# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [	Document #	Agency Crash Number Investigating 24-13076 DEPUTY J			g Officer/Deputy J. <b>TROTH</b>		
<b>&gt;</b>	Crash Date 11/24/2024	Crash Time 06:32 PM		Date Arrived 11/24/2024		Time Arrived 06:40 PM			
O I LUDJJ&AW	Date Notified 11/24/2024	Time Notified 06:37 PM		Total Ui	nits	Total Injured	Total Kille	ed	
בַׁ	On Emergency Hit	and Run	Lane Closu	ire	Work Zone	Trailer	or Towed	Reporting Threshold	
	Government Property	Active Sc	hool Zone	School <b>NO</b>	Bus Related	Tags			
	<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	)		Amend	led	Secondary Crash	
	Description						Γ= .	_	
	Diagram						Photos By TROTH  Additional Info		
		018					PHOTOS	ATTICLE OF THE STATE OF THE STA	
	Hwy =====	23		Ó2 —	<u> </u>				
	10-7	:	Cth B	ST	0P				
	I, a sworn law enforceme	ND ON CTH B AND	O STOPPED AT THE	INTERS	ECTION ON CTH B AND	HWY 23. ELIZABI			
	23. TAYLOR DID NOT SEE ELIZABE ELIZABETH. TAYLORS VEHICLE W						EK AS SHE PUL	LED OUT IN FRONT OF	

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Loc	ation										
	ERSECTION					Latitude			Longitud	le	
	STH23 EB			43.27893	34368			022215			
	CTHB WB					X Coordinate Y Coo			Y Coord	inate	
	HE VILLAGE OF PLAI AUK COUNTY	IN				253004.90625 4796291					
	AUK COUNTY				ŀ	Structure	Туре		1		
						NO STR	UCTURE				
Cra	sh Scene										
First	Harmful Event					First Harm	nful Event L	ocation			
MO	TOR VEH IN TRANSPO	ORT				ON ROA	DWAY				
Manı	ner of Collision					Light Cond	dition				
01 -	ANGLE					DARK/LI	IGHTED				
Road	d Surface Condition(s)					Roadway	Factor(s)				
DRY	<b>'</b>										
Envir	ronment Factor(s)										
NON	NE					NONE					
Wea	ther Condition(s)										
CLC	OUDY										
Anim	nal Type					Relation T	o Trafficwa	V			
							CWAY - O	•			
	h Classification - Location							Jurisdiction			
	BLIC PROPERTY					NO SPECIAL JURISDICTION					
TIDA	al Land					Access Control Special Study  NO CONTROL					
With	in Interchange Area	Junction Location			Intersection						
NO	-	INTERSECTION			FOUR-W	AY INTER	RSECTION	1			
Clos	ure Type		Re	easc	ons for Closu	ire					
LAN	IE CLOSURE										
	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed	L	AW	ENFORCE	EMENT, TOW TRUCK, FIRE/EMS					
	All Lanes Open	06:54 PM				Time Seems Cleared					
	4/2024	Time All Lanes Open 07:25 PM			Scene Cleare J <b>2024</b>	leared Time Scene Cleared 07:25 PM					
		07120 T III		1/4-	72027			120 1 111			
	t Summary Status		Vehicle	One	erating As Cl	assification	1	Unit Type			
	RANSIT		D CLA		g			AUTOMOE	ILE		
	cle Type							Operating As Endorsements			
(SP	ORT) UTILITY VEHICL	.E									
Total	Occs	Train/Bus # Recorded	Total # 0	Citat	ions Issued		Total Trai	ers	Total Haz	Mat Types	
1		D: # 0/T		1			0	0			
Insur	rance?	Direction Of Travel WESTBOUND	P		CrashTire Mark		Speed Lir 25			es	
	Harmful Event: Collision \		Special				20	2 Emergency Motor Vehicle U		cle Use	
	TOR VEH IN TRANSPO		NO SP	EC	IAL FUNC	TION		NOT APPLICABLE			
Traff	ic Way		Traffic C	Cont	rol			Traffic Control Inoperative/Missing			
	D-WAY, NOT DIVIDED		STOP					NO			
	Surface Type Road Curvature							Road Grade			
	BLACKTOP (BITUMINOUS) STRAIGHT Truck Bus or HazMat							LEVEL			
NO	K Bus of Haziviat										
,	Vehicle										
	License Plate Number		Plate T	ype			St	Country of Iss	uance		
	AYS9975		AUT				WI	UNITED ST	ATES		
_	Vehicle Identification Nur		Make				Year	Model			
6	5TDJZRFHXHS38748	33	TOYT				2017	HIGHLANDER			

