WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Crash Time 99:99 | | | Crash Number Investigating Officer/Deputy DEPUTY B. BRUNKEN | | | | |
|---------------------------------|---------------------|--|---|---|--|---|--|--|
| | 99:99 | | Date Ar | | Time Arrived | . DIVONNEN | | |
| | | | 09/04/2 | 2024 | 04:41 AM | | | |
| Date Notified 08/28/2024 | | Time Notified 04:21 AM | | Total Units 01 | | Total Injured Total Killed 00 | | |
| ✓ Hit | and Run | | ure Work Zone | | Trailer | or Towed | Reporting Threshold | |
| | Active Sc | hool Zone | School NO | School Bus Related Tags NO | | | | |
| | | | | | | Amended Second | | |
| | | | | | | | | |
| | | | | | | Reconstructio | n By | |
| 3 | | | | Z | , | | | |
| Hill Ro | ad Town | of Dellona | | w⊲ (♦ | •) ⊳E | Photos By | | |
| | | or Bonoria, | | Ā | | 9106 DÉPU | TY BRUNKEN | |
| ,, | | | | 5 | | | | |
| | Oak Hi | | 0: [1] | \$3.3 67.489 | OakHillRd | | ERA VIDEO | |
| | B Hill Roy, Wise | Active Sc Crash Type DT4000 (STA | Active School Zone Crash Type DT4000 (STANDARD CRASH | Active School Zone NO Crash Type DT4000 (STANDARD CRASH) Bill Road, Town of Dellona, y, Wisconsin | Active School Zone School Bus Related NO Crash Type DT4000 (STANDARD CRASH) Hill Road, Town of Dellona, y, Wisconsin | Active School Zone Crash Type DT4000 (STANDARD CRASH) Amende Bill Road, Town of Dellona, y, Wisconsin | Active School Zone Crash Type DT4000 (STANDARD CRASH) Reconstruction Photos By 9106 DEPU Additional Infe PHOTOS, D BODY CAM | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Time 99:99

| ON OAK HILL RD 0.56 MI W | | | Latitud 43.63 | e 5944001 | | gitude 848476286 | |
|---|-------------------------------------|---|-------------------------|---------------------|------------------------------|-------------------------------------|--|
| OF BIRCHWOOD RD IN THE TOWN OF DEL IN SAUK COUNTY | LONA | | X Coor 27022 | rdinate 29.53125 | | oordinate 5382.5 | |
| III OAGIN GGGINTT | | | Structu | Structure Type | | | |
| Crash Scene ■ | | | | | | | |
| First Harmful Event | | | First H | armful Event | Location | | |
| TREE | | | ROAD | SIDE | | | |
| Manner of Collision | | | Light C | Condition | | | |
| | VEHICLE IN TRANSPORT | • | | (/UNLIT | | | |
| Road Surface Condition(s) | | | Roadw | ay Factor(s) | | | |
| DRY | | | | | | | |
| Environment Factor(s) | | | | | | | |
| NONE | | | NONE | Ē. | | | |
| Weather Condition(s) | | | | | | | |
| CLEAR | | | | | | | |
| Animal Type | | | Relatio | n To Trafficw | ay | | |
| | | | | | NOT ON ROAD | | |
| Crash Classification - Loca | tion | | | Classification | | | |
| PUBLIC PROPERTY Tribal Land | | | | | RISDICTION | Long state of the | |
| muai Lanu | | | | S Control ONTROL | | Special Study | |
| Within Interchange Area | Junction Location | | Intersection Type | | | | |
| NO | NON-JUNCTION | | NOT AN INTER | SECTION | | | |
| Closure Type | | Reas | ons for Closure | | | | |
| FULL CLOSURE | | | | | 101/ 5155/5110 | | |
| Date Initial Lane/Rd Closed 08/28/2024 | Time Initial Lane/Rd Cl 04:41 AM | losed LAV | / ENFORCEMENT | r, TOW TRU | JCK, FIRE/EMS | | |
