20-01190

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 20-01190		Investigating Officer/Deputy DEPUTY C. FRANK		
δJ	Crash Date 02/01/2020	Crash Time 99:99		Date Arrived 02/01/2020		Time Arrived 11:29 AM		
N J L	Date Notified 02/01/2020	Time Notified 11:29 AM	Total U 01	Total Units		red Total Kill	ed	
0 I LUUNSF03	On Emergency	and Run	osure	Work Zone		ler or Towed	Reporting Threshold	
0 1 1	Government Property	Active School Zone	School NO	Bus Related	Tags			
	Reportable	Crash Type DT4000 (STANDARD CRA	ASH)		Ame	ended	Secondary Crash	
	Description							
		Image: state of the state of t	> 	o <mark>X</mark> E3815	t to scale	Photos By Additional Info	ormation	
	✔ I, a sworn law enforceme	nt officer, agree that I have	e not addeo	l any CJIS data i	n this report.			
	SLIDE OFF. NO DAMAGE							

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Lo	ocation 🛛 🗖								
-	ON E3815 KENNEDY R	D		Latitude			Longitude		
	221 FT E			43.1795	74012		-90.128773292		
-				X Coordi	X Coordinate		Y Coordinate		
(1	FIRE E3815)			245714	245714.546875		4785510		
I	N THE TOWN OF SPRI	NG GREEN	Structure	Structure Type					
11	N SAUK COUNTY		FIRE						
C	rash Scene								
-	irst Harmful Event								
					mful Event	Location			
	DITCH Manner of Collision				ON ROADWAY				
				Ũ	Light Condition				
_		VEHICLE IN TRANSPORT		UNKNO					
R	Road Surface Condition(s)			Roadway	/ Factor(s)				
IC	CE								
E	nvironment Factor(s)								
				ROAD	SURFACE	E CONDITION	(WET, ICY, SNOV	V, SLUSH,	
N	IONE			ETC)					
N	Veather Condition(s)								
U	JNKNOWN								
	nimal Tuna								
A	nimal Type				Relation To Trafficway TRAFFICWAY - ON ROAD				
-	Crash Classification - Location PUBLIC PROPERTY Tribal Land				Crash Classification - Jurisdiction				
					NO SPECIAL JURISDICTION				
	libai Laliu				Access Control Special Study				
	Vithin Interchange Area	-							
N									
	10	NON-JUNCTION		NOT AN INTERS	ECTION				
U	nit Summary	NON-JUNCTION							
U	nit Summary	NON-JUNCTION		erating As Classificatio		Unit Type			
U U U	nit Summary	NON-JUNCTION	Vehicle Ope	erating As Classificatio		AUTOMO			
U U II V	Init Summary Unit Status N TRANSIT Vehicle Type	NON-JUNCTION		erating As Classificatio		AUTOMO	BILE s Endorsements		
U U I P	Init Summary Init Status Init		D CLASS	I erating As Classificatio	n	AUTOMO Operating A	s Endorsements		
Ui Ui P P	nit Summary Unit Status N TRANSIT Vehicle Type PASSENGER CAR Total Occs	Train/Bus # Recorded	D CLASS	erating As Classificatio	n Total Tra	AUTOMO Operating A	s Endorsements Total HazMat Types		
Ui IV P P T	Init Summary Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs	Train/Bus # Recorded	D CLASS	I erating As Classificatio	n Total Tra 0	AUTOMO Operating A ailers	s Endorsements Total HazMat Types 0		
Ui □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Init Summary Unit Status Init Status IN TRANSIT Vehicle Type PASSENGER CAR Fotal Occs Insurance?	Train/Bus # Recorded	D CLASS	rating As Classificatio	n Total Tra 0 Speed L	AUTOMO Operating A ailers	s Endorsements Total HazMat Types 0 Total Lanes		
Ui □ IN □ P □ P □ T 1 □ In	nit Summary Jinit Status N TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance? UNKNOWN	Train/Bus # Recorded Direction Of Travel EASTBOUND	D CLASS	rating As Classificatio tions Issued CrashTire Mark	n Total Tra 0	AUTOMO Operating A ailers imit	s Endorsements Total HazMat Types 0 Total Lanes 2		
