WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/05/2024 Date Notified 09/05/2024 On Emergency Government Property Reportable Description	Crash Time 07:23 PM Time Notified 07:23 PM Hit and Run	Lane Close	Date Ar 09/05/2 Total Ur 01	2024	Time Arrived 07:37 PM Total Injured 00	Total Kille 00	d	
09/05/2024 On Emergency Government Property Reportable	07:23 PM	Lane Close	01	nits			d	
On Emergency Government Property Reportable	Hit and Run	Lane Close	-		00	00		
Government Property		✓ Lane Close					1	
Property Reportable	- Active Se			Work Zone		or Towed	Reporting Threshold	
		chool Zone	one School Bus Related Tags					
Description	Crash Type DT4000 (STA		I)		Amend	ed	Secondary Crash	
Diagram						Reconstruction	- Dec	
	5	Hill Freedom Road	north Road smol stopp eeng put o	Road 1 was in transit bound on Free I. The engine b king so the oper bed. A small fire one compartme ut. Unit 1 wate way until help a	egan rator e in th nt was d in the	Photos By Additional Infor	mation	

6TL0C884L8

24-09939

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L	_oc	ation									
ſ		FREEDOM RD					Latitude			Longitud	le
		FT N					43.36958	1815		-89.862	373725
		HILLTOP RD	00554				X Coordina	ate		Y Coord	inate
		HE TOWN OF HONEY	CREEK				268090.2	1875		480583	57
	in c						Structure Type				
							NO STRU	JCTURE			
(Cra	sh Scene									
Ī	First	Harmful Event					First Harm	ful Event Lo	ocation		
	FIR	E/EXPLOSION					ON ROADWAY				
						Light Cond	ition				
	00 -	NO COLLISION W/VE	HICLE IN TRANSPORT				DUSK				
	Road Surface Condition(s) DRY					Roadway F	actor(s)				
f	Envi	ronment Factor(s)									
	NOI	NE					NONE				
ł	Weather Condition(s)										
	CLE	AR									
ł	Anim	nal Type						o Trafficway			
ļ							TRAFFIC	-	-		
	Crash Classification - Location PUBLIC PROPERTY						Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
f	Tribal Land					Access Control Special Study				Special Study	
ļ							NO CONTROL				
	NO	0	Junction Location NON-JUNCTION			Intersection NOT AN	n Type	CTION			
t	Clos	ure Type			Reaso	ons for Clos	sure				
	CLC	SURE-ONE DIRECTIC	N								
Ī		Initial Lane/Rd Closed	Time Initial Lane/Rd Clos 07:23 PM	ed	LAW ENFORCEMENT, FIRE/EMS						
		All Lanes Open	Time All Lanes Open		Date S	Scene Clear	red Tim		e Scene Clea	red	
	09/0	5/2024	07:52 PM					7:52 PM			
		t Summary									
		Status				erating As C	assification		Unit Type		
		RANSIT		DC	LASS				AUTOMOBILE Operating As Endorsements		
		Vehicle Type PASSENGER CAR							Operating A	s Endorser	nents
		Occs	Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total Traile	ailers Total Haz 0		Mat Types
	3			0				0			
		rance?	Direction Of Travel	Pre		re CrashTire		Speed Lim			es
	YES		NORTHBOUND		Special Function		55		2		
		t Harmful Event: Collision V E/EXPLOSION	vith				TION		Emergency Motor Vehicle Use NOT APPLICABLE		
		ic Way		Traff	fic Cont	rol			Traffic Cont	rol Inoperat	tive/Missing
	TWO-WAY, NOT DIVIDED NO CONTROL					ROL			NO Road Grade		
	Surface Type Road Curvature										
L	BLACKTOP (BITUMINOUS) STRAIGHT Truck Bus or HazMat								LEVEL		
	NO	N Das of Flazivial									
1	1	Vehicle									
		License Plate Number			te Type			St	Country of Is		
		AXP5549 Vehicle Identification Num	bor	AU Ma		ITOMOBIL					
5	2	1C3CCBCG1EN16417			RYSL	ER		Year 2014	Model 200		