| Date All Lanes Open | Time All Lanes Open | Date | Scene Cleared | Т | ime Scene Cleared | | |
| 08/28/2024 | 06:11 AM | 08/2 | 8/2024 | 0 | 6:11 AM | | |
| Jnit Summary | | | | | | | |
| Unit Status | | | erating As Classifica | tion | Unit Type | | |
| HIT AND RUN | | D CLASS | i | | AUTOMOBILE | | |
| Vehicle Type PASSENGER CAR | | | | | Operating As Endo | prsements | |
| Total Occs | Train/Bus # Recorded | Total # Cit | ations Issued | Total Tra | ilers Total | HazMat Types | |
| 3 | Train/Buo // Trooblada | 0 | alloris issued | 0 | 0 | riaziviat Typoo | |
| Insurance? | Direction Of Travel | | CrashTire | Speed L | imit Total | Lanes | |
| UNKNOWN | EASTBOUND | ✓ | Mark | 45 | 2 | | |
| Most Harmful Event: Collis | on With | Special Fu | nction CIAL FUNCTION | • | Emergency Motor NOT APPLICAE | | |
| TREE | | | | | | Traffic Control Inoperative/Missing | |
| Traffic Way TWO-WAY, NOT DIVID | ED | Traffic Cor | | | NO | berative/ivilssing | |
| Surface Type | | Road Curv | | | Road Grade | | |
| BLACKTOP (BITUMIN | ous) | CURVE L | | | DOWNHILL | | |
| Truck Bus or HazMat | | | | | | | |
| NO | | | | | | | |
| Vehicle | | | | 10 | 10 | | |
| License Plate Number | r | Plate Typ | | St | Country of Issuance | | |
| | | AUI - A | JTOMOBILE | WI | UNITED STATES | • | |
| 405WTB | Number | Vehicle Identification Number Make 1G11D5SL8FF280732 CHEVE | | | Model | | |
| | | Make CHEVRO |) FT | Year 2015 | Model MALIBU | | |

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SC24-09563

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Color | | Body Style | | Bus Use | | | | | |
|----------|--------------------------------|---|--|--------------------------------|----------------|--------------------|----|--|--|--|--|
| | | MAR - MAROON (BURGUNDY) Initial Contact Point | | SD - SEDAN | | | | | | | |
| | щ | | | Vehicle Damage 7 8 9 10 11 | | | | | | | |
| ı⊨ | VEHICLE | 01 - RIGHT FRONT CORNER | | | | | | | | | |
| F | ¥ | Extent Of Damage | 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE | | | | | | | | |
| > | 亩 | DISABLING DAMAGE | | FRONT, 12 - FRONT | 5 4 3 2 1 | | | | | | |
| | > | | | Vahiela Removed By | | | | | | | |
| | | Towed Due To Damage | | Vehicle Removed By | | | | | | | |
| | | TOWED DUE TO DISABLING | G DAMAGE | PLATTS WRECKER | | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | | |
| | | NEGOTIATING CURVE | | | | | | | | | |
| | | Driver Prior Action Other | | | | | | | | | |
| | | Diver i noi Action Care | | | | | | | | | |
| | | Diver Actions | | | | | | | | | |
| | | Driver Actions | IOLE IN INIATTEN | TIVE CARELEGG OR | | | | | | | |
| | щ | RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER | | | | | | | | | |
| ı⊨ | ರ | ERRATIC MANNER | | | | | | | | | |
| Ę | VEHICLE | | | | | | | | | | |
| - | Ē | | | | | | | | | | |
| | > | | | | | | | | | | |
| | | | | 10 | | | | | | | |
| | | Owner Name | | Owner Address 104 CHERRY LN | | | | | | | |
| - | _ | MICHELLE VOLTZ | | | E20E0 110 | | | | | | |
| 2 | 2 | (608) 370-9623 | | REEDSBURG, WI | 53959 , US | | | | | | |
| | | | | | | | | | | | |
