

6TL0C884FR
20-07987

Wisconsin Motor Vehicle
Crash Report

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

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Document Number Override		Primary Crash Document #	Agency Crash Number 20-07987	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 08/11/2020		Crash Time 07:25 AM	Date Arrived 08/11/2020	Time Arrived 08:06 AM	
Date Notified 08/11/2020		Time Notified 07:30 AM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input checked="" type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Location

ON CHERRY ST 195 FT E OF GREENLEAF AVE IN THE VILLAGE OF PLAIN IN SAUK COUNTY	Latitude 43.27602339	Longitude -90.0460057	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 252832.1562	Y Coordinate 4795973.5	On Roadway Link ID# 4555359	On Roadway Link Offset 195
	Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE

Crash Scene

First Harmful Event OTHER OBJECT - NOT FIXED		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Environment Factor(s) GLARE	
Roadway Factor(s) WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)		Weather Condition(s) CLEAR	
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Work Zone Crash Location ACTIVITY AREA		Work Zone Crash Type INTERMITTENT OR MOVING WORK	
Workers Present NO		Law Enforcement Present NO	
Work Zone Speed Limit 25	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 25	

Unit Summary

Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements			
Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 2	
Most Harmful Event: Collision With OTHER OBJECT - NOT FIXED		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

01
UNIT

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01	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO			
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade DOWNHILL			
	Truck Bus or HazMat NO							
01	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name LIMMEX		First Name NATALIE		Middle Initial MICHELLE	Suffix		
	Street Address 1125 SPRUCE STREET		Street Address 2		PO Box			
	City PLAIN		State WI	Zip Code 53577	Country of Residence UNITED STATES			
	DOB	Sex F	Race W	Hair BROWN	Eyes BROWN	Height 504	Weight 180	Phone Number (608) 588-5316 EXT.
	Driver's License Number		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES			
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2026			
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT					
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED					
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED				
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
Hospital		Date of Death		Time of Death				
Non Motorist	Striking Unit #		Location	To/From School				
Prior Action		Action						
Distracted By Action NOT DISTRACTED								
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other						
Drug & Alcoh	Individual Condition APPEARED NORMAL							
Suspected Alcohol Use NO		Suspected Drug Use NO						

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UNIT INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
UNIT 01 INDIVIDUAL	Role PASSENGER		Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name LIMMEX		First Name MADELYN		Middle Initial M	Suffix
	Street Address 1125 SPRUCE STREET		Street Address 2		PO Box	
	City PLAIN		State WI	Zip Code 53577	Country of Residence UNITED STATES	
	DOB	Sex F	Race W	Hair	Eyes	Height
	Weight	Phone Number (608) 588-5316 EXT.				
	Driver's License Number		State	License Jurisdiction NOT LICENSED	Country of Issuance	
	License Type		License Status NOT LICENSED		DL Expire Year	
	Equipment	On Duty Accident		Safety Equipment		
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	CHILD RESTRAINT SYSTEM - FORWARD FACING			
Helmet Use			Helmet Compliance			
Eye Protection			Tint Compliance			
Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED			
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
Non Motorist	Striking Unit #		Location	To/From School		
Prior Action			Action			
Distracted By Action						
Distracted By Source			Action Other			
Drug & Alcoh	Individual Condition APPEARED NORMAL					
Suspected Alcohol Use NO		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		

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UNIT VEHICLE 01	Drug Type				
	License Plate Number ABE2605		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNKVHKD2HJ168714			Year 2017	Make CHEVROLET
	Model TRAVERSE		Body Style UT - SPORT UTILITY VEHICLE	Color BLK - BLACK	
	Initial Contact Point 12 - FRONT		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		12 - FRONT		
	Towed Due To Damage NOT TOWED		Vehicle Factors		
	Vehicle Removed By OPERATOR		NOT APPLICABLE		
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other	Bus Use	
	Driver Actions LOOKED BUT DID NOT SEE				
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address	
	Organization Type INDIVIDUAL		Company Name		
	Last Name LIMMEX	First Name NATALIE	Middle MICHELLE	Suffix	Date of Birth
	Street Address 1125 SPRUCE STREET		Street Address2	PO Box	
City PLAIN	St WI	Zip Code 53577	Country of Residence UNITED STATES		
Telephone Number (608) 588-5316 EXT.					
01	Event OTHER OBJECT - NOT FIXED				
02	Event				
03	Event				
04	Event				
UNIT HOL 01	Insurance Company STATE-FARM-GENERAL-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver	
	Organization Type INDIVIDUAL	Last Name LIMMEX	First Name NATALIE	Policy Holder Company	

Description

<p>Diagram</p> <div style="text-align: center;"> <p style="text-align: center;">Greenleaf Ave</p> <p style="text-align: center;">Gravel Pile</p> <p style="text-align: center;">Cherry Street</p> <p style="text-align: center;">Not To Scale</p> </div>	<p>Reconstruction By</p> <hr/> <p>Photos By</p> <hr/> <p>Additional Information NONE</p>
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ON 08-11-20 VEHICLE MADE A RIGHT TURN OFF OF GREENLEAF AVE ONTO CHERRY ST. OPERATOR SAID THE SUN WAS IN HER EYES AND SHE DID NOT SEE THE GRAVEL PILE IN THE ROADWAY. VEHICLE STRUCK GRAVEL PILE. OPERATOR SAID NO CONSTRUCTION SIGNS OR CONES WERE PUT OUT IN THE AREA.

Signature _____

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

Law Enforcement Agency _____

Agency Space 20-07987				
Officer Rank DEP	Officer Last Name SUTHERLAND	Officer First Name T	Officer Middle Name	Suffix
DOT Officer ID 9195		DNR Officer ID	Officer Badge Number 9195	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		

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Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205
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