6TL0D5DZ3B 25-01654

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Num	nent Number Override Primary Cras		Primary Crash D	Agency Crash Number 25-01654			Investigating Officer/Deputy DEPUTY J. HUNTER				
Crash Date 02/22/2025	02/22/2025 Date Notified 02/22/2025		Crash Time 09:00 AM Time Notified 09:25 AM t and Run		Date Arrived 02/22/2025 Total Units 01 ure Work Zone		Time Arrived 09:25 AM				
							Total Injured Total Kille 00 00		Total Kille	ed	
On Emerç							Trailer or Towed		Towed	Reporting Threshold	
Gove	ernment operty		Active Sc	hool Zone	School NO	Bus Related	Tags				
Reportab	ole		Crash Type DT4000 (STA	NDARD CRASH)		Ame	nded		Secondary Crash	
Descriptio Diagram	n =								construction		
01									otos By EPUTY HU		
	slide	e off-	no damag	e.					ditional Infor	rmation	
, a swori	n law enfo	orceme	nt officer, agre	e that I have no	ot added	any CJIS data in th	nis report.				
UNIT 1 WAS S/I	B ON CTY (NEAR F	ERN RD. OPERA	TOR WISHED TO F	PULL OVE		NS. WHEN THE			ED TO THE SHOULDER,	
						E FROM THE SCENE.	TIE OFERATOR	VALLE	IVIFIED IO	TINLE THE VEHICLE, II	