| | | Sequence Of Events | | | | | | | | | |
| | , | | | | | | | | | | |
| | 5 Event MOTOR VEH IN TRANSPORT | | | | | | | | | | |
| | _ | | | | | | | | | | |
| | 05 | Event | | | | | | | | | |
| | 0 | TREE | | | | | | | | | |
| l | - | Event | | | | | | | | | |
| | 03 | | | | | | | | | | |
| | | Event | | | | | | | | | |
| | 9 | Event | | | | | | | | | |
| | | | | | | | | | | | |
| | | Individual | | | | | | | | | |
| İ | | Driver | | Citations Issued | Sex | | | | | | |
| | | | | 0 | | | | | | | |
| | ₹ | | | Date of Birth | Race | | | | | | |
| ١. | Ž | | | Date of Birth | 1.000 | | | | | | |
| Ę | INDIVIDUAL | | | Driver License Number | | | | | | | |
| 15 | \leq | Address | | Driver License Number | | | | | | | |
| - | 爿 | | | | | | | | | | |
| | = | , , | | | | | | | | | |
| | | | | | | | | | | | |
| | | On Duty Cr | ash | Safety Equipment | | | | | | | |
| | Sat | fety Equipment | | | | | | | | | |
| | | | 0 15 11 | NONE USED - VEH | ICI E OCCUDAN | r | | | | | |
| | | Row FRONT BOW | Seat Position | NONE OSED - VEII | ICLE CCCOI AIN | • | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | | |
| | | | | | | | | | | | |
| l | | Eye Protection | | Tint Compliance | | | | | | | |
| | | | | | | | | | | | |
| _ | _ | Injury Seve | rity | Airbag | | | | | | | |
| 2 | 8 | Injury NO APPA | RENT INJURY | NOT APPLICABLE | | | | | | | |
| | _ | | | NOT AFFLICABLE | | Transad/Eutricated | | | | | |
| | | · | ection Path | | | Trapped/Extricated | | | | | |
| l | | | OT EJECTED/NOT APP | | | NOT APPLICAB | LE | | | | |
| | | Medical Transport | | EMS Agency Identifier | | EMS Run # | | | | | |
| | | NOT TRANSPORTED | | | | | | | | | |
| l | | Hospital | | Date of Death | | Time of Death | | | | | |
| | | | | | | | | | | | |
| | | 1 | | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 6 \end{tabular}$

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | | | | | | (000) 000 4000 | |
|-----|------------|-----------------------------------|--------------------|-------------------|-----------------------|----------------------|----------------------|----------------|--|
| | | Distracted By | istracted By Sourc | е | | | | | |
| | | Distracted By Action | | | | | | | |
| | | Non Motorist | triking Unit # | Location | | | | | |
| | | Prior Action | | • | | | | | |
| | | Action | | | | | | | |
| | JAL | | | | | | | | |
| F | INDIVIDUAL | | | | | | | | |
| _ | Ξ | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | ı | Drug & Alcohol | uspected Alcohol l | Jse | Suspected Drug Use | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | | |
| 2 | 00 | Drug Type | | | | l | | | |
| | | Individual Condition | | | | | | | |
| | | NOT OBSERVED | | | | | | | |
| | - | Individual | | | | | | | |
| | _ | Passenger SIDNEY WHITEEAG | LE | | Citations Issued 0 | Sex FEMALE | | | |
| Ļ | INDIVIDUAL | | | | Date of Birth | Race AMERICAN INI | DIAN OR ALASKAN N | IATIVE | |
| PND | | Address S1053 WINNESHIEK ST | | | Driver License Number | | | | |
| | ≤ | WISCONSIN DELLS | , WI 53965 , US | 1 | | | | | |
| | Sat | fety Equipment | n Duty Crash | | Safety Equipment | | | | |
