6TL0C9H5NJ

24-13869

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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2	Document Number Override	Primary Crash Document #		rigorio, ordon rianizo.		Investigating Officer/Deputy SERGEANT M. TATE		
	Crash Date 12/19/2024	Crash Time 10:35 PM		Date Arrived 12/19/2024		Time Arrived 11:01 PM		
9H5I	Date Notified 12/19/2024	Time Notified 10:36 PM		Total Units 01		Total Injured 00	•	
.0C	On Emergency Hit	and Run Lane Closu		ure Work Zone		Trailer or 1	Towed	Reporting Threshold
eTL	Government Property Active		chool Zone School Bus Related NO		Tags			
	Crash Type DT4000 (STANDARD CRASH)					Amended		Secondary Crash

Description Diagram Reconstruction By HSI Photos By SGT TATE Additional Information **PHOTOS** NOT TO SCALE Ski-Hi Rd 맫 HSU HSU

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

UNIT 1 OPERATOR STATED HE WAS TRAVELING SOUTHBOUND ON HWY 12, APPROACHING SKI HI RD. UNIT 1 OPERATOR STATED HE THOUGHT THE ROAD WENT TO THE LEFT SO HE BEGAN TO TURN TO THE LEFT. THE VEHICLE ENTERED THE TURN LANE FOR SKI HI RD. UNIT 1 CONTINUED STRAIGHT AND ENTERED THE MEDIAN, STRUCK A SHOW BANK, STRUCK A SIGN, AND CAME TO REST PARTIALLY IN THE DITCH. DAMAGE TO PASSENGER SIDE HEADLIGHT, BUMPER, AND QUARTER PANEL. WOODEN SIGN POST COMPLETELY BROKEN. DAMAGE TAG # 238089. VEHICLE REMOVED BY OPERATOR AFTER CRAIGS TOWING PULLED IT OUT OF THE DITCH.

