Wisconsin Motor Vehicle Crash Report

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

_																	
	Document Number Override Prim			Primary Crash D	rimary Crash Document #			Agency Crash Number 20-10292				Investigating Officer/Deputy DEPUTY B. SCHLOUGH					
()	Crash Date	Crash Time			Date Arri				Time Arrived								
ž	08/21/2020		0	8:20 AM			08/21/2	020)	08:39 AM							
>	Date Notified 08/21/2020	ime Notified 8:25 AM			Total Units 01				Total II	njured	Tota	al Killed					
$\tilde{\mathbf{z}}$				10.23 AIVI									_	-	Repor	tina	
-	On Emergen	icy	Hit a	nd Run	Lane (Closu	re		Work Zon	ie	Tr	ailer or	Towe	d		Thresi	
6TL0D2XVN	Govern Prope			Active Sc	hool Zone		School B NO	Bus F	Related		Tags						
	✓ Reportable			Crash Type DT4000 (STA	NDARD CF	RASH)				□ Aı	mended				Second Cras	
-	_ocation 																
	ON STH23 EB 1292 FT N					Latitu	ıde 6904356		Longitude -90.06319		at/LongŚd L T/ILT	ource		Acces	s Contro	ol	
	OF OHIO RD						ordinate	_	Y Coordinat			ay Link ID)#	On Ro	adwav I	_ink Offse	et .
	IN THE TOWN O		IKLIN			2518	316.5		4806356		4562834			1973			
						Ove	rride		Tribal Land					Structi	ure Type	9	
(Crash Scene					!		_	<u> </u>								
	First Harmful Even								t Location								
	OVERTURN/RO Manner of Collision		K				OULDER Condition		энт								
			VEHICLE	E IN TRANSF	PORT	_	LIGHT										
	Road Surface Cond	oad Surface Condition(s)						Environment Factor(s)									
	DRY					ИОИ	ΙE										
	Roadway Factor(s)	Weather Condition(s)															
	NONE CLEA							CLEAR									
•	**						Relation To Trafficway TRAFFICWAY - ON ROAD										
ŀ							Crash Classification - Jurisdiction										
							NO SPECIAL JURISDICTION Access Control Special Study										
	Tribal Land						ss Contro			Spec	ial Study						
	Within Interchange NO	Area		ion Location -JUNCTION					section Type AN INTER		ON						
١	Jnit Summar	y =															
	Unit Status IN TRANSIT				icle Operatin	g As C	Classificati	on		Unit Type AUTOM							
0	Vehicle Type (SPORT) UTILITY VEHICLE								Operating As Endorsements								
•	Total Occs	Train/Bu	ıs # Reco	corded Total # Citations 0			t		Total Trailers			Total HazMat Types 0					
LIND	Insurance? YES		n Of Trave	el	Pre Cras Mar		9		Speed Limit 55		Total 2	Lanes					
5	Most Harmful Even OVERTURN/RO			Spe NO	cial Function SPECIAL	FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE							
	Traffic Way TWO-WAY, NOT	T DIVIDE	D		fic Control CONTROL						fic Control Inoperative/Missing						
	Surface Type BLACKTOP (BI	TUMINO	US)		d Curvature RAIGHT					Road Gra LEVEL	Road Grade LEVEL						
5	Truck Bus or HazM																

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01		Role DRIVER			Citations Issued 0	0 Address			Individual Type INDIVIDUAL			
J	01	Last Name CORRAL			First Name KASANDRA				Middle Initi		Suffix	
		Street Address 41 THOMAS RD			Street Address 2		Zip Code		PO Box			
_	UAL	City REEDSBURG			State WI		Country of Residence UNITED STATES					
Z	INDIVIDUAL	DOB	Sex F	Race	Hair	Eyes		Height 506	Weight 175	Phone I (608) 5	Number 581-0073 EXT.	
	IND	Driver's License Num	ber		State WI		License Ju STATE	ursidiction	Country of UNITED :	STATE		
		License Type NON-CDL DRIVER	R'S LICENSI		License Status VALID LICENS	SE			DL Expire 2025	Year		
		Equipment	On Duty Acc		Safety Equipmer	nt						
		Row 01 - FRONT ROW		Seat Position 77 - LEFT	SHOULDER 8	LAP	BELT					
	01	Helmet Use	Į.		Helmet Complian	nce						
		Eye Protection			Tint Compliance			,				
TINO		Injury	Airbag DEPLOYED-COMBINATION									
⊨	INDIVIDUAL	Ejected NOT EJECTED	•		Ejection Path NOT EJECTE	D/NOT	APPLIC	Trapped/E				
S	IDIVII	MedicalTransport NOT TRANSPORT	ΓED		EMS Agency Ide	entifier		EMS Run #	#			
	2	Hospital			Date of Death			Time of De	eath			
		Non Motorist	Striking Unit	#	Location			To/FromSo	chool			
		Prior Action			Action			1				
	01	Distracted By Action NOT DISTRACTED	D									
		Distracted By Source NOT APPLICABLE		RACTED)	Action Other							
		Drug & Alcoh	Individual Co	ndition D NORMAL	-							
	١٩٢	Suspected Alcohol Us	se		Suspected Drug NO	Use						
Ę	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol Te	st Resul	ts	
_	INDI	Drug Test Given TEST NOT GIVEN					Drug Test Results					
		Drug Type										
		License Plate Numbe 352XYP	r	_	Plate Type AUT - AUTOM	IORII	E		untry of Issu			
		Vehicle Identification	Number		AGT - AGTOW		_	Year Ma	ke			
		1GNUKKBE08AR	178419		Rody Style				IEVROLET	Γ		
		TAHOE			Body Style 4D - 4DR			Col BL	lor . K - BLACI	K		
		Initial Contact Point 00 - NON-COLLIS	ION					•				