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 2 of 6

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		Color		Body Style Bus Use								
		BLK - BLACK		SD - SEDAN								
	ш	Initial Contact Point	\	/ehicle Damage			7 8 9 10 11					
UNIT	Ö	00 - NON-COLLISION					6 12					
5	VEHICLE	Extent Of Damage		12 - FRONT		5 4 3 2 1						
	>	FUNCTIONAL DAMAGE Towed Due To Damage		Johiolo Domovod By								
		NOT TOWED		Vehicle Removed By OPERATOR								
		What Driver Was Doing		/ehicle Factors								
		GOING STRAIGHT										
		Driver Prior Action Other		OTHER								
		Driver Actions										
	щ	NO CONTRIBUTING ACTION	1									
UNIT	ŭ											
5	VEHICLE											
	5											
		Ourse Norse		Ourses Address								
		Owner Name AMANDA ALT		Owner Address 108 FREEDOM ST								
2	2			NORTH FREEDOM		6						
		Sequence Of Events										
		Event										
	5	FIRE/EXPLOSION										
	02	Event										
	•											
	03	Event										
	Ŭ	Event										
	04	Lven										
		Policy Holder										
UNIT		Insurance Company		Individual								
5		ALLSTATE-INS-CO		AMANDA ALT								
	1	Individual										
		Driver		Citations Issued	Sex							
	_	CHASE TANGNEY		0	MALE							
	NDIVIDUAL			Date of Birth	Race							
E	ē			WHITE								
UNIT	5	Address 108 FREEDOM ST		Driver License Number								
	Z	NORTH FREEDOM, WI 5395	1 , US									
	_	On Duty Cra	ash	Safety Equipment								
	Sat	fety Equipment										
		Row	Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT							
		01 - FRONT ROW	07 - LEFT									
		Helmet Use		Helmet Compliance								
		Eye Protection		Tint Compliance								
		Lye Protection		Tint Compliance								
-	Ξ	Injury Sever	rity	Airbag								
5	8	Injury NO APPA	RENT INJURY	NON DEPLOYED								
			ection Path			Trapped/Extricated						
			OT EJECTED/NOT APPL			NOT TRAPPED						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #						
		NOT INANOPORTED										
Nisco	nsin M	Motor Vehicle Crash	This report	t does not include any CJ	IS data.	Crash Date	09/05/2024					

Form DT4000

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		Hospital		Date of Death		Time of Death				
	I	Distracted By NOT A	d By Source	E (NOT DISTRAC	CTED)		1			
		Distracted By Action NOT DISTRACTED		-	-					
	l	Non Motorist	Jnit #	Location						
		Prior Action								
		Action								
_	UAL									
IN I	INDIVIDUAL									
	Z									
		Action Other						To/From School		
- 1										
	Ľ	Drug & Alcohol NO	ed Alcohol U	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	I			
2	00	Drug Type								
	-	Individual Condition								
		APPEARED NORMAL								
		ndividual								
- 1	Ī	Passenger			Citations Issued	Sex				
	Ł	CHANCE TANGNEY			0	MALE Race				
Ы	NDIVIDUAL				Date of Birth	WHITE				
ТN N	Ξ	Address 103 DRAPER ST			Driver Linense Numher					
	Z	NORTH FREEDOM, WI 53	951,US							
	Saf	On Duty	Crash		Safety Equipment					
		Row	Seat Po	sition	SHOULDER & LAP	BELT				
		01 - FRONT ROW	09 - RI							
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
2	002	Injury Se Injury NO API	verity PARENT II	JURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Pat	th CTED/NOT APPL			Trapped/Extricated NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
		•								
Viscor	nsin M	lotor Vehicle Crash		This report	does not include any CJ	S data.	Crash Date	09/05/2024		

Form DT4000

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

		Distracted By	By Source										
		Distracted By Action											
		0.31	-:	Leastion									
		Non Motorist	nit #	Location									
		Prior Action											
		Action											
	JAL												
UNIT	INDIVIDUAL												
5	S												
	Z												
		Action Other											
		Suspected	d Alcohol U	se	Suspected Drug Use								
	L	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	4						
	2	Drug Type											
6	002												
		Individual Condition											
		APPEARED NORMAL											
		_											
	I	ndividual				1.0							
	_	Passenger FREDRICK SCHWARZ			Citations Issued Sex 0 MALE								
	INDIVIDUAL				Date of Birth Race WHITE								
UNIT	Ē	Address			Driver License Number								
∍	Ī	108 FREEDOM ST NORTH FREEDOM, WI 539	51 115										
	-	NORTH REEDOM, WI 355	51,00										
	~	On Duty C	Crash		Safety Equipment								
	Sat	ety Equipment	10.10		SHOULDER & LAP								
		Row 02 - SECOND ROW	Seat Po 09 - RI		SHOULDER & LAP	DELI							
		Helmet Use				Helmet Compliance							
		Eye Protection			Tint Compliance								
2	003	B Injury Severity Airbag NO APPARENT INJURY NON DEPLOYED											
		Ejected E	jection Pat	h			Trapped/Extricated						
	NOT EJECTED NOT EJECTED/NOT APP Medical Transport				EMS Agency Identifier		NOT TRAPPED						
		NOT TRANSPORTED			EMS Agency Identilier		EMS Run #						
		Hospital			Date of Death		Time of Death						
		Distracted	By Source	1									
		Distracted By											
Visco	isconsin Motor Vehicle Crash This report does not include any CJIS data. Crash Date 09/05/2024												

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Crash Time 07:23 PM

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		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	IAL							
	/IDU							
>	INDIVIDUAL							
	-							
		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	3	
2	003	Drug Type						
-		-						
		Individual Condition						
		APPEARED NOR	MAL					