# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override			Primary Crash Document # Agency Crash Number Investigating Officer/Deputy 24-07353 DEPUTY J. HUNTER							
	Crash Date		Crash Time		Date Arrived		Time Arrived			
į	07/08/2024	07/08/2024		05:10 PM		07/08/2024		05:14 PM		
,	Date Notified 07/08/2024		Time Notified 05:11 PM		Total Un	its	Total Injured	Total Killed	1	
3	On Emergence	y Hit	and Run	Lane Closu	ire	Work Zone	Trailer	or Towed	Reporting Threshold	
<u>.</u>	Governn		☐ Active ScI	hool Zone	School E	Bus Related	Tags		1	
•	Proper	rty	Crash Type		l				Secondary	
	Reportable		PRIVATE PRO	OPERTY/PARKI	NG LOT		Amend	ea	Crash	
	<b>Description</b> Diagram							Reconstruction	By	
			US HY 14			-	not to scale	Photos By <b>DEPUTY HUI</b>	,	
		I						Additional Information PHOTOS	mation	
						_				
	C	CTY HY G		_						
						E4905 US HY 14				
				-						
				-						
						any CJIS data in this		DAOK CUT CT	HED ODAGE OPERATOR	
	OF UNITS 1 & 2 WERE I OF UNIT 1 ADVISED PASSENGER'S SIDE	SHE TURNED	THE WHEEL TOO	FAR AND BACKED	TOO FAS	ST, AND THE DRIVER'S S	ATTEMPTED TO SIDE FRONT COI	BACK OUT OF RNER OF UNIT 1	HER SPACE. OPERATOR STRUCK THE REAR	
		. 31 31411 Z, OF	.como Dawage	. O THE EXTENSION	.5 0. 50					

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

ı	ြဂင	ation								
Ī		RKING LOT			Latitude	1		Longitu	ıde	
	USI	H14 EB LOT 4905			43.189	160003		_	3386677	
	(HO	USE/BUILDING 4905)			X Coord	linate		Y Coor	dinate	
	IN T	HE TOWN OF SPRING	GREEN		25025				07.5	
		SAUK COUNTY	OKLLIN		Structure Type					
					HOUS	E/BUILDIN	G			
(	Cras	sh Scene								
Ī		Harmful Event			First Ha	rmful Event	Location			
		RKED MOTOR VEHICL	.E				NE OR ZONE	į		
		ner of Collision	<del>-</del>		Light Co					
	01 -	ANGLE			DAYLI					
	Road	d Surface Condition(s)			Roadwa	y Factor(s)				
	DRY									
ŀ	Envir	ronment Factor(s)								
	NON	NE			NONE					
	Weat	ther Condition(s)								
	CLE	AR								
•	Anim	nal Type				To Trafficw				
	_	1.01 ''' '' 1 ''			_		AY - PARKIN	IG LOT		
		th Classification - Location  VATE PROPERTY			Crash Classification - Jui PRIVATE PROPERT					
•	Triba	al Land				Access Control Special Study NO CONTROL			Special Study	
	\/\/ithi	in Interchange Area	Junction Location		Intersection Type					
	NO	in interestange Area	NON-JUNCTION		NOT AN INTERS	SECTION				
	Jnit	t Summary								
 		t Summary Status		Vehicle Ope	erating As Classificati		Unit Type			
 	Unit :	Status RANSIT		Vehicle Ope	erating As Classificati		Unit Type	BILE		
	Unit : IN T Vehice	Status 'RANSIT cle Type			erating As Classificati				ements	
01	Unit : IN T Vehic	Status RANSIT cle Type ORT) UTILITY VEHICL		D CLASS	erating As Classificati	on	AUTOMO Operating A	As Endorse		
	Unit S IN T Vehic (SPC) Total	Status 'RANSIT cle Type	.E Train/Bus # Recorded	D CLASS	erating As Classificati	on Total Tra	AUTOMO Operating A	As Endorse	ements zMat Types	
	Unit : IN T Vehic (SPC Total 2	Status FRANSIT Cle Type ORT) UTILITY VEHICL I Occs	Train/Bus # Recorded	D CLASS	erating As Classificati	Total Tra	AUTOMO Operating A	As Endorse Total Ha 0	zMat Types	
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01	Unit : IN T Vehice (SPC) Total 2 Insur YES	Status  RANSIT  cle Type  ORT) UTILITY VEHICL  I Occs  rance?  6  t Harmful Event: Collision V	Train/Bus # Recorded  Direction Of Travel  NOT ON ROADWAY  With	Total # Cita 0  Pre  Special Fur	erating As Classificati tions Issued  CrashTire Mark	Total Tra  0 Speed L	AUTOMO Operating A ailers imit	Total Ha  Total Lar  Motor Vel	zMat Types nes hicle Use	
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UNIT 01	Unit: IN T Vehic (SPC Total 2 Insur YES Most PAR Trafff PAR BLA Truct NO	Status  TRANSIT  Cle Type  ORT) UTILITY VEHICL  I Occs  Trance?  The Harmful Event: Collision Vericle  RKED MOTOR VEHICL  To Way  RKING LOT OR PRIVA  Tace Type  ACKTOP (BITUMINOUS)  To K Bus or HazMat  Vehicle  License Plate Number  AWH4435  Vehicle Identification Nun  1C4PJMCB9FW6048  Color  BLK - BLACK  Initial Contact Point  10 - LEFT SIDE FROI	Train/Bus # Recorded  Direction Of Travel NOT ON ROADWAY  With  LE  TE PROPERTY  S)	Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make JEEP Body Style UT - SPC Vehicle Da	crating As Classifications Issued  CrashTire Mark Inction ITAL FUNCTION ITAL FUNCTION ITAL STATE IN THE INCTION ITAL STATE IN THE INCTION IN THE INTERIOR IN THE INCTION IN THE INTERIOR IN THE INCTION IN THE INTERIOR IN THE INCTION	Total Tra 0 Speed L 05	AUTOMO Operating / Operating / ailers  imit  Emergency NOT APP Traffic Con NO Road Grad LEVEL  Country of Is UNITED S Model CHEROKE	Total Ha  O  Total Lai  Motor Vel  LICABLE  trol Inopera  e	zMat Types  nes  hicle Use	
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Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date **07/08/2024**Crash Time **05:10 PM** 

