## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrid	ide Primary Crash [		Agency <b>24-071</b>	Crash Number 99	Investigating Of DEPUTY R. E			
Crash Date <b>07/05/2024</b>	Crash Time 08:02 PM			ived <b>024</b>	Time Arrived 08:19 PM			
Date Notified <b>07/05/2024</b>	Time Notified 08:02 PM		Total Un	its	Total Injured <b>00</b>	Total Kille	d	
On Emergency	Hit and Run	Lane Closur	re	Work Zone	Trailer or	Towed	Reporting Threshold	
Government Property Active School Zone			School E	Bus Related	Tags			
<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH)			Amended		Secondary Crash	
DIAGRAM ON 07/05/NOT TO S	SCALE		O,		PR <p< th=""><th>notos By BARNES  Idditional Infor</th><th></th></p<>	notos By BARNES  Idditional Infor		

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	Loc	ation									
		VATE PROPERTY				Latitude			Longitu	de	
		47A STH78 SB				43.387328466				-89.611755619	
	(HOUSE/BUILDING S7147A)					X Coordin			_		
						288457.90625			Y Coordinate 4807141.5		
	IN THE TOWN OF MERRIMAC IN SAUK COUNTY								40071	T1.0	
							Type <b>BUILDING</b>	ì			
	∟ Cra	sh Scene									
		Harmful Event				First Harm	nful Event Lo	ocation			
	PAF	RKED MOTOR VEHICL	.E					OCATION	UNKNOW	/N	
	Man	ner of Collision				Light Con					
	01 -	ANGLE				DAYLIG	НТ				
	Roa	d Surface Condition(s)				Roadway	Factor(s)				
	DR	•									
	Envi	ronment Factor(s)				=					
	NOI	NE				NONE					
	Wea	ther Condition(s)				1					
	CLE	AR									
	Anin	nal Type				Relation T	o Trafficway	<i></i>			
						NON TR	AFFICWA	Y - PARKIN	IG LOT		
	Cras	h Classification - Location				Crash Cla	ssification -	Jurisdiction			
	PRI	VATE PROPERTY				PRIVATE PROPERTY					
	Triba	al Land					Access Control Special Study NO CONTROL			Special Study	
	With	in Interchange Area	Junction Location		Intersection	tion Type					
	NO	iii iiioionango / tioa	NON-JUNCTION			OT AN INTERSECTION					
	Uni	t Summary			•						
		Status		Vehicle Op	erating As C	Classification	l	Unit Type			
	ніт	AND RUN		D CLASS		TRUCK					
7	Vehi	cle Type				Operating As Endorsements					
0		LITY TRUCK/PICKUP									
		l Occs	Train/Bus # Recorded		itions Issued	t	Total Trail	ers		zMat Types	
	2		D: '' O(T	0			0	.,	0		
		rance?	Direction Of Travel		Pre CrashTire			Speed Limit		Total Lanes	
늘		KNOWN	UNKNOWN	I —	<b>✓</b> Mark			0			
L N O		t Harmful Event: Collision \ RKED MOTOR VEHICL		Special Function UNKNOWN			Emergency Motor Vehicle Use UNKNOWN		icle Use		
	Traff	îc Way		Traffic Con	trol			Traffic Control Inoperative/Missing		tive/Missing	
		KING LOT OR PRIVA	TE PROPERTY	NO CONTROL			NO				
		ace Type		Road Curvature			Road Grade				
		G, GRAVEL, OR STO	NE	STRAIGH	STRAIGHT DOWNHILL						
	NO	k Bus or HazMat									
	,	Vehicle									
		License Plate Number		Plate Type	9		St	Country of Is	suance		
		V 1: 1 11 ec e N	Make			Veer					
7	2	Vehicle Identification Nur	Make RAM		Year		Model 1500				
	0	Color					Bus Use				
		BLU - BLUE		Body Style PK - PICKUP			Dus Us6				
	ш	Initial Contact Point		Vehicle Da					Ī		
⊨	CL	99 - UNKNOWN			•					7 8 9 10 11	
LNO	EHICLI	Extent Of Damage		16 - VEH	IICLE NO	OT AT SCENE					
_	Æ	VEHICLE NOT AT SO	CENE							5 4 3 2 1	

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		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		UNKNOWN							
		Driver Prior Action Other		UNKNOWN					
		Driver Actions							
	щ	UNKNOWN							
L	VEHICLE								
5	표								
	<b>Y</b>								
		Owner Name		Owner Address					
2	01			, ,					
	!	Sequence Of Events							
		Event							
	01	PARKED MOTOR VEHICLE							
	02	Event							
	03	Event							
		Event							
	04	Lvont							
		ndividual							
		Driver	Citations Issued	Sex	ex				
		UNKNOWN		0					
	M			Date of Birth	Race	_			
╘	⊒∣								
EN	$\geq$	Address		Driver License Number					
	INDIVIDUAL	, ,							
		On Duty C	rash	Safety Equipment					
	Saf	ety Equipment		, , , ,					
		Row	Seat Position	RESTRAINT USE U	NKNOWN				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use	Helmet Compliance						
		Eye Protection		Tint Compliance					
	_	Injury Seve	erity	Airbag					
5	90		ARENT INJURY	NOT APPLICABLE					
			jection Path			Trapped/Extricated			
			IOT EJECTED/NOT APF			NOT APPLICABLE			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED  Hospital		Date of Dooth		Time of Dooth			
		nospitai		Date of Death Time of Death					
		Distracted By Distracted	By Source						
		Distracted By Action							
		Striking Ur	nit # Location						
		Non Motorist							

