24-10301

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash I	Document #	• •			ating Officer/Deputy IY J. HUNTER				
۵	Crash Date	Crash Time		Date A			Time Arrived				
23	09/14/2024 Date Notified	11:18 AM Time Notified		09/14/ Total U			11:28 AM Total Injured Total Killed				
ğ	09/14/2024	11:18 AM		10tal 0 02	nits	Total Injured 01	00	ieu			
6TL0D5DZ2D	On Emergency	and Run	Lane Closu	ure	Work Zone	Trailer	or Towed	Reporting Threshold			
6TL	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags		•			
-	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Ameno	ed	Secondary Crash			
	Description	-									
	Diagram					Not to scele	Reconstruction Photos By DEPUTY H				
		HY 33 at S	Schultz Rd, nea	r Rozno	os Rd.		Additional Inf PHOTOS	ormation			
	td Schultz Rdt			7	Remos Re	R					
	▼ I, a sworn law enforceme										
	UNIT 2 WAS TRAVELING WESTBO SCHULTZ RD. UNIT 1 WAS ALSO V TO AVOID A COLLISION. OPERATO THIS CAUSED A COLLISION.	V/B ON HY 33 API	PROACHING UNIT	1. OPERA	TOR OF UNIT 1 DID NOT	REALIZE UNIT 2	WAS STOPPE	D UNTIL IT WAS TOO LATE			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Loc	ation 🛛 🗖												
ON STH33 WB							Latitude Longitude					le	
41 FT S							43.569438067 -90.099823839					823839	
	ROZNOS RD						X Coordina	ate			Y Coord	inate	
	HE TOWN OF LA VAL	LE.					249677.9375 4828722.5						
IN S	AUK COUNTY			Structure Type			-						
							NO STRUCTURE						
Cra	Crash Scene												
_	Harmful Event						Firet Harm	ful Ever	ntlo	cation			
	MOTOR VEH IN TRANSPORT						First Harmful Event Location ON ROADWAY						
Manı	ner of Collision						Light Condition						
01 -	ANGLE						DAYLIG	ΗT					
Road	d Surface Condition(s)						Roadway I	Factor(s	s)				
DRY	(
Envir	ronment Factor(s)						-						
NOM	NE						NONE						
Wea	ther Condition(s)												
CLE	AR												
Anim	nal Type						Relation T		-				
Cras	h Classification - Location						TRAFFIC Crash Clas		-	-			
-	BLIC PROPERTY									SDICTION			
_	al Land						Access Control					Special Study	
							NO CONTROL						
	in Interchange Area		tion Location			Intersection							
NO	T	INTE	ERSECTION		_		SECTION						
	ure Type	~~			Reasons for Closure								
_	SURE-ONE DIRECTION	-					CEMENT FIDE/EMO						
	Initial Lane/Rd Closed		Time Initial Lane/Rd Closed		LAW	ENFORC	EMENT, FIRE/EMS						
	4/2024 All Lanes Open		11:25 AM Time All Lanes Open				ared Time Scene Cleared						
	4/2024		11:54 AM		Date Scene Cleared 09/14/2024			12:18 PM					
Unit	t Summary					-							
	Status			Vehi	cle Ope	erating As C	s Classification Unit Type						
IN T	RANSIT			DC	LASS	Ū				AUTOMOBILE			
Vehi	cle Type									Operating As Endorsements			
PAS	SENGER CAR												
Tota	Occs	Tra	ain/Bus # Recorded	Tota	I # Citat	tions Issued	ons Issued Tot			ers	Total HazMat Types		
1				1			0				0		
Insur	ance?	Dir	ection Of Travel		Pre CrashTire		Speed L		Lim	_imit Total I		es	
YES	5	W	ESTBOUND			Mark	55			2			
	Harmful Event: Collision				cial Fun			Emergency Motor Vehicle L			cle Use		
	TOR VEH IN TRANSPO	ORT				PECIAL FUNCTION							
	ic Way				ic Cont			Traffic Control Inoperative/Missing				live/Missing	
	D-WAY, NOT DIVIDED ace Type				CONT					NO Road Grade			
		S)							Road Grade				
	Truck Bus or HazMat												
NO	/ahiala												
	Vehicle			Die	- T.m-			St		Country of lay	suanco		
	License Plate Number ASJ6129				te Type T - AU	TOMOBIL	E	SI WI		Country of Issuance UNITED STATES			
	Vehicle Identification Nur	mber		Mak				Year		Model			
01	JM1GJ1U54G148137	79		MA	ZDA			2016		6			