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Towed Due To Damage		Ve	hicle Removed By				
		NOT TOWED		OPERATOR					
		What Driver Was Doing BACKING		Vehicle Factors					
		Driver Prior Action Other			OT APPLICABLE				
		Driver Actions UNSAFE BACKING							
_ ا	쁘	UNSAFE BACKING							
LIND	2								
ן∍	VEHICLE								
	>								
		Owner Name			Owner Address				
		SHARON JONES			32825 US HWY 14				
	9	(608) 438-9392			LONE ROCK, WI	3556 , US			
		Sequence Of Events							
	10	Event	-						
	0	PARKED MOTOR VEHICL	LE						
	02	Event							
	0								
	03	Event							
	_	F							
	4	Event							
╘		Policy Holder							
FNS		Insurance Company  AMERICAN-FAMILY-INS-	co		Individual SHARON JONES				
					SHARON JONES				
		ndividual							
		Driver SHARON JONES			Citations Issued Sex <b>9 FEMALE</b>				
	A	(608) 438-9392			Date of Birth Race				
L	S				WHITE				
FNO	INDIVIDUAL	Address		Driver License Number					
>	9	32825 US HWY 14		-					
	=	LONE ROCK, WI 53556,	US	-					
	Saf	On Duty fety Equipment	/ Crash	1	Safety Equipment				
	Sai								
		Row 01 - FRONT ROW	Seat Position	SHOULDER & LAP BELT					
		Helmet Use	07 - LEFT	Helevat Consultance					
		Heiliet Ose		Helmet Compliance					
		Eye Protection		+	Tint Compliance				
		•		-					
2	001	Injury Se	everity	Airbag					
0	8		PARENT INJURY		NON DEPLOYED				
	Ejected Ejection Path		· .				Trapped/Extricated		
		NOT EJECTED NOT EJECTED/NOT A					NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
		Hospital		$\dashv$	Date of Death		Time of Death		
		ιοοριαι			Date of Death		Time of Death		
		Distracte	ed By Source				l		
		Distracted By UNKNO	OWN						
		Distracted By Action							
		UNKNOWN							

