6TL0D1PTPW 24-07302

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

	Document Number Override	Primary Crash D	Oocument #	Agency Crash Number 24-07302			Investigating Officer/Deputy DEPUTY S. MESSNER			
ΡW	Crash Date 07/07/2024	Crash Time 03:38 PM	Date Arrived 07/07/2024			Time Arrived 03:49 PM	1			
PT	Date Notified 07/07/2024	Time Notified 03:49 PM		Total Units 01		Total Injured 02	Total Killed 00			
0D1	On Emergency	Hit and Run	Lane Closure Work Zone		Trailer or 1	Towed	Reporting Threshold			
6TL	Government Property	Active Sc	School Zone Scho		Bus Related	Tags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amended		Secondary Crash		

Description Diagram Reconstruction By STH 136 on ramp to US 12 US 12 S Bound Lanes Photos By DEP. S. MESSNER #9134 witness car Not to scale Additional Information **PHOTOS** car sbound Unit 1 attempts to change lanes and rapidly serves to Unit 1 over-corrects rid US 12 bridge over goes across both lanes: Baraboo River and strickes bridge rail Unit 1 spins 180 and strikes bridge |; rail again, coming to rest

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

ON 7/7/2024, AT APPROXIMATELY 3:49 PM, UNIT 1, A 2004 WHITE DODGE STRATUS, BEARING WI# AKH5964, WAS SOUTHBOUND ON US 12. UNIT 1 WAS IN LANE 2. AN UNKNOWN VEHICLE WAS ON THE ON RAMP FROM STH 136. UNIT 1 ATTEMPTED TO CHANGE LANES INTO LANE 1, BUT AN UNKNOWN VEHICLE WAS SOUTH BOUND IN LANE 1. UNIT 1 QUICKLY SWERVED BACK INTO LANE 2 TO AVOID A CRASH. UNIT 1 OVERCORRECTED AND THE DRIVER LOST CONTROL OF THE VEHICLE. THE VEHICLE CROSSED LANE 1 AND STRUCK THE BRIDGE RAIL FACE, SPUN 180 DEGREE AND THE REAR END OF UNIT 1 STRUCK THE BRIDGE RAIL FACE. UNIT 1 CAME TO REST IN LANE 1. THE DRIVER AND PASSENGER WERE IDENTIFIED BY THEIR DRIVER'S LICENSES. WITNESSES TO THE CRASH WERE IDENTIFIED AND CONFIRMED WHAT HAD OCCIRRED. THE DRIVER DENIED HAVING INSURANCE. THE DRIVER WAS CITED FOR FAILURE TO CONTROL VEHICLE AND NO INSURANCE. THE CITATIONS WERE EXPLAINED AND CONTACT ENDED. BARABOO EMS CHECKED BOTH THE DRIVER AND PASSENGER, AND TRANSPORTED BOTH TO ST. CLAIRE HOSPITAL. CRAIG'S TOWING REMOVED THE VEHICLE

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Lo	cation									
10	N USH12 EB 29 MI S					Latitude 43.47060	0047		Longitud	
OF	F STH33 EB THE VILLAGE OF WE	ST BARABOO				X Coordin	ate		Y Coord	inate
	SAUK COUNTY	51 B/110 1B G G				275454.0			481682	0.5
						Structure NO STR	UCTURE			
Cr	ash Scene									
Fin	st Harmful Event					First Harm	nful Event Lo	ocation		
	RIDGE RAIL						DER LEFT			
	anner of Collision	FUIOL E IN TRANSPORT				Light Cond	dition			
	ad Surface Condition(s)	EHICLE IN TRANSPORT	DAWN Roadway Factor(s)							
	RY	Roadway	racior(s)							
En	vironment Factor(s)									
	ONE					NONE				
We	eather Condition(s)									
	CLOUDY									
An	imal Type		Relation T	o Trafficwa	V					
1	runnar 190						CWAY - OI	•		
Pι	Crash Classification - Location PUBLIC PROPERTY						Crash Classification - Jurisdiction NO SPECIAL JURISDICTION			
Tri	bal Land					Access Control Special Study NO CONTROL			Special Study	
Within Interchange Area Junction Location YES ENTRANCE RAMP-RELATED				Intersection Type NOT AN INTERSECTION						
Clo	osure Type		Reasons for Closure							
LA	ANE CLOSURE									
	ite Initial Lane/Rd Closed	Time Initial Lane/Rd Clos 03:40 PM	sed	LAW ENFORC			EMENT, TOW TRUCK, FIRE/EMS			
	ite All Lanes Open	Time All Lanes Open			Scene Clear	ed		ne Scene Cleared		
	//07/2024	04:20 PM		07/07	7/2024		04	:20 PM		
	it Summary		IV. I		ı: A 0			T		
	it Status TRANSIT			Vehicle Operating As Classif D CLASS			Sassification Unit Type AUTOMOBILE			
	hicle Type		100	D CLASS			Operating As Endorsements			nents
	ASSENGER CAR									
То	tal Occs	Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total Trail	ers	## A Special Study ## A S	Mat Types
2		D: # 0/7	2	2		0			-	
Ins NO	surance?	Direction Of Travel SOUTHBOUND		Pre	CrashTire Mark	Speed Li				es
	ost Harmful Event: Collision		Spe	cial Fun	iction	03		Emergency Motor Vehicle Use		
					IAL FUNC	TION	TION		NOT APPLICABLE	
	Traffic Way				Traffic Control NO CONTROL			Traffic Control Inoperative/Missing		
	VIDED HWY W/TRAFFIC BARRIER Irface Type							NO Road Grade		
· · ·				Road Curvature STRAIGHT				LEVEL		
Tru	uck Bus or HazMat							1		
N	Vehicle									
	License Plate Number			Plate Type			St	Country of Iss	uance	
	AKH5964			AUT - AUTOMOBILI		.E	WI	UNITED STATES		
2	Vehicle Identification Nu		Mal				Year	Model		
0	1B3EL36X94N36802	27	DC	DGE			2004	STRATUS		