5

UNIT

2

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use				
		RED - RED		SD - SEDAN						
	ш	Initial Contact Point		Vehicle Damage		<u>'</u>				
L ⊢	5	01 - RIGHT FRONT CORM	IER				7 8 9 10 11			
UNIT	¥	Extent Of Damage		01 - RIGHT FRONT C	ORNER, 02 - RIC	GHT SIDE 6 12				
	VEHICLE	DISABLING DAMAGE		FRONT, 12 - FRONT	5 4 3 2 1					
	>	Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABL								
		What Driver Was Doing		Vehiala Eastara						
		GOING STRAIGHT		Vehicle Factors						
				NOT APPLICABLE						
		Driver Prior Action Other								
		Driver Actions								
		Driver Actions SPEED TOO FAST/COND, IMPROPER OVERTAKING / PASSING LEFT, FAILED TO KEEP IN DESIGNATED LANE, SWERVED OR								
	VEHICLE	AVOIDED DUE TO WIND,								
	<u>ں</u>		•,	,	- ,,					
5	H									
	5									
		Owner Name		Owner Address						
2	6	MARK GIBEAUT (608) 415-9765		117 CENTER ST LA VALLE, WI 53941 , US						
	0	(000) 410-0700			H 1,00					
Sequence Of Events										
	2	Event	0.07							
	0	6 MOTOR VEH IN TRANSPORT								
	2	Event								
	02									
	3	Event								
	03									
	4	Event								
	04									
⊢⊢		Policy Holder								
UNIT		Insurance Company		Individual						
		STATE-FARM-GENERAL	-INS-CO	MARK GIBEAUT						
		Individual								
		Driver		Citations Issued	Sex					
		MARK GIBEAUT		1						
	AL	(608) 415-9765		Date of Birth	MALE Race					
⊢	DUAL									
INU	₹	Address		Driver License Number						
	INDIVI	117 CENTER ST								
	Z	LA VALLE, WI 53941 , US	6	STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty	/ Crash	Safety Equipment						
	Sat	fety Equipment								
		Row	Seat Position	SHOULDER & LAP	BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
				Tint Compliance						
		Eye Protection								
-	Ξ	Injury S	everity	Airbag						
2	001	Injury _{NO AP}	PARENT INJURY	NON DEPLOYED						
		Ejected	Ejection Path		Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
•		Notor Vehicle Crash	This rep	ort does not include any CJ	IS data	Crash Date	09/14/2024			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital					Date of Death		Time of Death				
		Distracted By	Distracted By	Source	2								
	1	Distracted By Action											
	l	Non Motorist	Striking Unit :	ŧ	Location								
	[Prior Action											
		Action											
	AL												
UNIT	INDIVIDUAL												
	INDI												
		Action Other										To/From School	
	L	Suspected Alcohol U Drug & Alcohol NO			se		Suspected Drug Use						
		Alcohol Test Given	J		Alcohol Test Type		1		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	en		Drug Test Type		Drug Test Results			1			
01	001	Drug Type											
	•	Individual Condition											
		APPEARED NORM	IAL										
	ļ	Violations											
	01	UTC Number Issue To? Statute Number					Description DRIVING TOO FAST	FOF		NS			
	ا ان مر ا ا												
		Summary				Va	hiele Operating As Classi	ilaatio		11 N T			
		Status			hicle Operating As Classi	icatio	n	Unit Type					
		RANSIT				D CLASS					AUTOMOBILE		
02	Vehicle Type PASSENGER CAR									Operating As Endorsements			
	Total 1	Total Occs Train/Bus # Recorded 1				То [.] О	Total # Citations Issued Total Tra 0 0			ers Total HazMat Types 0		lat Types	
F	Insur YES	ance?	Directio WEST				Pre CrashTire Mark		Speed Lim	it	Total Lanes 2	5	
UNIT		Most Harmful Event: Collision With					Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use			
	Traff	Traffic Way T					Traffic Control			Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDE ace Type	ED				NO CONTROL Road Curvature			NO Road Grade			
	BLA	CKTOP (BITUMINC	OUS)			ST	TRAIGHT		LEVEL				
	Truci NO	≺ Bus or HazMat											
	١	/ehicle								2			
		License Plate Number	•				late Type		St	Country of Is			
		332YPH				Α	UT - AUTOMOBILE		WI	UNITED ST	TATES		
	02												

