# **6TL0BC3B4W** 20-14370

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	e Primary Crash E		gency Crash Number 0-14370		g Officer/Deputy V. VERTEIN			
Crash Date 12/27/2020			ate Arrived 2/27/2020	Time Arrived	Time Arrived 04:28 PM			
Date Notified 12/27/2020	Time Notified 04:19 PM		otal Units 1	Total Injured	Total Injured Total Killed 00			
On Emergency	Hit and Run	Lane Closure			or Towed	Reporting  Threshold		
Government Property	<b></b>		chool Bus Related IO	Tags	Tags			
Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	led	Secondary Crash		
Description   Diagram					In			
Diagram					Reconstructio	н Бу		
					Photos By			
Non-reports	able				Additional Info	ormation		
					1			

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Crash Date 12/27/2020

Crash Time 04:17 PM

	Location ====									
	ON MAN MOUND RD 355 FT W				Latitude 43.48890	20064		Longitud	de 1082195	
	OF CEDARBERRY LN				X Coordin			Y Coord		
	IN THE TOWN OF GREENFIELD IN SAUK COUNTY					375	4818662			
						Structure Type NO STRUCTURE				
	Crash Scene				I					
	First Harmful Event				FirstHarm	nful Event Lo	cation			
	DITCH					ON ROADWAY				
	Manner of Collision			Light Cond						
	00 - NO COLLISION W/VE	HICLE IN TRANSPORT			DUSK					
	Road Surface Condition(s)				Roadway	Factor(s)				
	SNOW, ICE									
	Environment Factor(s)									
	WEATHER CONDITIONS				NONE					
	Weather Condition(s)				1					
	SNOW									
	Animal Type				Relation To Trafficway					
				TRAFFICWAY - ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY				ssification -					
	Tribal Land				NO SPECIAL JURISDICTION  Access Control Special Study			Special Study		
			1		NO CONTROL Special Study					
	Within Interchange Area		ersection Type OT AN INTERSECTION							
		NON-JUNCTION		INOT AR	INTEROL	CHOR				
	Unit Summary  Unit Status		Vehicle On	erating As C	lassification		UnitType			
	IN TRANSIT		D CLASS	-	AUTOMOBILE					
_	Vehicle Type					Operating As Endorsements				
2	PASSENGER CAR									
	Total Occs	Train/Bus#Recorded	Total#Cita	Total#Citations Issued		t Total Traile		ilers Total HazMat Types  0		
	Insurance?	Direction Of Travel				Speed Lim	nit	TotalLan		
<b>-</b>	YES	WESTBOUND	Pre	CrashTire Mark	•	45	114	2	63	
	Most Harmful Event: Collision V		Special Function NO SPECIAL FUNCTION  Traffic Control NO CONTROL  Road Curvature STRAIGHT			Emergency Motor Vehicle Use				
_	DITCH				HUN		NOT APPLICABLE			
	Traffic Way TWO-WAY, NOT DIVIDED	I				Traffic Cont	entrol Inoperative/Missing			
	Surface Type				Road Gra		de			
	BLACKTOP (BITUMINOUS	I				DOWNHILL				
	Truck Bus or HazMat		•				•			
	Vehicle License Plate Number   Plate Type					St I	Country of Is	SILANCE		
	AFU330		Plate Type  AUT - AUTOMOBILE		MI UNITED STATES					
_	Vehicle Identification Nur	nber	Make	Make HONDA Body Style 4H - HATCHBACK 4 DOOR		Year	Model ACCORD			
2	<b>5</b> 1HGCP36808A01171	1	HONDA			2008				
	Color	4::: : # # \	1 -					Bus Use		
	SIL - SILVER (ALUMI	NUVI)								
<b>=</b>	Initial Contact Point  01 - RIGHT FRONT C	ORNER	venicie Di	Vehicle Damage						
	Extent Of Damage		00 - NO	DAMAGE						
	NO DAMAGE									