Form DT4000

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		Color			Body Style Bus Use					
		WHI - WHITE		SD - S	=					
	쁫				Vehicle Damage					
⊢		01 - RIGHT FRONT CORNER	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE							
UNIT	Ħ	Extent Of Damage		IT, 04 - RIGHT SIE			6 12			
<u>ر</u>	VEHICL	DISABLING DAMAGE		CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 10 -						
					Vehicle Removed By					
					SS TOWING					
		What Driver Was Doing	Vehicle	Factors						
		CHANGING LANES		NOT A	ADDI ICADI E					
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	щ	FAILURE TO CONTROL								
UNIT	VEHICL									
5	표									
	<u> </u>									
		Owner Name		Ow	vner Address					
_		JEANNIE SUDDARD			3773 COUNTY ROAD B WISCONSIN DELLS, WI 53965 , US					
01	01									
	9	Sequence Of Events								
	01	Event RUN OFF ROADWAY LEFT								
	2	Event								
	02	BRIDGE RAIL								
	03	Event BRIDGE RAIL								
	04	Event								
		ndividual								
		Driver JEANNIE SUDDARD			ions Issued	Sex				
	ب					FEMALE	L E			
	UA					Race				
≒	NDIVIDUAL			WHITE						
UNIT		Address 3773 COUNTY ROAD B		Driver License Number						
	Z	WISCONSIN DELLS, WI 539	65 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash			Safety Equipment					
	Sai	fety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHC	DULDER & LAP B	ELT				
		Helmet Use	U/ - LEFT	Helm	net Compliance					
		Heimet Ose		I ICIII	let Compilance					
		Eye Protection		Tint Compliance						
					20					
01	9	Injury Sevel SUSPECT	Airbag DEPLOYED-COMBINATION							
			ection Path OT EJECTED/NOT APP	Trapped/Extricated PPLICABLE NOT TRAPPED						
		Medical Transport	OT EJECTED/NOT APP		Agency Identifier		EMS Run #			
		EMS GROUND			0368					
		Hospital		Date	of Death		Time of Death			
		ST CLARE HOSP								

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		Distracted By	Distracted B	By Source LICABLE	(NOT DISTRA	CTED)					
		Distracted By Action									
		NOT DISTRACTED									
		Non Motorist	Striking Uni	it #	Location						
		Prior Action									
		Action									
	A H										
╘	INDIVIDUAL										
UNIT	≥										
		Action Other							To/From School		
	1	Drug & Alcohol	Suspected NO	Alcohol Use	9	Suspected Drug Use					
					Alcohol Test Type	<u> </u>		Alcohol Test Results			
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Type Drug Test Results		S			
01	001	Drug Type									
0	ŏ										
		Individual Condition									
		EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)									
		Individual	dividual								
		Passenger				Citations Issued	Sex				
	۲	JORDAN COPUS				0	MALE				
_	INDIVIDUAL					Date of Birth	Race WHITE				
UNIT	₹	Address				Driver License Numb	er				
ر	₽ N	561 QUARRY ST BARABOO, WI 53913 , US				STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	foty Equipment	On Duty Cr	ash		Safety Equipment					
	Safety Equipment				tion	SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position O9 - RIGHT			ONOCESER WEAR BEET					
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
10	002	Injury Severity SUSPECTED MINOR INJURY			Airbag DEPLOYED-COMBINATION						
		Ejected	0000	ection Path		DEPLOTED-COM	BINATION	Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT API			TED/NOT APP	LICABLE		NOT TRAPPED			
		Medical Transport EMS GROUND				EMS Agency Identifie	er	EMS Run #			
		Hospital				6000368 Date of Death Time of Dea					
		ST CLARE'S HOS									
		Distracted By	Distracted F	By Source							
Nisco	onsin M	Motor Vehicle Crash			This repo	rt does not include any (CJIS data.	Crash Date	07/07/2024		

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		Distracted By Action								
	'	Non Motorist	Striking Unit#	Location						
		Prior Action		l .						
		Action								
	AL									
LIND	/IDU									
>	INDIVIDUAL									
	_									
		Action Other						To/From School		
		Drug & Alcohol	Suspected Alco	hol Use	Suspected Drug Use					
		Alcohol Test Given	110	Alcohol Test Type			Alcohol Test Results	Results		
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results					
7	002	Drug Type								
		Individual Condition								
		APPEARED NORM	//AL							
		/iolations								
		UTC Number	Issue To?	Statute Number	Description					
	01	BG944233	001	344.62(1)	OPERATE MOTOR \	/EHICLE W/O IN	SURANCE			
	02	UTC Number BG944234	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL					
		ness -								
01	Indiv JUS	TIN SMET			Address 1231 CONNIE RD APT 7					
) ၂	(608	3) 393-1160			BARABOO, WI 53913 , US					
WITN										
_		ness ———		Ī	A 1.1		Ī	D ((D)		
02	Indiv MEL	LINDA SMET			Address 1231 CONNIE RD APT			Date of Birth		
WITN 02 ESS 02	(608) 963-1532				BARABOO, WI 53913 , US					
W										