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#### 6TL0DJJ8XW

24-13076

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Crash Date 11/24/2024

Crash Time 06:32 PM

		Color	Body Style Bus Use									
		WHI - WHITE		UT - SPORT UTILITY	VEHICLE							
	ш	Initial Contact Point		Vehicle Damage								
<b>—</b>		02 - RIGHT SIDE FRONT		04 PIGHT EPONT COPNED 02 PIGHT SIDE								
	¥	Extent Of Damage		FRONT, 03 - RIGHT			6 12					
$\supset$	VEHICL	DISABLING DAMAGE		REAR, 05 - RIGHT R			5 4 3 2 1					
	>	Towed Due To Damage		Vehicle Removed By			<u> </u>					
		TOWED DUE TO DISABLING	DAMAGE	NACHREINER'S								
		What Driver Was Doing		Vehicle Factors								
		GOING STRAIGHT										
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions										
	щ	103										
╘	2											
LNO	VEHICL											
	7											
		Owner Name TAYLOR CROSS		Owner Address	LM							
2	5	(262) 573-9234		1533 PARKVIEW LN PORT WASHINGTON, WI 53074 , US								
0	0	(202) 070 0204			,							
		Sequence Of Events										
	2	Event MOTOR VEH IN TRANSPOR	т									
	02	MOTOR VEH IN TRANSPOR	т									
	03	Event										
	04	Event										
	0											
⊨	1	Policy Holder										
UNIT		Insurance Company		INDIVIDUAL								
_		PROGRESSIVE-CLASSIC-IN	S-CO	TAYLOR CROSS								
	I	Individual										
		DRIVER										
	4	TAYLOR CROSS (262) 573-9234		1	FEMALE							
	DUAL	(262) 573-9234		Date of Birth	Race							
╘	₽			WHITE								
	INDIN	Address 1533 PARKVIEW LN		Driver License Number								
	Z	PORT WASHINGTON, WI 53	074 , US	STATE: WISCONSIN COUNTRY: UNITED STATES								
		·										
		On Duty Cr	ash	Safaty Equipment								
	Sat	fety Equipment		Safety Equipment								
		Row	Seat Position	SHOULDER & LAF	BELT							
		01 - FRONT ROW	07 - LEFT	OHOOLDEN & LAF DEET								
		Helmet Use		Helmet Compliance								
				·								
		Eye Protection	Tint Compliance									
2	00	Injury Seve	rity	Airbag								
_	0	Injury NO APPA		NON DEPLOYED		I Transport/Futuit 1						
		'	ection Path OT EJECTED/NOT APP	Trapped/Extricated								
		Medical Transport	OT EJECTED/NOT APP	EMS Agency Identifier	r	NOT TRAPPED EMS Run #						
		NOT TRANSPORTED		Livio Agonoy Identine		LIVIO I CAIT #						
		· · · · · · · · · · · · · · · · · · ·		Ť		1						

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		Hospital						Date of Death			Time of Dea	ith	
	!	Distracted By	Distra <b>NOT</b>	acted By So	ource <b>ABLE (</b>	NOT DISTR	RAC	CTED)					
		Distracted By Action NOT DISTRACTED	)										
	•	Non Motorist	Strikii	ng Unit#	L	ocation							
		Prior Action											
LIND	INDIVIDUAL	Action											
		Action Other											To/From School
	L	Drug & Alcohol NO					Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		e		Alcohol Test Results		t Results		
		Drug Test Given TEST NOT GIVEN				rug Test Type	e Drug Test Results						
01	001	Drug Type											
		Individual Condition											
		APPEARED NORM	/IAL										
	,	Violations											
	01	UTC Number BI588087	1ssue <b>001</b>	e To?	Statute <b>346.18</b>	Number <b>8(3)</b>		Description FAIL/YIELD RIGHT/V	WAY F	ROM STO	P SIGN		
ĺ	Unit	t Summary											
		Status RANSIT						ehicle Operating As Classi CLASS	fication		Unit Type AUTOMO	BILE	
02		cle Type SSENGER CAR									Operating A	s Endorsem	nents
	Total	Occs		Train/Bus	# Recor	ded	Tc	otal # Citations Issued		Total Trail	ers	Total HazN	Mat Types
<b>⊢</b>	Insur YES	rance?		Direction C				Pre CrashTire Mark		Speed Lim	it	Total Lane	S
LINO		Harmful Event: Collision						pecial Function O SPECIAL FUNCTIO	N		Emergency Motor Vehicle Use NOT APPLICABLE		
	TWC	· · · · · · · · · · · · · · · · · · ·						Traffic Control NO CONTROL			Traffic Control Inoperative/Missing  NO		
	BLA	ace Type ACKTOP (BITUMINO	DUS)				Road Curvature STRAIGHT				Road Grade LEVEL		
	Truci <b>NO</b>	k Bus or HazMat											
	,	Vehicle											
		License Plate Number	r				P	Plate Type		St	Country of Is	suance	
		AVH3993					A	UT		WI	UNITED ST	TATES	

