WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrid	de Primary Crash	Primary Crash Document #		Crash Number 86		Investigating Officer/Deputy SERGEANT E. KNULL			
Crash Date 07/15/2024	Crash Time 12:43 PM		Date An		Time Arrived				
Date Notified 07/15/2024	Time Notified 12:44 PM		Total Ur 02	nits	Total Injured 01	Total Kill	led		
On Emergency	Hit and Run	Lane Closu		Work Zone		or Towed	Reporting Threshold		
Government Property		chool Zone	School NO	Bus Related	Tags				
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ed	Secondary Crash		
Description Diagram						Reconstruction	_		
LINN ST./STH	133 02	PINE NE	 ST	NOT TO SCA	LE	Additional Info	ormation		
I, a sworn law enfo UNIT 1 WAS WAITING AT F SEE UNIT 2. UNIT 2 WAS S COMPLAINED OF PAIN IN	FLASHING YELLOW TURN SB WITH A GREEN LIGHT	N LIGHT TO TURN W	VB ON LIN	IN ST. DRIVER STATED ONT OF THEM. OPERAT	DUE TO DUMP T	PORTS NO IN	JURY. UNIT 2 DRIVER		

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Crash Date 07/15/2024

Lo	cation								
0	N STH136 WB				Latitude			Longit	ude
	FT S		43.47474	856		-89.76	-89.768917369		
_	F STH33 WB		X Coordina	ate		Y Coo	rdinate		
	THE VILLAGE OF WE	ST BARABOO	276050.6875			48172			
l in	SAUK COUNTY		Structure 7	Type		l			
			NO STR						
Cr	ash Scene								
Fi	rst Harmful Event				First Harm	ful Event Lo	cation		
М	OTOR VEH IN TRANSP	ORT			ON ROA	DWAY			
M	anner of Collision				Light Cond	dition			
01	I - ANGLE				DAYLIGH				
R	oad Surface Condition(s)				Roadway I	Factor(s)			
	RY				,	()			
Er	nvironment Factor(s)								
N	ONE				NONE				
W	eather Condition(s)								
С	LEAR								
Ar	nimal Type				Relation T	o Trafficway	1		
						WAY - ON			
	ash Classification - Location UBLIC PROPERTY	1				ssification			
	ibal Land				NO SPECIAL JURISDICTION Access Control Special Study				
					NO CONTROL				
	ithin Interchange Area	Junction Location		Intersectio	ion Type WAY INTERSECTION				
N		INTERSECTION		FOUR-W	AYINIER	SECTION			
	nit Summary 💻								
-	nit Status				Classification Unit Type				
IN	TRANSIT		D CLASS		AUTOMOBILE				
'	ehicle Type					Operating As Endorsements			
,	PORT) UTILITY VEHIC								
To	otal Occs	Train/Bus # Recorded	Total # Citations Issue		sued Total Trai		0		azMat Types
1									
	surance?	Direction Of Travel	Pre	CrashTire		Speed Lim	Limit Tot		anes
Y	ES	WESTBOUND		Mark		35			
	ost Harmful Event: Collision		Special Fur		7.01		Emergency Motor Vehicle Use		
	OTOR VEH IN TRANSP affic Way	ORT		IAL FUNC	IIUN		NOT APPL		E rative/Missing
	anic way VIDED HWY W/O TRAF	FIC BARRIFR	Traffic Cont				NO	л пюреі	rauve/iviissifly
	urface Type	I IO DAINILIN	Road Curva				Road Grade		
	LACKTOP (BITUMINOU	JS)	STRAIGH				LEVEL		
Tr	uck Bus or HazMat		1				ı		
N	Vehicle								
	License Plate Number		Plate Type		J	St	Country of Iss	uance	
	AWZ3434						UNITED ST		
5		Vehicle Identification Number					Model		
5							WRANGLE	₹	
	Color		Body Style			Bus Use			
		GRY - GRAY			Y VEHICI	_E			
Щ			Vehicle Da	amage					7 8 9 10 11
VEHIC	01 - RIGHT FRONT	CURNER		FB.					6 12
I	Extent Of Damage	01 - RIG	01 - RIGHT FRONT CORNER			5 4 3 2 1			
Ц	MINOR DAMAGE								