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Crash Date 12/19/2024

- 1	_oc	ation								
Ī		USH12 EB				Latitude			Longitud	de
	58 F	T W			43.42017	4773		-89.773		
		SKIHI RD				X Coordina	ate		Y Coord	linate
		HE TOWN OF SUMPT			275489.7			481121		
	IN 3	AUR COUNTT				Structure Type NO STRUCTURE				
L	_					NO STRE	JCTORE			
(Cra	sh Scene								
Ī	First	Harmful Event				First Harm	ıful Event L	ocation		
		AFFIC SIGN POST				ON ROA	DWAY			
	Manı	ner of Collision			Light Condition					
			HICLE IN TRANSPORT			DARK/U				
	Road	d Surface Condition(s)				Roadway I	Factor(s)			
	SNC	OW, SLUSH, ICE								
•	Envir	ronment Factor(s)								
	WE	ATHER CONDITIONS				ROAD SI	URFACE	CONDITION	(WET, IC	Y, SNOW, SLUSH,
-	Wea	ther Condition(s)								
	SNC	ow .								
-	Anim	nal Type				Relation T	o Trafficwa	ay		
						TRAFFIC	WAY - O	N ROAD		
		h Classification - Location BLIC PROPERTY						Jurisdiction		
•	Triba	al Land					Access Control Special Study NO CONTROL		Special Study	
	With	in Interchange Area	Junction Location		Intersection					
	NO	3	INTERSECTION		OTHER	71				
					_					
ı I	Jnii	t Summary								
<u>_</u>		t Summary Status		Vehicle Ope	erating As Cla	assification		Unit Type		
j	Unit			Vehicle Ope	ū	assification		Unit Type AUTOMOE	BILE	
	Unit	Status		•	ū	assification				ments
01	Unit IN T	Status RANSIT		•	ū	assification		AUTOMO		ments
	Unit IN T Vehice PAS Total	Status 'RANSIT cle Type	Train/Bus # Recorded	D CLASS	ū	assification	Total Tra	AUTOMOE Operating A	s Endorsei Total Haz	ments :Mat Types
	Unit IN T Vehice PAS Total 2	Status RANSIT cle Type SSENGER CAR		D CLASS		assification	Total Tra	AUTOMOR Operating A	s Endorsei Total Haz 0	Mat Types
01	Unit in Total PAS Total Insur	Status RANSIT cle Type SSENGER CAR	Train/Bus # Recorded Direction Of Travel SOUTHBOUND	D CLASS Total # Cita 0		assification	Total Tra	AUTOMOR Operating A	s Endorsei Total Haz	Mat Types
01	Unit in Total PAS Total Insur UNIT	Status RANSIT cle Type SSENGER CAR I Occs rance? KNOWN	Direction Of Travel SOUTHBOUND	D CLASS Total # Cita 0	crashTire Mark	assification	Total Tra 0 Speed Lie	AUTOMOR Operating A	Total Haz Total Lan 4	Mat Types es
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UNII 01	Unit IN T Vehice PAS Total 2 Insur UNIP Most TRAF Traff DIVI Surfa BLA Truck	Status RANSIT Cle Type SSENGER CAR I Occs France? KNOWN I Harmful Event: Collision Name AFFIC SIGN POST To Way DED HWY MEDIAN Wace Type ACKTOP (BITUMINOUS) Ik Bus or HazMat Vehicle License Plate Number AYT9084 Vehicle Identification Nur 2C3CCAAG3FH7809	Direction Of Travel SOUTHBOUND With I/BARRIER S)	Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT Make CHRY	CrashTire Mark Inction CIAL FUNCT TROL ature		Total Tra 0 Speed Lii 55 St WI Year	AUTOMODE Operating A illers mit Emergency NOT APPL Traffic Contr NO Road Grade LEVEL Country of Is: UNITED ST Model 300	Total Haz Total Lan Total Lan Motor Veh ICABLE Tol Inopera	Mat Types es icle Use
UNII 01	Unit IN T Vehic PAS Total 2 Insur UNIT Most TRA Traff BLA Truck NO	Status RANSIT Cle Type SSENGER CAR I Occs France? KNOWN I Harmful Event: Collision Nate of the collision of the collis	Direction Of Travel SOUTHBOUND With I/BARRIER S)	Total # Cita 0 Pre Special Fur NO SPEC Traffic Conf NO CONT Road Curva STRAIGH Plate Type AUT Make CHRY Body Style	CrashTire Mark Inction CIAL FUNCT TROL ature		Total Tra 0 Speed Lii 55 St WI Year	AUTOMODE Operating A illers mit Emergency NOT APPL Traffic Contr NO Road Grade LEVEL Country of Is: UNITED ST Model 300	Total Haz Total Lan Total Lan Motor Veh ICABLE Tol Inopera	es icle Use tive/Missing
01 ONI 01	Unit IN T Vehic PAS Total 2 Insur UNIT Most TRA Traff BLA Truck NO	Status RANSIT Cle Type SSENGER CAR I Occs France? KNOWN I Harmful Event: Collision V AFFIC SIGN POST IC Way DED HWY MEDIAN W FRACKTOP (BITUMINOUS IC MANUAL MANUAL MEDIAN W ACKTOP (BITUMINOUS IC MANUAL MEDIAN W ACKTOP (BITUMINOUS IC MANUAL MEDIAN W ACKTOP (BITUMINOUS IC MANUAL MEDIAN W COLOR AYT9084 Vehicle Identification Nur 2C3CCAAG3FH7809 Color BLK - BLACK	Direction Of Travel SOUTHBOUND With V/BARRIER S)	Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT Make CHRY Body Style SD - SEE Vehicle Da	CrashTire Mark Inction CIAL FUNCT TROL ature IT	TION	Total Tra 0 Speed Lii 55 St WI Year 2015	AUTOMOS Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is: UNITED ST Model 300 Bus Use	Total Haz Total Lan Total Lan Motor Veh ICABLE Tol Inopera	Mat Types es icle Use tive/Missing
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Crash Date 12/19/2024

