24-13833

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrio	de Primary Crash	Document #	Agency 24-138	Crash Number		Investigating Officer/Deputy  DEPUTY W. VERTEIN	
Crash Date 12/19/2024	Crash Time 01:05 PM	***************************************		rived <b>2024</b>	Time Arrived 01:10 PM		
Date Notified 12/19/2024	Time Notified 01:06 PM		Total Ur <b>02</b>	nits	Total Injured <b>00</b>	Total Kill	ed
On Emergency	Hit and Run	Lane Cl	osure	Work Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active S	chool Zone	School NO	Bus Related	Tags		
<b>✓</b> Reportable	Crash Type DT4000 (ST	ANDARD CRA	SH)		Amended		Secondary Crash
Description  Diagram	•					constructio	
Not to scale		W. Pir	ne St	Log Lodge	Ad	otos By	ormation

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Crash Date 12/19/2024

Crash Time 01:05 PM

L	OC:	ation <b>——</b>									
F	ON	CTHBD NB					Latitude			Longitud	de
	47 F	-					43.47996	63674		-89.769	570955
		OG LODGE CT					X Coordin	ate		Y Coord	inate
		HE VILLAGE OF WES	ST BARABOO				276017.125 4817842.5				
Г	IN S	AUK COUNTY					Structure	Tyne			
							Structure Type NO STRUCTURE				
_	`ra	sh Scene									
		Harmful Event					First Harm	nful Event Lo	nantian .		
		OR VEH IN TRANSP	ORT						ocation		
		ner of Collision	URI				ON ROA				
							Light Cond				
		ANGLE					DAYLIGI				
	Road	Surface Condition(s)					Roadway	Factor(s)			
	SNO	)W									
Ī	Envir	onment Factor(s)									
١	WE/	ATHER CONDITIONS					NONE				
F	Weat	ther Condition(s)					1				
	SNO	w									
	Anim	al Type					Relation T	o Trafficwa	у		
L							TRAFFICWAY - ON ROAD				
		h Classification - Location					Crash Classification - Jurisdiction				
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION  Access Control Special Study					
						NO CONTROL				Special Study	
7	Within Interchange Area Junction Location				Intersection		n Type				•
	NO		INTERSECTION		T-INTERSECTION  Reasons for Closure						
	Closu	ıre Type									
	LAN	E CLOSURE									
h	Date	Initial Lane/Rd Closed	Time Initial Lane/Rd Clo	sed	LAW ENFORCEMEN  Date Scene Cleared			CEMENT			
	12/1	9/2024	01:10 PM								
		All Lanes Open	Time All Lanes Open					red Time		ne Scene Cleared	
	12/1	9/2024	01:30 PM		12/19/2024			01:30 PM			
ī	Jnit	Summary	•								
		Status		Vehi	cle Ope	erating As C	lassification	]	Unit Type		
ı	IN T	RANSIT		DС	LASS				AUTOMOBILE		
		cle Type		I					Operating As	Endorse	ments
	PAS	SENGER CAR									
F	Total	Occs	Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total Trail	ers	Total Haz	Mat Types
	1			0			0			0	
h	Insur	ance?	Direction Of Travel		Prο	CrashTire		Speed Lin	nit	Total Lan	es
	YES		NORTHBOUND		110	Mark	•	45	2		
		Harmful Event: Collision			cial Fun	ction IAL FUNC	TION	•	Emergency NOT APPL		
		OR VEH IN TRANSPO	ORT				-11014				
		c Way			fic Cont				Traffic Control Inoperative/Missing		
DIVIDED HWY W/O TRAFFIC BARRIER NO CO							NO				
	I				d Curva				Road Grade		
BLACKTOP (BITUMINOUS) STRA				RAIGH	Т			UPHILL			
	Truck <b>NO</b>	Bus or HazMat									
+		/ehicle									
	Ī	License Plate Number		Pla	te Type			St	Country of Iss	uance	
		74798DS		DIS				WI	UNITED ST.		
		Vehicle Identification Nur	mber	Mal				Year	Model		
	6	KL8CB6SA8MC7161			ΙΕV			2021	SPARK		
			<del></del>	011					J		