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		Towed Due To Damage		Vehi	cle Removed By								
		NOT TOWED		OPE	RATOR								
		What Driver Was Doing			Vehicle Factors								
		LEFT TURN											
		Driver Prior Action Other		NO	T APPLICABLE								
LINO	VEHICLE	Driver Actions FAILED TO YIELD RIGHT	-OF-WAY										
10	10	Owner Name KIMBERLY JOHNSON (608) 293-1221			Owner Address W1788 JUNEAU WOODS RD WISCONSIN DELLS, WI 53965 , US								
		Sequence Of Events											
	01	MOTOR VEH IN TRANSP	ORT										
	02	Event											
	03	Event											
	04	Event											
		Policy Holder											
LIND		Insurance Company			dividual								
–		WEST-BEND-MUTUAL-IN	IS-CO	K	IMBERLY JOHNSO)N							
	ı	Individual											
		Driver KIMBERLY JOHNSON (608) 293-1221			Citations Issued Sex 1 FEMALE								
	AL				ate of Birth	Race							
╘	JDU.				WHITE								
LNO	INDIVIDUAL	Address W1788 JUNEAU WOODS WISCONSIN DELLS, WI S			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES								
	Sat	On Duty	y Crash	Sa	Safety Equipment								
		Row	Seat Position	s	HOULDER & LAP I	RFI T							
		01 - FRONT ROW	07 - LEFT										
		Helmet Use		H	Helmet Compliance								
		Eye Protection		Ti	Tint Compliance								
2	001	Injury S	everity PPARENT INJURY		rbag ON DEPLOYED								
		Ejected	Ejection Path		ON BEI EGIEB		Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT A				NOT TRAPPED						
		Medical Transport NOT TRANSPORTED		E	MS Agency Identifier		EMS Run #						
		Hospital			Date of Death Time of Death								
		Distracted By NOT A	ed By Source	TRACTE	ED)		<u> </u>						
		Distracted By Action			,								
		NOT DISTRACTED											

Wisconsin Motor Vehicle Crash

Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/15/2024

		Non Motorist	Strik	ing Unit#		Location							
		Prior Action											
		Action											
	AL												
LIND	INDIVIDUAL												
)	707												
	=												
		Action Other											To/From School
			Susp	pected Alcoh	hol Us	e		Suspected Drug Use					
	L	Orug & Alcohol	NO					NO			Ta:		
		Alcohol Test Given TEST NOT GIVEN				Alcohol Test T	ype				Alcohol Test	t Results	
		Drug Test Given TEST NOT GIVEN				Drug Test Typ	е		Drug	Test Results			
5	001	Drug Type											
	0												
		Individual Condition											
	APPEARED NORMAL												
	1	Violations											
	01	UTC Number BK261929	1ssu 001	ıe To? I		te Number 18(2)		Description FAIL/YIELD WHILE	MAKIN	NG LEFT T	URN		
•	Unit	Summary •											
	Unit Status						ehicle Operating As Classi	ification	1	Unit Type			
	IN TRANSIT Vehicle Type				D	CLASS		AUTOMOBILE Operating As Endorsements					
05	PASSENGER CAR										.5		
	Total Occs Train/Bus # Recorded 2			Total # Citations Issued 0 0			Total Trail	ers	Total Hazl	Mat Types			
	Insurance? Direction Of Travel			Pre CrashTire			Speed Lim	imit Total Lan		es			
늘	YES SOUTHBOUND Most Harmful Event: Collision With			D	Mark 35 Special Function			4 Emergency Motor Vehicle Use					
5	MO	TOR VEH IN TRANS					NO SPECIAL FUNCTION				NOT APPLICABLE		
		ic Way DED HWY W/O TRA	\FFI	C BARRIE	ER.			affic Control RAFFIC SIGNAL		Traffic Control Inoperative/Missing NO			
	Surfa	асе Туре					Road Curvature				Road Grade		
		CKTOP (BITUMINO	US)				S	TRAIGHT		LEVEL			
	NO												
	'	Vehicle											
		License Plate Number AVS3848						Plate Type AUT - AUTOMOBILE		St WI	Country of Iss		
7	7	Vehicle Identification N					Ν	Make Year			Model		
05	02	2G1WA5EKXB119	0341	l			CHEVROLET 2011			IMPALA LS			
		Color WHI - WHITE						Body Style BD - 4DR			Bus Use		
		Initial Contact Point					T			L			7 8 9 10 11
		12 - FRONT					⅃						6

