6TL0D5DZ25 24-08815

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	e Primary Crash	Document #	Agency Crash Number 24-08815		DEPUTY J. HUNTER				
7	Crash Date 08/09/2024	Crash Time 03:55 PM	03:55 PM		rived 2024	Time Arrived 04:14 PM				
01 2000	Date Notified 08/09/2024	Time Notified 03:55 PM		Total U 02	nits	Total Injured 00	Total Kille	ed		
ָ כ	On Emergency	Hit and Run	Lane Closu	ıre	☐ Work Zone	Trailer	or Towed	Reporting Threshold		
	Government Property	Active So	chool Zone	School NO	Bus Related	Tags				
	▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amendo	ed	Secondary Crash		
	Description Diagram	•					Reconstruction			
				12, W/b la it 219, ne:	nes ar Point of Rocks	not to scale	Photos By DEPUTY HU Additional Info PHOTOS			
	I, a sworn law enform UNITS 1 AND 2 WERE WES OPERATOR OF UNIT 1 DID THE REAR DRIVER'S CORN	TBOUND ON US HY 12, NOT SEE UNIT 2 PASSI	SOUTH OF EXIT 21 NG HIM AND MERG	9 NEAR F ED INTO	POINT OF ROCKS RD. U THE RIGHT HAND LANE	NIT 2 WAS PASSIN E. THE FRONT PAS	SENGER'S CO	RNER OF UNIT 1 STRUCK		

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ı	_oc	ation ——									
·	ON	USH12 WB	Latitude			Longit	Longitude				
	0.67	MIN				43.43259	2441		-89.77	-89.776129195	
		LEHMAN RD				X Coordin	ate		Y Coo	rdinate	
		HE TOWN OF BARAE	800			275311.21875 4812599					
							Туре		1		
							UCTURE				
(Cra	sh Scene									
1	First	Harmful Event				First Harm	ıful Event Lo	ocation			
	MO	TOR VEH IN TRANSPO	ORT			ON ROA	DWAY				
ŀ	Man	ner of Collision				Light Cond	dition				
	01 -	ANGLE				DAYLIGI	HT				
ŀ	Road	d Surface Condition(s)				Roadway	Factor(s)				
	DR۱	•									
•	Envi	ronment Factor(s)				1					
	ЮИ	NE .				NONE					
ŀ	Wea	ther Condition(s)				1					
	CLC	OUDY									
ŀ	Anim	al Type					o Trafficway				
ŀ	Cras	h Classification - Location					SWAY - OI				
		BLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Triba	Tribal Land				Access Control Special Study NO CONTROL					
ŀ	With	in Interchange Area	Junction Location		Intersection						
	NO	in moronango / troa	NON-JUNCTION			N INTERSECTION					
i	Jni	Summary =									
ì		Status		Vehicle Ope	erating As C	Classification Unit Type					
	IN T	RANSIT		D CLASS	•	TRUCK					
-	Vehicle Type			12 32.100					Endorsements		
5		LITY TRUCK/PICKUP	TRUCK								
-		Occs	Train/Bus # Recorded	Total # Cita	itions Issued	ed Total Trail		 ailers		azMat Types	
	1	- 0000		1			0		0		
ľ	Insu	ance?	Direction Of Travel	Pre Crash		Tire Speed		Limit Tot		nnes	
<u>:</u> [YES		WESTBOUND		Mark		65	4			
		Harmful Event: Collision		Special Fur		TION		Emergency Motor Vehicle Use			
		FOR VEH IN TRANSPO	ORT						NOT APPLICABLE		
					Traffic Control NO CONTROL				Traffic Control Inoperative/Missing NO		
ŀ		ace Type	- PUINIFII	Road Curva				Road Grade			
		CKTOP (BITUMINOU:	S)	STRAIGH			LEVE				
ŀ		k Bus or HazMat		1 -				1			
\dashv		Vehicle									
		License Plate Number Plate Type					St	Country of Iss	uance		
		UC6504			GHT TRUC			UNITED STATES			
		Vehicle Identification Nur	Make			Year	Model				
	01				CHEVROLET		1993	S TRUCK			
)			Bus Use			
					KUP						
	Е	Initial Contact Point	•	Vehicle Da							
ا ز		01 - RIGHT FRONT C	ORNER		-					7 8 9 10 11	
5	Ĭ	Extent Of Damage		01 - RIG	HT FRON	CORNER	CORNER		3		
1	01 - RIGHT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE									5 4 3 2 1	

