#### 6TL0BJ1GPH 24-05187

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

Document Nu									
	Document Number Override  Crash Date 05/21/2024		Primary Crash Document #  Crash Time 08:00 AM		Agency Crash Number 24-05187  Date Arrived 05/21/2024		Investigating Officer/Deputy DEPUTY J. MACASKILL Time Arrived 08:18 AM		
- I									
Date Notified		Time Notified		Total U		Total Injured		ed	
05/21/2024		08:02 AM	T	01		00	00	Reporting	
On Eme	rgency	t and Run	Lane Closu				Trailer or Towed Th		
	Government Property		chool Zone	School Bus Related NO		Tags			
	<b>✓</b> Reportable		Crash Type DT4000 (STANDARD CRASH)			Amended		Secondary Crash	
Diagram		H	Unit 1  Unit 1		Not Drawn to	o Scale.	Photos By  Additional Info		

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Crash Date 05/21/2024

Crash Time 08:00 AM

L	oc	ation									
		CTHH SB				Latitude			Longitu	de	
-   0	660 FT S OF SOUTH AVE IN THE TOWN OF WINFIELD IN SAUK COUNTY					43.579662706 X Coordinate 261295.578125		-89.956465789			
								Y Coordinate		dinate	
								48294	4829436		
ľ						Structure	Туре				
L											
_	-	sh Scene Harmful Event				I Final Hami	£.  F				
- 1 -	DIT(					ON ROA	nful Event Lo	ocation			
1 -		ner of Collision			Ligi DA		dition				
-	00 -	NO COLLISION W/VE	EHICLE IN TRANSPORT								
F	Road	Surface Condition(s)					Factor(s)				
١	WE	Γ, WATER (STANDING	G/MOVING)								
E	Envir	onment Factor(s)									
١	WE	ATHER CONDITIONS				ROAD S ETC)	URFACE	CONDITION	(WET, IC	CY, SNOW, SLUSH,	
١	Wea	ther Condition(s)				,					
ı	RAII	N									
7	Anim	al Type					o Trafficwa	•			
L					TRAFFICWAY - ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY						ssification -				
	_	Tibal Land				NO SPECIAL JURISDICTIO  Access Control		iobio i ion		Special Study	
				NO CONTROL		TROL			,		
Within Interchange Area Junction Location					Intersection Type  NOT AN INTERSECTION						
ᆫ	NO		NON-JUNCTION		NOT AN	INTERSE	CHON				
		t Summary  Status		Vehicle Op	erating As C	Classification	1	Unit Type			
Ш	IN T	RANSIT		D CLASS	_	AUTOMOBILE					
		cle Type					Operating A	Operating As Endorsements			
<u>ا</u> د	PAS	SENGER CAR									
		Train/Bus # Recorde		Total # Citations Issued		t	Total Trail	0		zMat Types	
	1 Incur	anco?	Direction Of Travel	0		0 Speed Lim				100	
- 1.	YES			Pre CrashTire Mark		9   Speed Lill		2		103	
. L	_	Harmful Event: Collision		Special Function			Emergency Motor Vehicle Use		nicle Use		
יו	DIT	СН		IAL FUNC	CTION		NOT APP	LICABLE	<u> </u>		
		ic Way		Traffic Control			Traffic Control Inoperative/Missing  NO  Road Grade		ative/Missing		
		D-WAY, NOT DIVIDED		NO CONTROL  Road Curvature							
	Surface Type BLACKTOP (BITUMINOUS)				CURVE RIGHT				DWNHILL		
		k Bus or HazMat		GORVER	CONVE NIGHT			DOWNINE			
	NO										
	١	Vehicle									
		License Plate Number		Plate Type St			Country of Issuance				
		AJL3291		AUT - AUTOMOBILE WI Make Year			UNITED STATES				
	01	Vehicle Identification Nu 2HGFG12896H56323	HONDA			Model CIVIC					
		Color	Body Style								
		BLU - BLUE	CP - COI								
	щ	Initial Contact Point	Vehicle Da	amage					7 8 9 10 11		
9	ᄗ	00 - NON-COLLISIO		<b></b>	6 2 2			6 3 10 11			
	/EHICLI	Extent Of Damage  NO DAMAGE		00 - NO	DAMAGE					5 4 3 2 1	
	■ I NO DAMAGE										

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		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		NEGOTIATING CURVE								
		Driver Prior Action Other		NOT APPLICABLE						
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION	<u> </u>						
7	10	Owner Name COURTNEY ARBOGAST (608) 963-1184		Owner Address 2545 AIRPORT R PORTAGE, WI 53						
		Sequence Of Events								
	01	Event DITCH								
	02	Event								
	03	Event								
	04	Event								
	Dollar Holder									
LINO		Insurance Company		Individual						
<b>–</b>		ERIE-INS-CO		COURTNEY ARBOGAST						
	i	ndividual								
		Driver		Citations Issued	ions Issued Sex					
	Ļ	COURTNEY ARBOGAST (608) 963-1184		0 FEMALE						
⊨	וסח	(000) 000 1101		Date of Birth	Race WHITE					
LNO	INDIVIDUAL	Address 2545 AIRPORT RD # 3 PORTAGE, WI 53901 , US	3	Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty fety Equipment	r Crash	Safety Equipment						
	ا	Row Seat Position		SHOULDER & LAF	PRFIT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
5	00	Injury S	everity PARENT INJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT AP	PPLICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport	L	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED  Hospital		Date of Death Time of Death						
			od Dy Source							
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTR	ACTED)						
		Distracted By Action NOT DISTRACTED								

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Crash Date 05/21/2024

Crash Time 08:00 AM

		Non Motorist	Striking Unit #	Location				
		Prior Action						
LIND	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Orug & 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		
2	001	Drug Type		•				
		Individual Condition						
		APPEARED NORM	//AL					