#### 6TL0DJJ8XW

24-13076

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

02		Vehicle Identification Number 2G2WR554861161075		Mak <b>POI</b>		Year <b>2006</b>		Model GRAND PRIX			
		Color						Bus Use			
		GLD - GOLD			SD - SEDAN						
_	LE	Initial Contact Point  12 - FRONT			cle Damage				7 8 9 10 11		
UNIT	∃C	Extent Of Damage			- RIGHT FRONT CO ONT, 10 - LEFT SID				6 8 12		
_	VEHICL	DISABLING DAMAGE			RNER, 12 - FRONT				5 4 3 2 1		
		Towed Due To Damage			Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE			NACHREINER'S						
		What Driver Was Doing GOING STRAIGHT			cle Factors						
		Driver Prior Action Other			NOT APPLICABLE						
		Driver Actions									
_	VEHICLE	123									
LIND	∃C										
$\supset$	/Eŀ										
		Owner Name ELIZABETH FERSTL		Owner Address							
02	02	(608) 279-5793			S9551 COUNTY ROAD N PLAIN, WI 53577 , US						
					, ,						
		Sequence Of Events									
	01	Event	ODT								
	0	MOTOR VEH IN TRANSP	URI								
	02	MOTOR VEH IN TRANSP	ORT								
	03	Event									
	04	Event									
_	Ì	Policy Holder									
UNIT		Insurance Company			IDIVIDUAL						
ر		GEICO-CASUALTY-CO			LIZABETH FERSTL						
		Individual				_					
		DRIVER ELIZABETH FERSTL (608) 279-5793			itations Issued	Sex FEMALE					
					ate of Birth	Race					
⊢	INDIVIDUA					WHITE					
	$\leq$	Address		Driver License Number							
_	N N	S9551 COUNTY ROAD N PLAIN, WI 53577 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
		,									
		On Duty	r Crash	Safety Equipment							
	Sat	fety Equipment									
		Row Seat Position		SHOULDER & LAP BELT							
		01 - FRONT ROW Helmet Use	07 - LEFT	Н	elmet Compliance						
		neimet USE			Helmet Compliance						
		Eye Protection		Tint Compliance							
05	005	Injury S	everity	Airbag							
_	0	Ejected NO AP	PARENT INJURY	DEPLOYED-FRONT   Trapped/Extricated							
		NOT EJECTED	NOT EJECTED/NOT AF	PPLIC	ABLE			NOT TRAPPED			

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					EMS Agency Identifier		EMS Run #						
		NOT TRANSPORTED											
		Hospital			Date of Death		Time of Death						
	·	Distracted By NOT APP	By Source PLICABLE (N	NOT DISTRAC	CTED)								
		Distracted By Action NOT DISTRACTED											
		Non Motorist Striking Ur	iit# Lo	cation									
		Prior Action											
		Action											
TINO	INDIVIDUAL												
		Action Other						To/From School					
	Ĺ	Drug & Alcohol NO	Alcohol Use		Suspected Drug Use NO								
		Alcohol Test Given TEST NOT GIVEN		cohol Test Type	l		Alcohol Test Results						
		Drug Test Given TEST NOT GIVEN	Dr	ug Test Type		Drug Test Results	;						
05	002	Drug Type											
		Individual Condition  APPEARED NORMAL											
		Individual											
		PASSENGER			Citations Issued	Sex							
	AL	HENRY FERSTL			<b>0</b> Date of Birth	MALE Race							
늘	<b>IIDUAL</b>				WHITE  Driver License Number								
.INO	INDINI	Address S9551 COUNTY RD N PLAIN, WI 53577, US			Diver License Number								
	Sat	On Duty C fety Equipment	rash		Safety Equipment								
		Row 01 - FRONT ROW	Seat Positio		SHOULDER & LAF	BELT							
		Helmet Use	100 10000		Helmet Compliance								
		Eye Protection			Tint Compliance								
05	003	Injury Seve Injury NO APPA	erity ARENT INJU	RY	Airbag DEPLOYED-FRONT								
		Ejected E	jection Path		ICABLE		Trapped/Extricated NOT TRAPPED						
		Medical Transport  NOT TRANSPORTED			EMS Agency Identifier EMS Run #								
		Medical Transport											

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Crash Date 11/24/2024

Crash Time 06:32 PM

		Hospital			Date of Death		Time of Death	
		Distracted By	Distracted By Source	•				
		Distracted By Action						
	,	Non Motorist	Striking Unit#	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	N							
		Action Other						To/From School
		Drug & Alcohol	Suspected Alcohol U	se	Suspected Drug Use			<u> </u>
			NO	1				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	003	Drug Type						
		In dividual Condition						
		Individual Condition						
		APPEARED NORM	<b>IAL</b>					