WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overri	de Primary Crash		gency Crash Number		Investigating Officer/Deputy DEPUTY J. GREENWOOD				
Crash Date 07/12/2024	Crash Time 09:40 AM		ate Arrived 7/12/2024	Time Arrived 09:48 AM					
Crash Date 07/12/2024 Date Notified 07/12/2024 On Emergency Government Property	Time Notified 09:42 AM	Tc 02	otal Units 2	Total Injured 00	Total Killed 00				
On Emergency	Hit and Run	Lane Closure	Work Zone	Trailer or	Towed Reporti				
Government Property		chool Zone So	chool Bus Related	Tags					
▼ Reportable	Crash Type DT4000 (STA	ANDARD CRASH)		Amended	Second Cras				
Not to Scale	136	136		Aut Pi	econstruction By Inotos By EPUTY GREENWOOD Iditional Information HOTOS				
			dded any CJIS data in		.SO TURNING RIGHT. OPERAT	OR OF			
			REALIZE UNIT 1 WAS STO			ON OF			

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Crash Date 07/12/2024

L	_oc	ation									
ſ		STH136 EB				Latitude			Longitu	ıde	
		T N				43.460189261			-89.76	-89.768940793	
	OF STH136 EB IN THE CITY OF BARABOO IN SAUK COUNTY						ate		Y Coor	Y Coordinate	
									48156	45	
						Structure NO STR	,,				
(:ra	sh Scene									
_		Harmful Event				First Harm	nful Event Lo	ncation			
		TOR VEH IN TRANSP	ORT			ON ROA		, oation			
		ner of Collision	•			Light Cond					
	03 -	FRONT TO REAR				DAYLIGI					
ŀ	Road	d Surface Condition(s)				Roadway	Factor(s)				
	DRY	1									
ŀ	Envi	ronment Factor(s)				1					
	NON	NE				NONE					
ŀ	Wea	ther Condition(s)				1					
	CLE	AR									
ŀ	Anim	nal Type				Relation T	o Trafficway	/			
							CWAY - ON				
ľ		h Classification - Location	1				ssification -				
-	_	BLIC PROPERTY al Land				NO SPECIAL JURISDICTION Access Control NO CONTROL Special Study			Special Study		
	TTIDE	ar Laria							Special Study		
	With NO	in Interchange Area	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSI			PSECTION	SECTION			
L			INTERSECTION		FOOK-W	AT INTER	- CION				
		t Summary Status		I Vahiala One	arating As C	lassification		Lucat			
		RANSIT		Vehicle Ope		iassilication		Unit Type AUTOMOE	211 E		
L		cle Type		D CLASS					perating As Endorsements		
- 1		ORT) UTILITY VEHICI	LE					- Farming , to Employment			
ŀ	•	l Occs	Train/Bus # Recorded	Total # Cita	tions Issued		Total Trail	ers	Total Ha	zMat Types	
	2			0			0		0		
Ī	Insu	rance?	Direction Of Travel	Pre	CrashTire	e Speed Lim				nes	
. L	YES		WESTBOUND		Mark		45	4 Emergency Motor Vehicle Use NOT APPLICABLE			
; [t Harmful Event: Collision		Special Fun	nction SIAL FUNC	TION					
L		TOR VEH IN TRANSP	ORT			ION		Traffic Control Inoperative/Missing			
		ic Way D-WAY DIVIDED LINE	PROTECTED (PAINTED > 4	Traffic Cont							
		ace Type	NOTEOTED (FAMILED > 4	Road Curva				NO Road Grade			
		ACKTOP (BITUMINOU	S)	STRAIGH				LEVEL			
L		k Bus or HazMat	-1	1				<u> </u>			
	NO										
	\	Vehicle									
		License Plate Number	Plate Type	: JTOMOBIL	_	St WI	-	try of Issuance			
		AKD3460 Vehicle Identification Nu	Make	ONIOBIL	.c	Year	UNITED STATES				
	01	2GNAXJEV8J630482	CHEVRO	LET		2018	Model EQUINOX				
		Color						Bus Use			
		WHI - WHITE			Body Style UT - SPORT UTILITY VEHICLE Bus Use						
	щ	Initial Contact Point		Vehicle Da	amage					7 8 9 10 11	
	Ö 06 - REAR										
, ,	\succeq	Extent Of Damage			_					6 12	
	/EHICL	Extent Of Damage MINOR DAMAGE		06 - REA	NR					5 4 3 2 1	