	nit Summary Jnit Status N TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance? JNKNOWN Most Harmful Event: Collisio	Train/Bus # Recorded Direction Of Travel EASTBOUND	D CLASS	erating As Classificatio tions Issued CrashTire Mark	n Total Tra 0 Speed L	AUTOMO Operating A ailers imit Emergency	s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use		
	nit Summary Init Status N TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance? UNKNOWN Most Harmful Event: Collisio DITCH	Train/Bus # Recorded Direction Of Travel EASTBOUND	D CLASS	tions Issued CrashTire Mark CiGL FUNCTION	n Total Tra 0 Speed L	AUTOMO Operating A ailers imit Emergency NOT APP	s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE		
	nit Summary Init Status N TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance? UNKNOWN Most Harmful Event: Collisio DITCH Traffic Way	Train/Bus # Recorded Direction Of Travel EASTBOUND on With	D CLASS	tions Issued CrashTire Mark Ciction CiAL FUNCTION	n Total Tra 0 Speed L	AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont	s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use]	
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	nit Summary Init Status N TRANSIT Vehicle Type PASSENGER CAR Total Occs Nuknown Most Harmful Event: Collisio DTCH Traffic Way WO-WAY, NOT DIVIDE Surface Type BLACKTOP (BITUMINO Truck Bus or HazMat IO Vehicle	Train/Bus # Recorded Direction Of Travel EASTBOUND on With ED	D CLASS	tions Issued CrashTire Mark Iction FIAL FUNCTION Frol ROL Ature T	n Total Tra 0 Speed L 45	AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade LEVEL	s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance]	
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		Towed Due To Damage		Ve	ehicle Removed By				
		NOT TOWED							
		What Driver Was Doing GOING STRAIGHT Driver Prior Action Other		Ve	Vehicle Factors				
				U					
		Driver Actions							
	щ	SPEED TOO FAST/COND							
UNIT	VEHICLE								
5	EH								
	2								
		Owner Name			Owner Address				
	_	JENNA L NABBEFELD			29387 PINE PRAIRIE I				
	0	(608) 583-2493			LONE ROCK, WI 5355	6,US			
	-	Sequence Of Events							
	01	Event DITCH							
	02	Event							
	03	Event							
	0	Fuent							
	04	Event							
	l	ndividual							
		Driver			Citations Issued		Sex		
		JENNA L NABBEFELD (608) 583-2493			0		FEMALE		
	INDIVIDUAL			•	Date of Birth		Race		
F	IDI						WHITE		
UNIT		Address 29387 PINE PRAIRIE LN LONE ROCK, WI 53556 , US			Driver License Number				
	Z				STATE: WISCONSIN COUNTRY: UNITED STATES				
	0-1	On Duty Crash			Safety Equipment				
	Sat	ety Equipment							
		Row	Seat Po		SHOULDER & LAP BELT				
		01 - FRONT ROW Helmet Use	07 - LE	:F1	Helmet Compliance				
		Eye Protection			Tint Compliance				
_	~	Injury Severity			Airbag				
6	001	Injury NO API	PARENTI	NJURY	NON DEPLOYED				
		Ejected Ejection Path		th	Trapped/Extricated		Trapped/Extricated		
			NOT EJECTED/NOT APPL				NOT TRAPPED		
				EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death		
		Поэрна			Date of Death		Time of Death		
		Distracted By	d By Source	9					
Distracted By Action									
Striking Unit # Location									
Non Motorist									

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		Prior Action						
		Action						
	NΑ							
UNIT								
	INDIVIDUAL							
	Z							
		Action Other						To/From School
	L	Drug & Alcohol	uspected Alcohol Use IO		Suspected Drug Use NO			
		Alcohol Test Given	Alcoho	ol Test Type			Alcohol Test Results	
		TEST NOT GIVEN	Drug					
		Drug Test Given TEST NOT GIVEN	Drug	Test Type		Drug Test Results	5	
2	001	Drug Type						
U	0							
		Individual Condition						
		NOT OBSERVED						