| | | Row 99 - UNKNOWN | Seat Po | osition | RESTRAINT USE U | INKNOWN | | | |
| | | Helmet Use | <u> </u> | | Helmet Compliance | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| 2 | 005 | In to come | jury Severity | NIIIDV | Airbag | | | | |
| | 0 | Ejected | O APPARENT I | | NOT APPLICABLE | | Trapped/Extricated | | |
| | | NOT APPLICABLE | | CTED/NOT APPL | ICABLE | | NOT APPLICABLE | | |
| | | Medical Transport | <u> </u> | | EMS Agency Identifier | | EMS Run # | | |
| | | NOT TRANSPORTE Hospital | ט | | Date of Death | | Time of Death | | |
| | | | | | | | | | |
| | | Distracted By | istracted By Sourc | e | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Distracted By Action | | | | | | |
|-------|------------|--|------------------------------------|--|---|-------------------|---|----------------|
| | | Non Motorist | Striking Unit | # Location | | | | |
| | | Prior Action | | _ | | | | |
| | | Action | | | | | | |
| | | 71011011 | | | | | | |
| | A | | | | | | | |
| ⊢ | Ž | | | | | | | |
| NS NS | ₹ | | | | | | | |
| _ | INDIVIDUAL | | | | | | | |
| | = | | | | | | | |
| | | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | | | | | | | | |
| | L | Drug & Alcohol | Suspected A | Icohol Use | Suspected Drug Use | | | |
| | | Alcohol Test Given | | Alcohol Test Type | <u> </u> | | Alcohol Test Results | |
| | | TEST NOT GIVEN | | 7.000.0. 1001.196 | | | , accinci recente | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | i | |
| | | | | | | | | |
| 2 | 002 | Drug Type | | | | | | |
| | 0 | | | | | | | |
| | | Individual Condition | | | | | | |
| | | NOT OBSERVED | | | | | | |
| | | | | | | | | |
| | - 1 | Individual | | | | | | |
| | | Passenger GISELLE DE | CORAH | | Citations Issued | Sex | | |
| | A. | OIOLLLE DE | OORAII | | 0 Date of Birth | Race Race | | |
| ⊢ | INDIVIDUAL | | | | Date of Billion | | DIAN OR ALASKAN | NATIVE |
| F | ≥ | Address | | | Driver License Number | • | | |
| | Ĭ | 104 CHERRY LN REEDSBURG, WI | 53959 . US | | | | | |
| | | | , | | | | | |
| | | | | | 1 | | | |
| | Cat | | On Duty Cras | sh | Safety Equipment | | | |
| 1 | Sai | fety Equipment | On Duty Cras | sh | Safety Equipment | | | |
| | Sai | Row | | Seat Position | Safety Equipment RESTRAINT USE U | NKNOWN | | |
| | Sai | Row 01 - FRONT ROW | | | RESTRAINT USE U | NKNOWN | | |
| | Sai | Row | | Seat Position | | NKNOWN | | |
| | Sai | Row 01 - FRONT ROW | | Seat Position | RESTRAINT USE U | NKNOWN | | |
| | Sai | Row 01 - FRONT ROW Helmet Use | | Seat Position 09 - RIGHT | RESTRAINT USE U Helmet Compliance Tint Compliance | NKNOWN | | |
| 10 | | Row 01 - FRONT ROW Helmet Use Eye Protection | Injury Seveni | Seat Position 09 - RIGHT | RESTRAINT USE U Helmet Compliance Tint Compliance Airbag | NKNOWN | | |
| 10 | | Row 01 - FRONT ROW Helmet Use Eye Protection | Injury Sevent | Seat Position 09 - RIGHT by ED MINOR INJURY | RESTRAINT USE U Helmet Compliance Tint Compliance | NKNOWN | Tranned/Extricated | |
| 10 | | Row 01 - FRONT ROW Helmet Use Eye Protection | Injury Sevent SUSPECTE Ejec | Seat Position 09 - RIGHT | RESTRAINT USE U Helmet Compliance Tint Compliance Airbag NOT APPLICABLE | NKNOWN | Trapped/Extricated NOT APPLICABLE | |
