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24-10039

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

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<u>1</u> 67	Document Number Override	1 '		Agency Crash Number 24-10039		Investigating Officer/Deputy DEPUTY B. SONN		
	Crash Date 09/08/2024	Crash Time 02:48 AM		Date Arrived 09/08/2024		Time Arrived 02:55 AM		
QPG	Date Notified 09/08/2024	Time Notified 02:48 AM		Total Units 01		Total Injured 01	Total Killed 00	
	On Emergency	t and Run 🔽 Lane Closu		ure Work Zone		Trailer or	Towed	Reporting Threshold
eTL	Government Property	Active School Zone		School Bus Related NO		Tags		
•	∨ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amended		Secondary Crash

Description Diagram Reconstruction By Photos By **9104/12** Additional Information PHOTOS, DASH CAMERA VIDEO, ***Not to scale*** **BODY CAMERA VIDEO** Locations are approximate 43.395616, -89.772520 Kindschis Spring

✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

DRIVER 1 OF UNIT 1 WAS TRAVELING EASTBOUND ON US-12 NEAR THE TOP OF THE SAUK HILL. DRIVER 1 FAILED TO NEGOTIATE A LEFT HANDED DOWNHILL TURN, HIT THE CURB AND ROCK WALL ON THE WEST SIDE OF THE ROADWAY. UNIT 1 THEN FLIPPED ONTO ITS SIDE OR ROOF, AND ULTIMATELY CAME TO A RESTING POSITION ON ITS ROOF. THE DISTANCE MEASURED FROM THE VEHICLE RESTING POSITION TO THE CURB WAS 390 FEET. FROM WHERE IT APPEARED THE VEHICLE LEFT ITS WHEELS TO WHERE IT CAME TO A REST WAS APPROXIMATELY 230 FEET. THE FRONT OF THE VEHICLE WAS FACING EAST. TOWARD THE WESTBOUND LANE, AND WAS SITTING DIRECTLY ACROSS BOTH EASTBOUND LANES. DRIVER 1 STATED HE AND HIS WIFE WERE SEAT BELTED IN. BOTH SIDE CURTAIN AIRBAGS WERE DEPLOYED. THERE WERE NO EJECTIONS AS A RESULT OF THE CRASH. INDIVIDUAL 2 DID COMPLAIN OF STOMACH AND KNEE PAIN, AND WAS LATER TRANSPORTED TO THE HOSPITAL. DRIVER 1 ADMITTED TO AND SHOWED SIGNS OF IMPAIRMENT DUE TO ALCOHOL. DRIVER 1 WAS PUT THROUGH SFST AND ULTIMATELY ARRESTED FOR OWI CAUSE INJURY 1ST OFFENSE AND A CITATION FOR FAILING TO MAINTAIN CONTROL OF VEHICLE. SEE FULL CASE REPORT FOR ADDITIONAL INFORMATION.

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Loc	ation ——									
	USH12 EB					Latitude			Longitud	de
	MIN					43.3957	39022		-89.772	338093
	GROTH RD HE TOWN OF SUMPT				X Coordinate			Y Coord		
	AUK COUNTY	LIX				275481.875		480849)6	
						Structure	Туре			
Cra	sh Scene									
_	Harmful Event					Firet Harn	nful Event I	ocation		
CUF						ON ROA		Location		
	ner of Collision				Light Condition					
00 -	NO COLLISION W/VE	HICLE IN TRANSPORT				DARK/UNLIT				
Road	Surface Condition(s)					Roadway	Factor(s)			
DRY	,									
Envir	onment Factor(s)									
NON	IE					NONE				
Wea	ther Condition(s)									
CLE	AR									
Anim	al Type					Relation 1	o Trafficwa	ay		
						TRAFFIC	CWAY - C	N ROAD		
	h Classification - Location							- Jurisdiction		
_	Land			NO SPECIAL JUR			RISDICTION		Special Study	
TTIDE	i Lanu			Access Control NO CONTROL					Special Study	
	n Interchange Area	Junction Location			Intersection Type					
NO		NON-JUNCTION			NOT AN		CTION			
	ure Type	0N		Reaso	ons for Closu	ıre				
	SURE-ONE DIRECTION Initial Lane/Rd Closed	Time Initial Lane/Rd Clos	ad		ENEODO	EMENT T	OW TRU	CK, FIRE/EN	AS OTHE	:D
	8/2024	02:55 AM	eu	LAVV	ENFORCE	=IVIEIVI, I	OW ING	CK, FIKE/EN	13, OTHE	in.
Date	All Lanes Open	Time All Lanes Open		Date Scene Cleared T			Ti	ime Scene Cleared		
09/0	8/2024	04:05 AM		09/08/2024 0			4:05 AM			
	Summary =									
1	Status			Vehicle Operating As Classification D CLASS		1	Unit Type	D E		
	RANSIT cle Type		DC	D CLASS				Operating A		mente
	ORT) UTILITY VEHICL	F						operating the Endersonionis		
	Occs	Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total Tra	ilers	Total Haz	Mat Types
2			2				0		0	•
Insur	ance?	Direction Of Travel		Pre CrashTire Speed I		Speed Li	mit	Total Lan	es	
YES		EASTBOUND		Mark 55		55	4			
Most	Harmful Event: Collision	With		Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		icle Use	
Traff	ic Way		Traff	raffic Control			Traffic Control Inoperative/Missing			
DIVIDED HWY W/O TRAFFIC BARRIER NO					IO CONTROL			NO		
					Road Curvature			Road Grade		
					URVE LEFT DOWNHILL					
Truci NO	Truck Bus or HazMat									
	/ehicle									
	License Plate Number			te Type			St Country of Issuance			
	APK8357				TOMOBIL				UNITED STATES	
01	Vehicle Identification Nur		Mal				Year	Model	_	
0	1C4PJMMXXMD1077	761	JEI	EP			2021	CHEROKE	E	