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		Color GRY - GRAY		Body Style  HB - HATCHBACK		Bus Use NOT A BUS				
	ш	Initial Contact Point		Vehicle Damage		<u> </u>				
_	끘	09 - LEFT SIDE MIDDLE	vollidio Balliago		7 8 9 10 11					
UNIT	Ĭ	Extent Of Damage	08 - LEFT SIDE REAR	R, 09 - LEFT SIDI	E MIDDLE	6 2 12				
_ ر	VEHICLE	FUNCTIONAL DAMAGE				5 4 3 2 1				
		Towed Due To Damage	Vehicle Removed By							
		NOT TOWED	OPERATOR							
		What Driver Was Doing U TURN	`	Vehicle Factors						
		Driver Prior Action Other	NOT APPLICABLE							
		Driver Actions								
	Щ	IMPROPER TURN, FAILED 1	O KEEP IN DESIGNATE	ED LANE						
UNIT	VEHICLE									
n	垣									
	>									
		Owner Name		Owner Address						
7	_	JENNY LEE VOLLBRECHT		227 1ST AVE # 304						
01	2	(608) 477-1944		BARABOO, WI 53913 , US						
	,	Sequence Of Events Event								
	2	MOTOR VEH IN TRANSPOR	т							
	02	Event								
	03	Event								
		Event								
	04									
⊨		Policy Holder								
UNIT		Insurance Company MADISON-MUTUAL-INSURA	NCE-CO	INDIVIDUAL  JENNY VOLLBREC	нт					
		Individual	1102-00	OLINIT VOLEBILEO	•••					
		DRIVER		Citations Issued	Sex					
		JENNY VOLLBRECHT		0	FEMALE	<u> </u>				
	DUAI	(608) 477-1944	(608) 477-1944							
⊨	<u></u>				WHITE					
.IN	INDIN	Address 227 1ST AVE # 304		Driver License Number						
	Ξ	BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
	0-	On Duty Cr	ash	Safety Equipment						
	Sai	fety Equipment								
		Row FRONT ROW	Seat Position	SHOULDER & LAP	BELT					
		01 - FRONT ROW Helmet Use	07 - LEFT	Helmet Compliance						
		Tielinet Ose	Helmet Compliance							
		Eye Protection		Tint Compliance						
_	_	Injury Seve	rity	Airbag						
01	90	Injury <sub>NO APPA</sub>	RENT INJURY	NON DEPLOYED		TT 1/5				
		l '	ection Path <b>OT EJECTED/NOT APPI</b>	LICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								

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Crash Date 12/19/2024

Crash Time 01:05 PM

		Hospital			Date of Death			Time of Death			
		Distracted By	Distracted By Sourc NOT APPLICABL	e LE (NOT DISTRAC	FRACTED)						
		Distracted By Action NOT DISTRACTED	)								
	,	Non Motorist	Striking Unit #	Location							
		Prior Action									
		Action									
LINO	INDIVIDUAL										
		Action Other								To/From School	
			Commente d'Alamball	I	I Commented Describes						
	L	Orug & Alcohol	Suspected Alcohol UNO	Jse	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test	t Results		
		Drug Test Given TEST NOT GIVEN				Drug Test Results					
6	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	Unit	Summary ■									
		Status		Ve	ehicle Operating As Classi	ification		Unit Type			
	IN T	RANSIT		D	D CLASS			AUTOMOBILE			
05		cle Type ORT) UTILITY VEHI	CLE				Operating As Endorsements				
	-	tal Occs Train/Bus # Recorded					Total Traile	ailers Total Hazñ		/lat Types	
		urance? Direction Of Travel						Limit Total Land		S	
<b>—</b>	YES				Mark 45		45	2			
LNO		Harmful Event: Collision		Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE				
		ic Way		Tr	affic Control			Traffic Control Inoperative/Missing			
	DIVI	DED HWY W/O TRA	AFFIC BARRIER	N	O CONTROL			NO			
	Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT			Road Grade			
				S				UPHILL			
	Truci <b>NO</b>	k Bus or HazMat									
	'	Vehicle									
		License Plate Number	•		Plate Type		St	Country of Iss	suance		
		AZF2333			AUT		WI	UNITED STATES			
05	02	Vehicle Identification			Make			Model			
_	0	1D4HB58DX4F240	843		OODG Rody Style			DURANGO Bus Use			
				Body Style UT - SPORT UTILITY VEHICLE			Dus Use				

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_	LE	Initial Contact Point  12 - FRONT		/ehicle Damage	7 8 9 10 11					
LND	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		01 - RIGHT FRONT (		6				
		Towed Due To Damage	V	Vehicle Removed By						
		NOT TOWED		PERATOR						
		What Driver Was Doing	V	/ehicle Factors						
		Driver Prior Action Other	1	NOT APPLICABLE						
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION							
02	02	Owner Name AMELIANNA WOLFE (920) 213-7402		Owner Address 821 KENNEDY S BARABOO, WI 5						
		Sequence Of Events								
	01	Event MOTOR VEH IN TRANSP	ORT							
	02	Event								
	03	Event								
	04	Event								
_		Policy Holder								
LIND		Insurance Company INDIVIDUAL								
$\supset$		PROGRESSIVE-CLASSIC	:-INS-CO	AMELIANNA WOLFE						
	ĺ	Individual								
		DRIVER		Citations Issued	Sex					
	Ļ	AMELIANNA WOLFE (920) 213-7402		0	FEMALE					
⊨	IDINIDUAL	(320) 213-1402		Date of Birth	Race WHITE					
	<u>&gt;</u>	Address 821 KENNEDY ST # 102		Driver License Number						
	Z	BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty fety Equipment	/ Crash	Safety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
05	005	Injury S Injury NO AP	PARENT INJURY	Airbag NON DEPLOYED						
		Ejected	Ejection Path	IOADI E		Trapped/Extricated				
		NOT EJECTED  Medical Transport	NOT EJECTED/NOT APPL	ICABLE  EMS Agency Identifier	-	NOT TRAPPED EMS Run #				
		NOT TRANSPORTED		LINIO Agency Identifier		LIVIO IXUII#				
		Hospital		Date of Death		Time of Death				

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Crash Date 12/19/2024

Crash Time 01:05 PM

		Distracted By	NOT APPLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	NAL							
LNO	INDIVIDUAL							
	N N							
		Action Other						To/From School
		Action Other						10/FIOIII SCHOOL
	ı	Drug & Alcohol	Suspected Alcohol U NO	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		
02	005	Drug Type		,				
		Individual Condition						
		APPEARED NORM	MAL					