| 10 | | Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT APPLICABLE Medical Transport | Injury Sevent SUSPECTE Ejec NO | Seat Position 09 - RIGHT by ED MINOR INJURY ction Path | RESTRAINT USE U Helmet Compliance Tint Compliance Airbag NOT APPLICABLE EMS Agency Identifier | NKNOWN | | |
| 10 | | Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT APPLICABLE Medical Transport NOT TRANSPORT | Injury Sevent SUSPECTE Ejec NO | Seat Position 09 - RIGHT by ED MINOR INJURY ction Path | RESTRAINT USE U Helmet Compliance Tint Compliance Airbag NOT APPLICABLE LICABLE EMS Agency Identifier 6000123 | NKNOWN | NOT APPLICABLE EMS Run # 20240828049295 | |
| 20 | | Row 01 - FRONT ROW Helmet Use Eye Protection Ejected NOT APPLICABLE Medical Transport NOT TRANSPORT Hospital | Injury Sevent SUSPECTE Ejec NO | Seat Position 09 - RIGHT by ED MINOR INJURY ction Path T EJECTED/NOT APP | RESTRAINT USE U Helmet Compliance Tint Compliance Airbag NOT APPLICABLE EMS Agency Identifier | NKNOWN | NOT APPLICABLE EMS Run # | |
| 10 | | Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT APPLICABLE Medical Transport NOT TRANSPORT Hospital REEDSBURG ARE | Injury Sevent SUSPECTE Ejec NO | Seat Position 09 - RIGHT by ED MINOR INJURY ction Path IT EJECTED/NOT APP | RESTRAINT USE U Helmet Compliance Tint Compliance Airbag NOT APPLICABLE LICABLE EMS Agency Identifier 6000123 | NKNOWN | NOT APPLICABLE EMS Run # 20240828049295 | |
| 01 | | Row 01 - FRONT ROW Helmet Use Eye Protection Ejected NOT APPLICABLE Medical Transport NOT TRANSPORT Hospital | Injury Sevent SUSPECTE E Ejec NO | Seat Position 09 - RIGHT by ED MINOR INJURY ction Path IT EJECTED/NOT APP | RESTRAINT USE U Helmet Compliance Tint Compliance Airbag NOT APPLICABLE LICABLE EMS Agency Identifier 6000123 | NKNOWN | NOT APPLICABLE EMS Run # 20240828049295 | |
| 01 | | Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT APPLICABLE Medical Transport NOT TRANSPORT Hospital REEDSBURG ARE | Injury Sevent SUSPECTE E Ejec NO | Seat Position 09 - RIGHT by ED MINOR INJURY ction Path IT EJECTED/NOT APP | RESTRAINT USE U Helmet Compliance Tint Compliance Airbag NOT APPLICABLE LICABLE EMS Agency Identifier 6000123 | NKNOWN | NOT APPLICABLE EMS Run # 20240828049295 | |

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

| | | Non Motorist | Striking Unit # | Location | | | | |
|------|------------|--------------------------------|---------------------|-------------------|--------------------|-------------------|----------------------|-----------------|
| | | Prior Action | | • | | | | |
| TIND | INDIVIDUAL | Action Other | | | | | | To/From School |
| • | | | Suspected Alcohol U | Jse | Suspected Drug Use | | | To/Tioni School |
| | L | Drug & Alcohol | | | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | ! | | Alcohol Test Results | |
| | | TEST NOT GIVEN | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | I | Drug Test Type | | Drug Test Results | | |
| 2 | 003 | Drug Type | | | | | | |
| | | NOT OBSERVED | | | | | | |