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		Color		Body Style		Bus Use					
		GRY - GRAY		UT - SPORT UTILITY VEHICLE							
_	쁜	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage	7 8 9 10 11							
UNIT	VEHICLE	Extent Of Damage	15 - ALL AREAS			6 12					
_ ر	M	DISABLING DAMAGE		5 4 3 2 1							
		Towed Due To Damage TOWED DUE TO DISABLING		Vehicle Removed By							
		What Driver Was Doing	DAWAGE	Vehicle Factors							
		NEGOTIATING CURVE									
		Driver Prior Action Other		UNKNOWN							
		Driver Actions									
	щ	EXCEED SPEED LIMIT, SPEED TOO FAST/COND, FAILURE TO CONTROL									
UNIT	VEHICLE										
Ď	표										
	>										
		Owner Name		Owner Address							
01	2	LOGAN HANGER (608) 434-0930		325 LYNN ST # BARABOO, W							
٥		(444)	BARABOO, WI 30313 , GO								
	;	Sequence Of Events									
	2	Event									
	0	CURB									
	02	OVERTURN/ROLLOVER	event OVERTURN/ROLLOVER								
	03	Event									
	40	Event									
_	ı	Policy Holder									
UNIT		Insurance Company	-	Individual							
_		WISCONSIN-MUTUAL-INS-C	0	KAYDEE HANG	ER						
	l	Individual Driver		Citations Issued	Sex						
		LOGAN HANGER		2	MALE						
	DUAI	(608) 434-0930		Date of Birth	Race						
≒	₫			WHITE							
N O	INDIN	Address 325 LYNN ST # 222		Driver License Number							
	Z	BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Duty Cr fety Equipment	ash	Safety Equipment							
		Row	Seat Position	SHOULDER & LAP BELT							
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
		Eye Protection	Tint Compliance								
				·							
01	00	Injury Seve NO APPA	ity RENT INJURY	Airbag DEPLOYED-CU	RTAIN						
		'	ection Path			Trapped/Extricated					
		NOT EJECTED No Medical Transport	OT EJECTED/NOT APP	EMS Agency Identi	fier	NOT TRAPPED EMS Run #					
		LAW ENFORCEMENT		LIVIO Agency Identifiel		Line run π					

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		Hospital			Date of Death		Time of Death		
		ST CLARE'S HOSPITAL							
		Distracted By	Distracted E	By Source					
		Distracted By Action UNKNOWN							
		Non Motorist	Striking Uni	t# Location					
		Prior Action		l					
		Action							
	٦								
LIND	INDIVIDUAL								
5	DIV								
	Z								
		Action Other						To/From School	
	L	Orug & Alcohol	Suspected A	Alcohol Use	Suspected Drug Use NO				
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD)		Alcohol Test Results PENDING		
	Drug Test Given Drug Test Type TEST NOT GIVEN			Drug Test Results					
01	001	Drug Type							
0	Ö								
		Individual Condition							
			JENCE OF	MEDICATIONS/DRUGS	S/ ALCOHOL				
	ı	ndividual							
		Passenger KAYDEE HANGEI	R		Citations Issued 0	Sex FEMALE			
	UAL	(608) 434-0930	-		Date of Birth	Race	ace		
LIND	IDIVIDUAL	Address			Driver License Numb	WHITE er			
-	INDI	325 LYNN ST # 222 BARABOO, WI 539			STATE: WISCONSIN COUNTRY: UNITED STATES				
	Saf	ety Equipment	On Duty Cra	ash	Safety Equipment				
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
2	005	Iniurv	Injury Sever	ity	Airbag DEPLOYED-CURTAIN				
	POSSIBLE INJURY Ejection Path DEPLOYED-CURTAIN Trapped/Extricated								
		NOT EJECTED		OT EJECTED/NOT APPL			NOT TRAPPED		
		Medical Transport EMS GROUND			EMS Agency Identifie 6000555	ei	EMS Run # NOT PROVIDED		
		Hospital SAUK PRAIRIE HO)SP		Date of Death Time of Deat		Time of Death		

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Crash Date 09/08/2024

Crash Time 02:48 AM

		Distracted By	Distracted By S	ource				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNO	INDIVIDUAL							
_	<u>N</u>							
	_							
		Action Other						To/From School
	ı	Drug & Alcohol	Suspected Alco	hol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	I		Alcohol Test Results	
		Drug Test Given		Drug Test Type		Drug Test Results		
		TEŠT NOT GIVEN						
6	002	Drug Type						
		Individual Condition						
		UNDER THE INFL	UENCE OF ME	EDICATIONS/DRUGS	/ ALCOHOL			
	,	Violations						
	0	UTC Number BJ679028	Issue To? 001	Statute Number 346.63(2)(a)1	Description CAUSE INJURY/OPI	ERATE WHILE U	INDER INFLUENCE 1	ST
	05	UTC Number BJ679029	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP	VEHICLE UNDE	R CONTROL	