source | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | |
|---|--|---|--|---------------------------------|--|
| UNIT | Distracted By Action | | | | |
| | Non Motorist | Striking Unit # | Location | | |
| | | Prior Action | | | |
| | INDIVIDUAL | Action | | | |
| | | Action Other | | To/From School | |
| | | Drug & Alcohol | Suspected Alcohol Use NO | 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 | |
| | | Drug Type | | | |
| | | Individual Condition APPEARED NORMAL | | | |
| Individual | | | | | |
| UNIT | | INDIVIDUAL | Passenger JANINA DOWNIE | Citations Issued 0 | Sex FEMALE |
| | | | Date of Birth | | Race WHITE |
| 02 | 002 | Address 1026 CRESTVIEW CIR BARABOO, WI 53913 , US | | Driver License Number | |
| | | Safety Equipment | On Duty Crash | | Safety Equipment SHOULDER & LAP BELT |
| Row 02 - SECOND ROW | Seat Position 09 - RIGHT | | Helmet Use | | |
| 02 | 003 | Eye Protection | | Tint Compliance | |
| | | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | |
| Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED | | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | | |
| Hospital | | Date of Death | Time of Death | | |
| UNIT | Distracted By Distracted By Source | | | | |
| | Distracted By Action | | | | |

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(608) 356-4895

| | | | | | |
|-------------|--|---|------------------------------------|---------------------------------|----------------------|
| UNIT | Non Motorist | Striking Unit # | Location | | |
| | | Prior Action | | | |
| | INDIVIDUAL | Action | | | |
| | | Action Other | | | To/From School |
| | | Drug & Alcohol | Suspected Alcohol Use NO | 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 | | |
| | Drug Type | | | | |
| | Individual Condition APPEARED NORMAL | | | | |

Witness

| | | | |
|----------------|---|--|---------------|
| WITN 01 | Individual JOSEPH SZYMUSIAK (608) 434-3000 | Address S3013A N REEDSBURG RD BARABOO, WI 53913 , US | Date of Birth |
|----------------|---|--|---------------|