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		Prior Action										
		Action										
	JAL											
LNO	INDIVIDUAL											
_	IND											
		Action Other							To/From School			
	L	Orug & Alcohol	Suspected A	Alcohol Us	se	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	l				
7	001	Drug Type		1								
		Individual Condition										
		NOT OBSERVED										
	i	ndividual	ndividual									
	_	Passenger UNKNOWN				Citations Issued  0	Sex					
_	INDIVIDUAL					Date of Birth	Race					
LNO	DIVI	Address				Driver License Number						
	Z	, ,										
	Safety Equipment					Safety Equipment						
		Row 01 - FRONT ROW		Seat Pos		RESTRAINT USE UN	NKNOWN					
		Helmet Use				Helmet Compliance						
		Eye Protection			Tint Compliance							
5	Injury Severity NO APPARENT INJURY				JURY	Airbag NOT APPLICABLE						
		Ejected	Eje	ection Path	1			Trapped/Extricated				
		NOT APPLICABLE  Medical Transport	. N	OT EJEC	TED/NOT APPL	ICABLE EMS Agency Identifier		NOT APPLICABLE  EMS Run #				
		NOT TRANSPORTED				LING Agency Identifier						
		Hospital			Date of Death Time of Death							
		Distracted By	Distracted E	By Source								
		Distracted By Action										
		Non Motorist	Striking Uni	t#	Location							
		Prior Action		1								

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		Action								
	INDIVIDUAL									
LINO	ם									
5	<u>&gt;</u>									
	Ä									
		Action Other								To/From School
		Orug & Alcohol	pected Alcohol U	se	Suspected Drug Use					
	_	Alcohol Test Given		Alcohol Test Ty	ne		ΔΙ	cohol Test F	Results	
		TEST NOT GIVEN		7 Hoorior rest ry	ρC		7.0	oonor rest i	todulid	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test F	Results			
0	002	Drug Type								
		Individual Condition								
		NOT OBSERVED								
	ا مدا ا	Cump mag m								
		Status			Vehicle Operating As Class	ification	Ιυ	nit Type		
	LEG	ALLY PARKED			D CLASS			TRUCK		
02		сіе Туре		•				Operating As Endorsements		
0		LITY TRUCK/PICKUP TI	RUCK Train/Bus # Re	cordod	Total # Citations Issued Total Traile			ilers Total HazMat Types		
	0	Occs	Traili/Dus # Tte		0		ai iialicis		) )	wat Types
	Insur	urance? Direction Of Travel			Pre CrashTire Speed Lir		eed Limit	imit Total Lanes		es
UNIT	YES		NOT ON ROA	ADWAY	Mark			Emergency Motor Vehicle Use		
5		Harmful Event: Collision Wi			Special Function NO SPECIAL FUNCTION Traffic Control			NOT APPLICABLE  Traffic Control Inoperative/Missing		
		ic Way								
		KING LOT OR PRIVATE	<b>PROPERTY</b>		NO CONTROL			NO		
		c CRAVEL OR STON	_		Road Curvature			Road Grade  DOWNHILL		
		G, GRAVEL, OR STONI  Bus or HazMat	<u> </u>		STRAIGHT		טן	OWNHILL	•	
	NO	. Duo oi mazmat								
	,	/ehicle								
		License Plate Number			Plate Type	St		untry of Issu		
		TX2511  Vehicle Identification Numb			LTK - LIGHT TRUCK Make	WI Yea		UNITED STATES		
05	02	1GCCT19W0Y8145425			CHEVROLET	200		odel 0		
		Color			Body Style	1		S10 Bus Use		
		BLK - BLACK			PK - PICKUP					
_	VEHICLE	Initial Contact Point  05 - RIGHT REAR COR	NED		Vehicle Damage					7 8 9 10 11
LINO	H	Extent Of Damage	MEN		03 - RIGHT SIDE MIDI	DLE, 04 - R	IGHT SI	DE REAR		6 7 12
ر	VE	FUNCTIONAL DAMAG	E			•				5 4 3 2 1
		Towed Due To Damage			Vehicle Removed By				•	
		NOT TOWED  What Driver Was Doing			OWNER					
		LEGALLY PARKED								

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1			Vehicle Factors
			verible i actors
			NOT APPLICADIF
		Driver Prior Action Other	NOT APPLICABLE
1		Driver Actions	
	111	NO CONTRIBUTING ACTION	
⊢	Ę		
LNO	2		
5	VEHICLE		
	5		
	-		
1		Owner Name	Owner Address
		WALTER KUNICKI	440 RIVER STREET
05	02		MERRIMAC, WI 53561, US
_			
	;	Sequence Of Events	
	_	Event	
	2	PARKED MOTOR VEHICLE	
		Event	
	02		
		_	
	03	Event	
	0		
	4	Event	
	04		
١.		Policy Holder	
L N			T
15		Insurance Company	Individual
_		AMERICAN-FAMILY-INS-CO	WALTER KUNICKI