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Crash Date 08/21/2020

Crash Time 08:20 AM

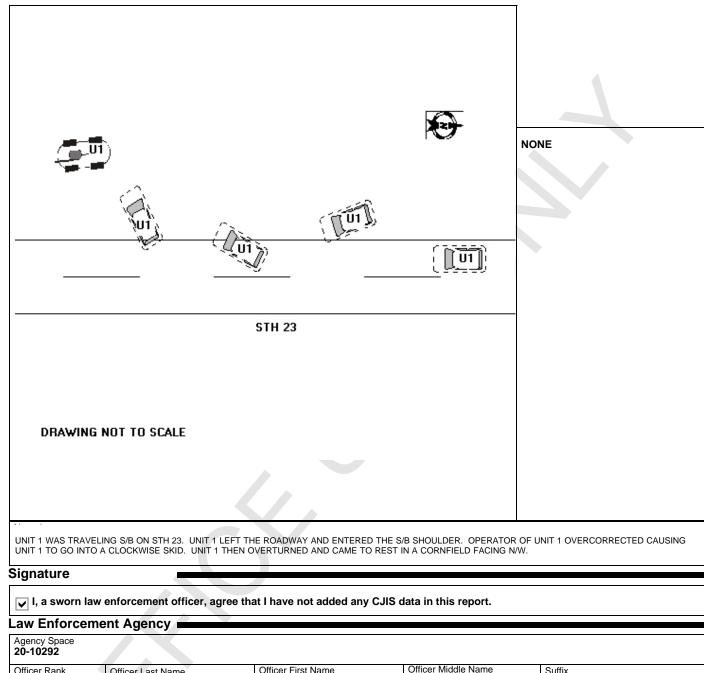
						Vehicle Damage								
Extent Of Damage						15 - ALL AREAS								
6	01	DISABLING DAMAGE												
		Towed Due To Damage				Vehicle Fact	tors			<u> </u>				
		TOWED DUE TO DISABLII		1										
		Vehicle Removed By		NOT APPL	LICABLE									
		GEORGES AUTO BODY	D-i :	A-4'- C''										
		What Driver Was Doing		ייט Prior .	Action Other		Bus Us	se						
	111	GOING STRAIGHT Driver Actions												
LINO	VEHICLE	Driver Actions FAILURE TO CONTROL					Γ							
		✓ Vehicle Owner Same A	\s Operate				✓ Use Ope	erator Addre	ess					
		Organization Type INDIVIDUAL		Compa	any Name									
		Last Name First Name CORRAL KASAND						Middle MARIAEL	Suffix	Date of Birth				
		Street Address 41 THOMAS RD			Address2			РО Вох	1					
		City	Zip Cod	le		Country of Re	sidence							
		REEDSBURG	53959			UNITED ST								
		Telephone Number (608) 581-0073 EXT.		•	•									
		Event									_			
	01	OVERTURN/ROLLOVER						7						
	02	Event												
	03	Event			_									
	04	Event		<										
<u></u>	_	Insurance Company WISCONSIN-MUTUAL-INS-	-co			Po Sa	licy Holder me As Owne	r Poli	cy Holdei	r Same As Driver				
EN S	HOL	Organization Type INDIVIDUAL	Last Name			First Na		Policy Ho	older Comp	any				
Ī		cription												
	Diag	ıram								Reconstruction By SAUK COUNTY SHERIFF				
				*										
										Photos By				
										Additional Information				

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Agency Space 20-10292											
Officer Rank	Officer Last N	lame		Officer First N	lame	Officer Middle Name		Suffix			
DEP				BRIAN			D				
DOT Officer ID 9102			DNR Office	DNR Officer ID			Officer Badge Number 9102				
Officer EMail			•								
Local Agency Number Law Enforcement Agency Jurisc SAUK				ency Jurisdict	sdiction			Law Enforcement Agency type COUNTY SHERIFF			
Law Enforcement A	Agency Name	l.			TAS Agency Name						
SAUK COUNTY SHERIFFS DEPARTMEN						SAUK COUNTY SHERIFF					
Law Enforcement Agency Street Address						Law Enforcement Agency Street Address2					
1300 LANGE COURT											
Law Enforcement Agency City LEA State					Law Enforcement Agency Zip Code						
BARABOO WI					53913						

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