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Vehicle Identification Number		Make	Year	Model					
02		KL7CJPSMXNB561589		CHEVROLET	2022	TRAX					
		Color	Body Style Bus Use								
		BLK - BLACK		UT - SPORT UTILITY VEHICLE							
	ш	Initial Contact Point		Vehicle Damage							
L⊢.	VEHICLE	09 - LEFT SIDE MIDDLE	-			7 8 9 10 11					
UNIT	¥	Extent Of Damage		08 - LEFT SIDE RE		DE MIDDLE, 10 -	6 12				
	μ	DISABLING DAMAGE		LEFT SIDE FRONT 5 4 3 2 1							
	>	Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABLING		Venicle Removed by							
			DAMAGE								
		What Driver Was Doing		Vehicle Factors							
		LEFT TURN									
		Driver Prior Action Other									
		Driver Actions									
	VEHICLE	NO CONTRIBUTING ACTION									
UNIT	U										
15	Ξ										
	۳ ۲										
	-										
		Owner Name		Owner Address							
		CARMEN MIHLBAUER-LUTI	S3941 ABLEM								
02	02	(608) 963-0115	ROCK SPRINGS, WI 53961 , US								
		Sequence Of Events									
		Event									
	2	5 MOTOR VEH IN TRANSPORT									
	02	Event									
	~	Event									
	03										
	6	Event									
	0										
⊢	l	Policy Holder									
UNIT		Insurance Company		Individual							
		AMERICAN-FAMILY-INS-CO		CARMEN MIHLBAUER-LUTHER							
		Individual									
		Driver		Citations Issued	Sex						
		CARMEN MIHLBAUER-LUTI	HER	0	FEMALE						
	Ā	(608) 963-0115		Date of Birth	Race						
					WHITE						
UNIT	≥	Address		Driver License Number							
	INDIVIDUA	S3941 ABLEMAN RD									
	Z	ROCK SPRINGS, WI 53961	, US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty Cr	ash	Safety Equipment							
	Sat	fety Equipment									
		Row	Seat Position	SHOULDER & L	AP BELT						
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2	2	Injury Seve	rity	Airbag							
8	002	Injury SUSPECT	ED MINOR INJURY	DEPLOYED-SIDE							
		Ejected Ej	ection Path	Trapped/Extricated							
		NOT EJECTED N	OT EJECTED/NOT AP								
•							Dete 00/44/2024				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport			EMS Agency Identifier		EMS Run #	
		EMS GROUND			6001024			
		Hospital			Date of Death		Time of Death	
		REEDSBURG ARE						
		Distracted By	Distracted By Source					
		Distracted By Action UNKNOWN						
	-	Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	INDIVIDUAL							
нI	D							
	I							
∍∣								
	Ī							
	_							
		Action Other						To/From School
		Duran Q. Alashal	Suspected Alcohol U	se	Suspected Drug Use			
	L	Drug & Alcohol	NO		NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	002	Drug Type						
•	00							
		Individual Canditi						
		Individual Condition						
		APPEARED NORM	IAL					