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.  $\begin{tabular}{ll} 3 & of & 7 \end{tabular}$ 

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Non Motorist Striking	Unit #	Location						
	Prior Action								
	Action								
AL									
JDI									
N									
	Action Other						To/From School		
L	Suspect Suspect Orug & Alcohol NO	ted Alcohol U	lse	Suspected Drug Use NO			<u> </u>		
	Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
	Drug Test Given		Drug Test Type		Drug Test Results				
_									
00	Bidg Type								
	Individual Condition	Individual Condition							
	APPEARED NORMAL								
ب	MARIA BOWERS			0 FEMALE					
DUA	(600) 366-7336			Date of Birth	Race WHITE				
Σ	Address 28935 UNIVERSITY ST			Driver License Number					
=	GOTHAM, WI 53540 , US								
Sat	On Duty		Safety Equipment						
	Row 01 - FRONT ROW			SHOULDER & LAP BELT					
	Helmet Use	-		Helmet Compliance					
	Eye Protection								
200	I !	-	N IIIDV	Airbag					
Ū	Ejected	Ejection Pa	th	1	Trapped/Extricated				
NOT EJECTED NOT EJECTED/NOT APF Medical Transport			CTED/NOT APPL	ICABLE  EMS Agency Identifier		NOT TRAPPED  EMS Run #			
NOT TRANSPORTED				Date of Dooth		Time of Death			
	-			Date of Death		Time of Death			
	Distracted By	ed By Source	•						
	Distracted By Action								
	Non Motorist Striking	Unit #	Location						
	INDIVIDUAL 001	Prior Action  Suspect No  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition  APPEARED NORMAL  Individual  Passenger MARIA BOWERS  (608) 588-7558  Address 28935 UNIVERSITY ST GOTHAM, WI 53540 , US  Safety Equipment  Row 01 - FRONT ROW Helmet Use Eye Protection  Ton Duty  Row O1 - FRONT ROW Helmet Use Eye Protection  Injury  Injury No AP  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted	Action Other  Drug & Alcohol NO  Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type  Individual Condition APPEARED NORMAL  Individual Passenger MARIA BOWERS (608) 588-7558  Address 28935 UNIVERSITY ST GOTHAM, WI 53540 , US  Safety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  NO  Injury NO APPARENT II Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Distracted By Distracted By Source	Prior Action  Alcohol Test Type  Test Not Given  Drug Test Given  TEST NOT Given  Drug Test Type  Individual  Passenger  MARIA  (608) 588-7558  Address  28935 UNIVERSITY ST  GOTHAM, WI 53540 , US  Safety Equipment  Row  01 - FRONT ROW  O1 - FRONT ROW  Helmet Use  Eye Protection  Injury  Injury  Injury Severity  NO APPARENT INJURY  Ejected  NOT EJECTED  Medical Transport  NOT TRANSPORTED  Hospital  Distracted By  Distracted By  Distracted By Source  Striking Unit # Location	Prior Action   Action Other	Prior Action  Action Other  Drug & Alcohol Action Other  TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type  Drug Type  Individual Condition APPEARED NORMAL  Individual  Passenger MARIA BOWERS (608) 588-7558  Date of Birth Race WHITE  Actions Issued Female Good Birth Race WHITE  Actions Issued Female Test Nor Given Drug Type  Drug Test Results Test Nor Given Date of Birth Rece WHITE  Driver License Number  Safety Equipment  Row 01 - FRONT ROW O1 - FRONT ROW ON DEPLOYED  Ejected NOT Ejected NOT Ejected Divort APPLICABLE  Medical Transport NOT TRANSPORTED  Hospital Date of Death  Distracted By Action  Striking Unit # I Location	Prior Action   Prio		