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Crash Date 02/22/2025

Crash Time 09:00 AM

ı	_oc	ation								
Ī	ON	CTHG SB			Latitude			Longitud		
		SMIS	43.3838	43.383898361		-90.127574827				
		FERN RD 'HE TOWN OF WASHI	NGTON	X Coordii	X Coordinate		Y Coordinate			
		SAUK COUNTY		246662.078125		4808199.5				
						Structure Type NO STRUCTURE				
(Cra	sh Scene			•					
ī	-	Harmful Event			First Harr	mful Event L	ocation			
	DIT	СН		ON ROA	ADWAY					
•	Man	ner of Collision	Light Cor	ndition						
		NO COLLISION W/VE	DAYLIG							
	Road	d Surface Condition(s)			Roadway	Factor(s)				
	DR۱	Y								
-	Envi	ronment Factor(s)								
	NOI	NE			NONE					
-	10/00	ther Condition(s)								
		,								
	CLE	EAR								
	Anim	nal Type			Relation To Trafficway TRAFFICWAY - ON ROAD					
-	Cras	sh Classification - Location					Jurisdiction			
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION Access Control NO CONTROL					
									Special Study	
				Intersection Type NOT AN INTERSE	ection Type AN INTERSECTION					
L			<u>I</u>		l.					
ı	Jni	t Summarv 💻								
_		t Summary Status		Vehicle Ope	erating As Classification	n	Unit Type			
	Unit			Vehicle Ope	erating As Classification	n	Unit Type AUTOMOR	BILE		
•	Unit IN T Vehi	Status *RANSIT cle Type			erating As Classification	n			ments	
01	Unit IN T Vehi PAS	Status RANSIT ICLE Type SSENGER CAR		D CLASS			AUTOMOE Operating A	s Endorse		
•	Unit IN T Vehi PAS	Status *RANSIT cle Type	Train/Bus # Recorded	D CLASS	erating As Classification	n Total Trai	AUTOMOE Operating A	s Endorse	ments zMat Types	
•	Unit IN T Vehi PAS Tota 1	Status RANSIT ICLE Type SSENGER CAR	Train/Bus # Recorded Direction Of Travel	Total # Cita		Total Trai	AUTOMOR Operating A	s Endorse Total Haz	Mat Types	
01	Unit IN T Vehi PAS Tota 1 Insur YES	Status RANSIT cle Type SSENGER CAR I Occs rance?	Direction Of Travel SOUTHBOUND	Total # Cita 0 Pre	tions Issued CrashTire Mark	Total Trai	AUTOMOR Operating A	Total Haz Total Lan Z	Mat Types	
01	Unit IN T Vehi PAS Tota 1 Insui YES	Status RANSIT cle Type SSENGER CAR I Occs rance? Status	Direction Of Travel SOUTHBOUND	Total # Cita 0 Pre Special Fur	tions Issued CrashTire Mark	Total Trai 0 Speed Lir	AUTOMOE Operating A lers mit Emergency	Total Haz O Total Lan 2 Motor Veh	es icle Use	
UNIT 01	Unit IN T Vehi PAS Tota 1 Insur YES Most	Status RANSIT cle Type SSENGER CAR I Occs rance? St t Harmful Event: Collision	Direction Of Travel SOUTHBOUND	Total # Cita 0 Pre Special Fur	tions Issued CrashTire Mark Iction	Total Trai 0 Speed Lir	AUTOMOBI Operating A	Total Haz O Total Lan 2 Motor Veh	es icle Use	
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UNIT 01	Unit IN T Vehi PAS Tota 1 Insui YES Most DIT Traff	Status RANSIT cle Type SSENGER CAR I Occs rance? St t Harmful Event: Collision	Direction Of Travel SOUTHBOUND With	Total # Cita 0 Pre Special Fur	CrashTire Mark Interior IIAL FUNCTION ITERIOR	Total Trai 0 Speed Lir	AUTOMOBI Operating A	Total Haz 0 Total Lan 2 Motor Veh LICABLE rol Inopera	es icle Use	
UNII 01	Unit IN T Vehi PAS Tota 1 Insur YES Most DIT Traff TWC	Status RANSIT cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision CH fic Way D-WAY, NOT DIVIDED	Direction Of Travel SOUTHBOUND With	Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont	CrashTire Mark action EIAL FUNCTION ETOI ETROL	Total Trai 0 Speed Lir	AUTOMOR Operating A lers Emergency NOT APPL Traffic Contr	Total Haz 0 Total Lan 2 Motor Veh LICABLE rol Inopera	es icle Use	
UNII 01	Unit IN T Vehi PAS Tota 1 Insur YES Mosi DIT Traff TWO Surfa	Status TRANSIT Icle Type SSENGER CAR I Occs Trance? Status Trance? Trance? Trance: Trance:	Direction Of Travel SOUTHBOUND With	Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT	CrashTire Mark action EIAL FUNCTION ETOI ETROL	Total Trai 0 Speed Lir	AUTOMOR Operating A lers Emergency NOT APPL Traffic Contr NO Road Grade	Total Haz 0 Total Lan 2 Motor Veh LICABLE rol Inopera	es icle Use	
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		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other		NOT APPLICABLE						
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
		Owner Name		Owner Address						
	10	PV HOLDING CORP (262) 328-7365		1000 BESSIE CC CHICAGO, IL 600						
		Sequence Of Events								
	01	Event DITCH								
	02	Event								
	03	Event								
	04	Event								
_		Policy Holder								
LNO		Insurance Company			ORGANIZATION/COMPANY					
ر		SELF-INSURED		PV HOLDING CORP						
	ı	ndividual	ndividual							
		DRIVER AIMEE WURST		Citations Issued	Sex FEMALE					
	AL	(262) 328-7365		0 Date of Birth	Date of Birth Race					
⊨	וסו				WHITE					
UNIT		Address 1016 RIVERBEND DR # 2 HARTFORD, WI 53027 , U		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Saf	On Duty	Crash	Safety Equipment						
	Sai	fety Equipment	•							
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
5	001	Injury So	•	Airbag						
	0	Ejected NO AP	PARENT INJURY Ejection Path	NON DEPLOYED Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT AF			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death	Date of Death Time of Death					
		Distract	ed By Source			<u> </u>				
		Distracted By NOT A Distracted By Action	PPLICABLE (NOT DISTE	RACTED)						
		NOT DISTRACTED								

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Crash Date 02/22/2025

Crash Time 09:00 AM

		Non Motorist	Striking Unit #	Location				
		Prior Action						
TIND	INDIVIDUAL	Action						
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO	Jse	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		
٦	001	Drug Type						
		Individual Condition APPEARED NORM	AL					