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1		Towed Due To Damage		Ve	nicle Removed By							
		NOT TOWED			PERATOR							
		What Driver Was Doing		Ve	nicle Factors							
		RIGHT TURN										
		Driver Prior Action Other		NC	T APPLICABLE							
		Driver Actions										
	Щ	NO CONTRIBUTING ACT	ON									
╘	CL											
UNIT	VEHICLE											
_	VE											
		Owner Name			Owner Address							
_	1	JENNIFER ROBERTS-HO	RKAN		634 2ND ST	E20E0 116						
7	01	(608) 434-3279			REEDSBURG, WI	33333 , US						
	\$	Sequence Of Events										
	01	Event										
	0		JK1									
	02	Event										
	0											
	03	Event										
	•											
	04	Event										
╘	ı	Policy Holder										
LINO		Insurance Company			ndividual							
_		AUTO-OWNERS-INS-CO		,	JENNIFER ROBERT	S-HORKAN						
	ı	Individual										
		Driver		(Citations Issued	Sex						
	Ļ	JENNIFER ROBERTS-HORKAN			0 FEMALE							
	U	(608) 434-3279		[1	Date of Birth	Race						
╘	INDIVIDUAL											
	2	Address 634 2ND ST			Oriver License Number							
	Z	REEDSBURG, WI 53959	US		STATE: WISCONSIN COUNTRY: UNITED STATES							
		,										
		On Duty	Crach		Safety Equipment							
	Sat	ety Equipment	Ciasii	Salety Equipment								
		Row	Coat Desition	SHOULDER & LAP BELT								
		01 - FRONT ROW	Seat Position 07 - LEFT		SHOOLDER & LAI	JLL!						
		Helmet Use	··		Helmet Compliance							
		-			Tint Compliance							
		Eye Protection										
					·							
_	Ξ '	Injury Se	everity	,	Airbag							
5	00	Injury _{NO AP}	PARENT INJURY	NON DEPLOYED								
		Ejected Ejection Path					Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT AF				NOT TRAPPED					
	Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #					
		Hospital			Date of Death		Time of Death					
		Diet	ad Dy Courae									
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTI	RACT	ED)							
		Distracted By Action			-,							
		NOT DISTRACTED										

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

		Non Motorist	Striking	Unit#	Location					
		Prior Action								
LIND	INDIVIDUAL	Action								
		Action Other							To/From School	
	ı	Drug & Alcohol	Suspect NO	ed Alcohol (Jse	Suspected Drug Us NO	е		,	
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	3		
5	001	Drug Type								
		Individual Condition APPEARED NORMAL								
		Individual								
	•	Passenger				Citations Issued	Sex			
	닊	ABIGAEL HORKAN			0 FEMALE Date of Birth Race					
LIND	JD()					Date of Birth	WHITE			
5	INDIVIDUAL	Address 634 2ND ST REEDSBURG, WI 53959 , US				Driver License Num STATE: WISCON	ISIN COUNTRY: UN	ITED STATES		
	Sat	fety Equipment	On Duty	Crash		Safety Equipment				
		Row Seat Position 01 - FRONT ROW 09 - RIGHT				SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance					
		Eye Protection				Tint Compliance				
5	005	Injury	Injury Se	PARENT I	NJURY	Airbag NON DEPLOYED				
		NOT EJECTED		Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identif	ier	EMS Run #		
		Hospital				Date of Death		Time of Death		
		Distracted By	Distracte	ed By Sourc	e					
		Distracted By Action								
		Non Motorist	Striking	Unit#	Location					