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

Crash Date 08/09/2024

Crash Time 03:55 PM

		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing CHANGING LANES		Vehicle Factors					
		Driver Prior Action Other		MIRRORS					
		Biller I flor Addoir Guici							
LINO	VEHICLE	Driver Actions FAILED TO KEEP IN DESI LOOKED BUT DID NOT SI		ED MOTOR VEHICLE	IN INATTENTIVE	, CARELESS OR ERRATIC MANNER,			
		Owner Name		Owner Address					
01	01	JAYDEN BALLWEG (608) 393-1147		E12607 CLINGMA BARABOO, WI 53					
0	0	(000) 000-1147		BARABOO, WI 33	313 , 00				
		Saguence Of Events							
		Sequence Of Events Event							
	0	MOTOR VEH IN TRANSPO	ORT						
	02	Event							
	03	Event							
		Event							
	04								
╘	I	Policy Holder							
LIND		Insurance Company AMERICAN-FAMILY-INS-C	Individual JAYDEN BALLWEO	3					
	i	Individual							
		Driver JAYDEN BALLWEG		Citations Issued Sex					
	٩L	(608) 393-1147		1 Date of Birth	MALE f Birth Race				
⊨	INDIVIDUAL	,		Date of Birth	WHITE				
UNI	<u> </u>	Address E12607 CLINGMANS RD		Driver License Number					
	Ĭ	BARABOO, WI 53913, US	5	STATE: WISCONSIN COUNTRY: UNITED STATES					
	ا	On Duty	Crash	Safety Equipment					
	Sat	ety Equipment							
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT				
		Helmet Use	U/ - LEF1	Helmet Compliance					
		Eye Protection		Tint Compliance					
7	001	Injury Se	=	Airbag					
0	ŏ		PARENT INJURY	NON DEPLOYED		I Tanana di Fataira da d			
			Ejection Path NOT EJECTED/NOT APP	PLICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport	NOT ESECTEDITION ATT	EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		Distracted By UNKNO	d By Source			1			
		Distracted By Action							
		UNKNOWN							

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

		-										
		Non Motorist	Strik	ing Unit#	Location							
		Prior Action										
		Action										
	Ļ											
⊨	INDIVIDUAL											
UNIT	N											
	N N											
		Action Other										To/From School
		Suspected Alcohol Use					Suspected Drug Use					
	L	Drug & Alcohol NO Alcohol Test Given Alcohol Test					NO			Alcohol Test	Poculte	
		TEST NOT GIVEN			Alcohol Test T	ype				Alconol Test	Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Typ	е		Drug ⁻	Test Results			
2	001	Drug Type										
	0	ō										
		Individual Condition										
		APPEARED NORM										
	,	Violations										
	01	UTC Number BG110304	Issu 001		Statute Number 346.13(1)		Description UNSAFE LANE DEV	IATIO	N			
		Summary •	00.									
		Status				Ve	ehicle Operating As Classi	fication	l	Unit Type		
		IN TRANSIT Vehicle Type				D	D CLASS			AUTOMOBILE Operating As Endorsements		
05		SENGER CAR								Operating A	s Liluoiseii	icilis
		Total Occs Train/Bus # Recorded				Total # Citations Issued Total Tra			ers	Total HazN	Mat Types	
	1 Insur	1 Insurance? Direction Of Travel		0	Pre CrashTire		0 Speed Limit		Total Lanes			
╘	YES WESTBOUND				Mark 65			4				
L	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE				
	Traffic Way					Traffic Control				Traffic Control Inoperative/Missing		
	DIVIDED HWY W/TRAFFIC BARRIER Surface Type						O CONTROL pad Curvature			NO Road Grade		
		BLACKTOP (BITUMINOUS)					TRAIGHT			LEVEL		
	Truci	k Bus or HazMat										
Vehicle												
		License Plate Number			Plate Type St			Country of Issuance				
		ADW9375				AUT - AUTOMOBILE WI		UNITED STATES				
05	02	Vehicle Identification I		er			lake ORD			Model MUSTANG	GT	
		Color					Body Style			MUSTANG GT Bus Use		
		BLU - BLUE				C	P - COUPE					
		Initial Contact Point 07 - LEFT REAR C	ORN	JFR								7 8 9 10 11
		U ELI I ILLAIN U										6

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Crash Time 03:55 PM

	Щ			Vehicle Damage						
LIND	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		07 - LEFT REAR COR	NER					
	>	Towed Due To Damage	\	Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing	\	Vehicle Factors						
		OVERTAKE RIGHT Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
LIND	VEHICLE	NO CONTRIBUTING ACT	ION							
		Owner Name		Owner Address						
05	02	DANIEL GUELL (608) 214-1687		6560 COUNTY RO VERONA, WI 5359						
		Sequence Of Events								
	01	Event MOTOR VEH IN TRANSP	ORT							
	02	Event								
	03	Event								
	04	Event								
-		Policy Holder								
UNIT		Insurance Company		Individual						
_		AMERICAN-FAMILY-INS-	CO	DANIEL GUELL						
	l	Individual								
		Driver DANIEL GUELL		Citations Issued 0	Sex MALE	Sex				
	AL	(608) 214-1687		Date of Birth	Race WHITE					
_	DO									
UNI	DIVIDUAL	Address		Driver License Number						
	IN	6560 COUNTY ROAD M VERONA, WI 53593 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty fety Equipment	r Crash	Safety Equipment						
	Sai	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
		Helmet Use	07 - 221 1	Helmet Compliance						
		Eye Protection		Tint Compliance						
05	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED						
		Ejected	Ejection Path			Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPL			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death		Time of Death				
				1						

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		Distracted By	Distracted By Source UNKNOWN	,					
		Distracted By Action UNKNOWN							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	JAL								
UNIT	INDIVIDUAL								
		Action Other						To/From School	
	1	Drug & Alcohol	Suspected Alcohol U NO	se	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	S		
02	005	Drug Type							
		Individual Condition							
		APPEARED NORM	MAL						