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

	Щ		V	Vehicle Damage							
LIND	VEHICLE			01 - RIGHT FRONT CORNER, 11 - LEFT FRONT							
5	EH	Extent Of Damage DISABLING DAMAGE			CORNER, 12 - FRONT						
	>	Towed Due To Damage	\ \	Vehicle Removed By							
		TOWED DUE TO DISABL									
		What Driver Was Doing	V	/ehicle Factors							
		GOING STRAIGHT		NOT APPLICABLE							
		Driver Prior Action Other	ľ	NOT AFFLICABLE							
		Driver Actions									
_	щ	NO CONTRIBUTING ACTION									
LNU	ICI										
5	VEHICL										
	>										
		Owner Name		Owner Address							
05	02	RONALD KERSKA (608) 576-2829		814 BROOK ST DEFOREST, WI 53	3532 , US						
		,		·							
		Sequence Of Events									
	01	Event MOTOR VEH IN TRANSP	OPT								
	0		OKI								
	02	Event									
	03	Event									
		Event									
	04										
╘		Policy Holder		I							
LNO		Insurance Company STATE-FARM-GENERAL	-INS-CO	Individual RONALD KERSKA							
		Individual									
		Driver		Citations Issued Sex							
	Ļ	LIAM BAKKEN (608) 294-8138		0	MALE Race WHITE						
	IDINIDUAL	(000) 20 1 0 100		Date of Birth							
	M	Address		Driver License Number							
\supset	Ī	1132 SILVER DR	10	STATE: WISCONSIN COUNTRY: UNITED STATES							
	=	BARABOO, WI 53913 , U	15								
		On Duty Crash		Safety Equipment							
	Sat	fety Equipment									
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT						
		Helmet Use	I -	Helmet Compliance							
		Eye Protection		Tint Compliance							
		•									
02	005	Injury S POSS	BLE INJURY	Airbag DEPLOYED-COMB	INATION						
		Ejected	Ejection Path			Trapped/Extricated					
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPL	ICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #					
		NOT TRANSPORTED		LINO Agency Identifier		LIVIO IXUII#					
		Hospital		Date of Death		Time of Death					
		·									

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

								(555) 555 1555				
		Distracted By	NOT APPLICAB	ce LE (NOT DISTRAC	CTED)							
		Distracted By Action NOT DISTRACTED)									
		Non Motorist	Striking Unit #	Location								
		Prior Action										
		Action										
	4											
LNO	<u>ID</u>											
5	NDIVIDUAL											
	_											
		Action Other						To/From School				
			Suspected Alcohol	Use	Suspected Drug Use							
	-	Drug & Alcohol	NO		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					
05	005	Drug Type										
		Individual Condition										
		APPEARED NORM	MAL									
	- 1	Individual										
	_	Passenger SAMANTHA KERS	SKA		Citations Issued 0	Sex FEMALE						
_	INDIVIDUAL	(608) 572-3005			Date of Birth	Race WHITE	 ΓΕ					
LIND	Σ	Address 814 BROOK ST			Driver License Number							
	Z	DEFOREST, WI 53	532 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	l fety Equipment	On Duty Crash		Safety Equipment							
		Row Seat Position 01 - FRONT ROW 09 - RIGHT			SHOULDER & LAP BELT							
		Helmet Use	<u> </u>		Helmet Compliance							
		Eye Protection			Tint Compliance							
05	003	Injury	Injury Severity NO APPARENT	INJURY	Airbag DEPLOYED-COMBINATION							
		Ejected	Ejection P	ath		Trapped/Extricated						
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL	ICABLE EMS Agency Identifier	NOT TRAPPED EMS Run #						
		NOT TRANSPORT	ED				Time of Dooth					
		Hospital			Date of Death		Time of Death					
		Distracted By	Distracted By Source	ce								
Nisco	nsin M	L Motor Vehicle Crash		This report	does not include any C	UIS data.	Crash Date	07/15/2024				

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Crash Date 07/15/2024

		Distracted By Action					
		Non Motorist Striking Unit #	Location				
		Prior Action					
		Action					
⊨	INDIVIDUAL						
LIND	IDIVI						
	2						
		Action Other					To/From School
•	ı	Drug & Alcohol NO	Use	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		
05	003	Drug Type	-				
		Individual Condition APPEARED NORMAL					