Crash Date 07/12/2024
Crash Time 09:40 AM

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

Crash Date 07/12/2024

		Prior Action										
	JAL	Action										
UNIT	INDIVIDUAL											
		Action Other									To/From School	
					10							
	L	Drug & Alcohol NO	pected Alcohol U	se	NO NO	spected Drug Use						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ					Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type			Drug To	est Results				
10	002	Drug Type										
		Individual Condition	Individual Condition									
		APPEARED NORMAL										
		t Summary										
	_	Status RANSIT			Vehicle Operating As Classification D CLASS			Unit Type AUTOMOBILE				
		cle Type			D CLA				Operating A		ements	
05	(SP	ORT) UTILITY VEHICLE										
	Tota 1	l Occs	Train/Bus # Recorded		Total # Citations Issued 0			Total Traile 0		0	zMat Types	
⊨	YES	Insurance? Direction Of Travel YES WESTBOUND				Pre CrashTire Mark		Speed Lim 45		Total La		
LIND	МО	t Harmful Event: Collision Wi TOR VEH IN TRANSPO			Special Function NO SPECIAL FUNCTION			NOT APP	LICABLE	E		
		fic Way O-WAY, DIVIDED, UNPROTECTED (PAINTED > 4			Traffic Control TRAFFIC SIGNAL			Traffic Cont	rol Inoper	ative/Missing		
		ace Type ACKTOP (BITUMINOUS))		Road Curvature STRAIGHT			Road Grade LEVEL				
	Truc NO	k Bus or HazMat										
		Vehicle										
		License Plate Number APC8710			Plate T	Type - AUTOMOBILE			Country of Is			
05	02	Vehicle Identification Numb 2J4FY59T0KJ154030	per		Make JEEP		,	Year	Model WRANGLER /			
		Color GRN - GREEN			Body S	Style SPORT UTILITY VE	EHICL		Bus Use			
_	;LE	Initial Contact Point 12 - FRONT			Vehicle Damage				7 8 9 10 11			
LIND	VEHICL	Extent Of Damage NO DAMAGE			00 - NO DAMAGE				The second secon			
		Towed Due To Damage NOT TOWED				e Removed By						
		What Driver Was Doing RIGHT TURN										

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						Vehicle F	actors				
		[B: B: 4:: 0				NOT A	PPLICABLE				
		Driver Prior Action Oth	ner				PLIOABLE				
		Driver Actions									
	щ	OPERATED MOTO	OR VEHI	CLE IN IN	ATTENTIVE, CA	ARELES	S OR ERRATIC	MANNER			
LNO	VEHICL										
5	EH										
	>										
		Owner Name				Owr	ner Address				
RICHARD SEYMOUR E12227 COUNTY ROAD T											
05	02	(254) 371-1305				BAI	RABOO, WI 539	13,05			
		2 015									
		Sequence Of Event	vents								
	01	MOTOR VEH IN TE	RANSPO	ORT							
	02	Event									
	03	Event									
	4	Event									
	04										
⊨	ı	Policy Holder									
LNO		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP				Individual RICHARD SEYMOUR					
		Individual									
		Driver RICHARD SEYMOUR (254) 371-1305					Citations Issued Sex				
	۱۲					0		MALE			
–	INDIVIDUAL	(254) 577 1555			Date	of Birth	Race WHITE				
	\leq	Address				Driver	Driver License Number				
_	N	E12227 COUNTY ROAD T BARABOO, WI 53913,US			STAT	STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	On Duty Crash Safety Equipment					Safety Equipment				
		Row Seat Position					SHOULDER & LAP BELT				
		01 - FRONT ROW		07 - LE							
		Helmet Use		•		Helmet Compliance					
		Eye Protection				Tint Compliance					
		_									
05	003	Injury	Injury Se	verity PARENT I	N II IRY	Airbag NON DEPLOYED					
		Ejected	IIO AI I	Ejection Pa	th	, non	Trapped/Extricated				
		NOT EJECTED		NOT EJE	CTED/NOT APP				NOT TRAPPED		
		Medical Transport	ED			EMS /	Agency Identifier		EMS Run #		
	NOT TRANSPORTED Hospital						Date of Death		Time of Death		
		Distracted By	Distracte NOT AF	d By Source PPLICABL	e E (not distr <i>i</i>	ACTED)					
		Distracted By Action NOT DISTRACTED)								
		Non Motorist	Striking l	Jnit#	Location						
		HOIT WICKUITS									

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I		D-i A-4:					
		Prior Action					
		Action					
	Ļ						
١.	٩						
I≒	ቯ						
LNO	INDIVIDUAL						
_	⊡						
	=						
		Action Other					To/From School
		Suspected Alcohol	Use	Suspected Drug Use			
	L	Drug & Alcohol NO		NO			
İ		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN					
ĺ		Drug Test Given	Drug Test Type		Drug Test Results	3	
		TEST NOT GIVEN					
05	003	Drug Type	•				
0	0						
		Individual Condition					
		APPEARED NORMAL					
		AFFEARED NORWAL					
l							