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Prior Action								
		Action								
	INDIVIDUAL									
L	יוםו									
5	DIV									
	Z									
		Action Other								To/From School
		Suspected Alcohol Use Suspected Drug Use								
	L	Drug & Alcohol No			NO					
				Alcohol Test Typ	ре			Alcohol Tes	t Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drua -	Test Results			
		TEST NOT GIVEN								
2	002	Drug Type								
	C									
		Individual Condition								
		APPEARED NORMAL								
l	Llni	t Summary								
		Status ——			Vehicle Operating As Class	sification	1	Unit Type		
		SALLY PARKED			D CLASS			AUTOMOBILE		
05		cle Type ORT) UTILITY VEHICLE	:					Operating As Endorsements		
	•	I Occs Train/Bus # Recorded			Total # Citations Issued	Total Traile	al Trailers Tot		al HazMat Types	
	1				0		0		0	
L	Insur	rance?	NOT ON ROA		FIE GIASITIIE		Speed Lim	ıt	Total La	nes
N N	Most	Harmful Event: Collision Wi	ith		Special Function			Emergency		
		TOR VEH IN TRANSPO	RT		NO SPECIAL FUNCTION  Traffic Control			NOT APP		ative/Missing
	Traffic Way PARKING LOT OR PRIVATE PROPERTY				NO CONTROL			NO	ioi illopei	auve/iviissii ig
		асе Туре			Road Curvature			Road Grade		
		ACKTOP (BITUMINOUS) k Bus or HazMat	)		UNKNOWN LEVEL					
	NO	N Dus of Flaziviat								
	'	Vehicle								
		License Plate Number			Plate Type		St	Country of Is		
		AUS5188  Vehicle Identification Numb	ner		AUT - AUTOMOBILE Make			UNITED STATES		
	02	2FMDK3J97CBA92247			FORD			Model EDGE SEL		
İ		Color			Body Style			Bus Use		
-	ш	BLK - BLACK Initial Contact Point			LL - CARRYALL Vehicle Damage					
I≡	CLI	04 - RIGHT SIDE REAF	R							7 8 9 10 11
N N	VEHICLE	Extent Of Damage			04 - RIGHT SIDE REA	<b>AR</b>				6
	>	MINOR DAMAGE Towed Due To Damage			Vehicle Removed By					
		NOT TOWED			OWNER					
		What Driver Was Doing								
		LEGALLY PARKED			]					

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 5 of 7

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

					T.	Vehicle Factors				
					l'	ornoid r dotord				
		Driver Prior Action Other			NOT APPLICABLE					
		Driver Actions			<u> </u>					
	Щ	NO CONTRIBUTIN	IG ACTIO	ON						
UNIT	VEHICL									
5	H									
	>									
		Owner Name				Owner Address				
			СНМІДТ			S13022 HIGHBAN	NKS RD			
	02	(608) 265-1626				SPRING GREEN,	WI 53588 , US			
		Sequence Of Ev	/ents							
	10	Event		D.T.						
	0	MOTOR VEH IN TR	KANSPU	ik i						
	02	Event								
	03	Event								
	_	Event								
	04									
_	i	Policy Holder								
L N		Insurance Company				Individual				
_		STATE-FARM-GENERAL-INS-CO				BENJAMIN SCHMIDT				
	ı	Individual								
		Occupant Of Motor Vehicle Not In Transport BENJAMIN SCHMIDT (920) 265-1626  Address S13022 HIGHBANKS RD SPRING GREEN, WI 53588 , US			t	Citations Issued Sex				
	۲					0	MALE			
_	INDIVIDUAL					Date of Birth	Race WHITE			
Ę	⋝					Driver License Number  Safety Equipment				
_	P									
	_									
	Safety Equipment					Salety Equipment				
		Row		Seat Po	sition	NONE USED - VEHICLE OCCUPANT				
		01 - FRONT ROW		07 - LE	FT					
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
	ဗ		Injury Sev	verity		Airbag				
05	003			ARENT I	NJURY	UNKNOWN				
		Ejected		Ejection Pa	th			Trapped/Extricated		
		UNKNOWN		UNKNOW	/N			UNKNOWN		
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run#		
	Hospital			Date of Death		Time of Death				
	поѕрна									
		Distracted By	Distracted	d By Source	•	!				
		Distracted By Action								
			Striking U	Init#	Location					
		Non Motorist								

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.  $6 \quad \text{of} \quad 7$ 

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Prior Action					
		Action					
	AL						
LNN	DO						
5	INDIVIDUAL						
	N						
		Action Other					To/From School
	,	Drug & Alcohol NO	Jse	Suspected Drug Use NO			•
	_	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN	Alcohol rest type			Alcohol rest results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
	•						
05	003	Drug Type					
		Individual Condition					
		APPEARED NORMAL					