		Towed Due To Damage		Vel	hicle Removed By			
		NOT TOWED			OPERATOR			
		9			/ehicle Factors			
		GOING STRAIGHT			NOT APPLICABLE			
		Driver Prior Action Other		INC.	71 APPLICABLE			
		Driver Actions		<u> </u>				
	Щ	SPEED TOO FAST/COND						
LNU	VEHICLE							
5	ᇳ							
	>							
		Owner Name			Owner Address			
_	_	ANIFU SEYA			6761 HAMMERSLI			
6	9	(608) 622-6439			MADISON, WI 537	11 , 05		
		Sequence Of Events Event						
	01	TRAFFIC SIGN POST						
	02	Event						
	03	Event						
		Event						
	04							
	i	Individual						
		DRIVER		(Citations Issued	ed Sex		
	Ļ	ANIFU SEYA (608) 622-6439			0	MALE		
_	INDIVIDUAL	(606) 622-6439			Date of Birth	Race BLACK/AFRICAN AMERICAN		
L N	Σ	6761 HAMMERSLEY RD			Driver License Number			
_	N				STATE: WISCONSIN COUNTRY: UNITED STATES			
		madioon, moor in , oo						
		On Duty (Crash		Safety Equipment			
	Saf	ety Equipment			carety Equipment			
		Row	Seat Position		SHOULDER & LAP BELT			
		01 - FRONT ROW	07 - LEFT					
		Helmet Use		Helmet Compliance				
		Eye Protection	ye Protection -			Tint Compliance		
_	Ξ,	Injury Se	verity	1	Airbag			
6	90		ARENT INJUR	RY I	NON DEPLOYED			
		•	Ejection Path NOT EJECTED	NOT APPLIC			Trapped/Extricated NOT TRAPPED	
		Medical Transport			EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED			J ,			
		Hospital		[Date of Death Time of Death			
		Distracted By Distracted NOT AP	By Source	OT DISTRACT	ſED)		1	
		Distracted By Action NOT DISTRACTED			<u>, </u>			
		Striking L	nit# Loca	ation				
		Non Motorist	2					

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Crash Date 12/19/2024

		Prior Action							
		Action							
	INDIVIDUAL								
I	DO								
UNIT	<u>></u>								
	N								
		A atia a Othera					T-/ O-b		
		Action Other					To/From School		
		Suspected Alc	ohol Use	Suspected Drug Use					
	L	Orug & Alcohol No		NO					
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN	Drug Test Type		D T 4 D 14-				
		Drug Test Given TEST NOT GIVEN	Diug Test Type		Drug Test Results				
10	001	Drug Type			<u> </u>				
	0								
		Individual Condition							
		APPEARED NORMAL							
		ndividual							
		PASSENGER		Citations Issued Sex					
	Ļ	ANDRISE MEDALCY		0	FEMALE				
_	INDIVIDUAL		Date of Birth	Race BLACK/AFRICAN AMERICAN					
E N	Σ	Address	Driver License Number						
	Ĭ	527 ALEXANDER AVE #4 REEDSBURG, WI 53959, US							
	Saf	On Duty Crash fety Equipment	1	Safety Equipment					
			eat Position	SHOULDER & LAP BELT					
		01 - FRONT ROW 09 - RIGHT							
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Injury Severity		Airbag					
2	Airbag NON DEPLOYED								
			ion Path	ı		Trapped/Extricated			
		NOT EJECTED NOT Medical Transport	EJECTED/NOT APPL			NOT TRAPPED			
		NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death		Time of Death			
			•						
		Distracted By Distracted By S	Source						
		Distracted By Action							
		6: " 11 "	II. e						
		Non Motorist Striking Unit #	Location						
		Prior Action	ı						

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		Action							
	JAL								
LIND	INDIVIDUAL								
		Action Other						To/From School	
					Suspected Drug Use NO			•	
İ		Alcohol Test Give	en	Alcohol Test Type	;		Alcohol Test Results		
		TEST NOT GIV	T GIVEN						
		Drug Test Type TEST NOT GIVEN Drug Test Type			Drug Test Results	3			
10	005	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
•	Pro	perty Owne	r \blacksquare						
7	GOV WIS	ERNMENT	OF TRANSPORTATIO	N	Address 2101 WRIGHT ST				
PROP OWNER									
	Fixe	ed Objects St	truck						
	2	Striking Unit 01	Struck Object TRAFFIC SIGN POS	т				Damage Tag Number 238089	