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	*********	Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT		NOT ARRUSARUE				
		Driver Prior Action Other		NOT APPLICABLE				
INI	VEHICLE	Driver Actions SPEED TOO FAST/COND,	RAN OFF ROADWAY					
9	Б	OwnerName SAMANTHA A SISK (262) 519-0070		Owner Address 321 LAKE ST BUCHANNAN, MI 49107 , US				
		Seguence Of Events						
		Event		ан				
	5	RUN OFF ROADWAY RIGH	₹T					
	8	Event DITCH						
	63	Event						
	8	Event						
		Policy Holder						
IN	Foncy Horder Insurance Company			Individu <b>a</b> l				
$\supset$	PROGRESSIVE-ADVANCED-INSURANCE-CO		SAMANTHA SISK					
	C-04723855556							
		Individual						
		Driver		Citations Issued	Sex			
				Citations Issued  0	Sex FEMALE			
L		Driver SAMANTHA A SISK (262) 519-0070		Citations Issued  Date of Birth	Sex			
UNIT	INDIVIDUAL	Driver SAMANTHA A SISK	us	Citations Issued  0	Sex FEMALE Race WHITE			
INO		Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST	us	O Date of Birth  Drivert icense Number	Sex FEMALE Race WHITE			
TINO	INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107		O Date of Birth  Drivert icense Number	Sex FEMALE Race WHITE			
LIND	INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070 Address 321 LAKE ST BUCHANNAN, MI 49107		Citations Issued  0  Date of Birth  Driver License Number  STATE: MICHIGAN COUNTRY: UN  Safety Equipment	Sex FEMALE Race WHITE			
HNO	INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107		Date of Birth  Driver License Number  STATE: MICHIGAN COUNTRY: UN	Sex FEMALE Race WHITE			
FIND	INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107,  Cety Equipment  Row	Crash Seat Position	Citations Issued  0  Date of Birth  Driver License Number  STATE: MICHIGAN COUNTRY: UN  Safety Equipment	Sex FEMALE Race WHITE			
FIND	INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107 , (1)  Fety Equipment  Row 01 - FRONT ROW	Crash Seat Position	Citations issued  0  Date of Birth  Drivert icense Number  STATE: MICHIGAN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT	Sex FEMALE Race WHITE			
	INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107 ,  Fety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection	Crash  Seat Position  07 - LEFT	Citations Issued  0  Date of Birth  Driver License Number  STATE: MICHIGAN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance	Sex FEMALE Race WHITE			
	S INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107  Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sev NO APP	Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path	Citations Issued  Date of Birth  Divert Icense Number  STATE: MICHIGAN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED	Sex FEMALE Race WHITE  RTED STATES  Trapped/Extricated			
	S INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107 ,  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Set NO APP Ejected NOT EJECTED	Seat Position 07 - LEFT  verity PARENT INJURY	Citations issued  Date of Birth  Didvert icense Number  STATE: MICHIGAN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED	Sex FEMALE Race WHITE  RTED STATES  Trapped/Extricated NOT TRAPPED			
	S INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Ser NO APP Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path	Citations Issued  Date of Birth  Divert Icense Number  STATE: MICHIGAN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED	Sex FEMALE Race WHITE  RTED STATES  Trapped/Extricated			
	S INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107 ,  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Set NO APP Ejected NOT EJECTED	Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path	Citations issued  Date of Birth  Didvert icense Number  STATE: MICHIGAN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED	Sex FEMALE Race WHITE  RTED STATES  Trapped/Extricated NOT TRAPPED			
	S INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107 ,  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Ser NO APP  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital	Seat Position 07 - LEFT  Verity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Citations issued  0  Date of Birth  Divert icense Number  STATE: MICHIGAN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identifier  Date of Death	Sex FEMALE Race WHITE  RTED STATES  Trapped/Extricated NOT TRAPPED EMS Run#			
	S INDIVIDUAL	Driver SAMANTHA A SISK (262) 519-0070  Address 321 LAKE ST BUCHANNAN, MI 49107 Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury NO APP Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital	Seat Position 07 - LEFT  Verity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Citations issued  0  Date of Birth  Divert icense Number  STATE: MICHIGAN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identifier  Date of Death	Sex FEMALE Race WHITE  RTED STATES  Trapped/Extricated NOT TRAPPED EMS Run#			

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		Striking t Non Motorist	Jnit#	Location					
		Prior Action		l					
		Action							
	4								
TIN D	INDIVIDUAL								
>	ğ								
		Action Other						To/From School	
		Suspect	ed Alcohol U	se	Suspected Drug Use				
		Drug & Alcohol NO Alcohol Test Given		Alcohol Test Type	NO		Alcohol Test Results		
		TEST NOT GIVEN				I =			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
2	8	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		l Individual							
		Passenger ASHLEY N BUNCH	BUBBBBBBBBBBB		Citations Issued	SHENSHEN SHEN SHEN SHEN	Sex FEMALE		
	3	(269) 635-3221 Address			Date of Birth		Race WHITE		
FN O	2				Driver License Number				
_	2	1725 SYCAMORE ST NILES, MI 49120 , US			STATE: MICHIGAN COUNTRY: UNITED STATES				
		0-0-1	Crash		Defeat For insent				
	Sai	fety Equipment On Duty	Crasn		Safety Equipment				
		Row 01 - FRONT ROW	SeatPo		SHOULDER & LAP I	BELT			
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
٤	700	Injury Severity  Injury NO APPARENT INJURY			Airbag NON DEPLOYED				
		Ejected Ejection Path		th	1		Trapped/Extricated		
		NOT EJECTED NOT EJECTED/NOT APPL Medical Transport			LICABLE  EMS Agency Identifier		NOT TRAPPED  EMS Run#		
		NOT TRANSPORTED					Time of Dooth		
		Hospital			Date of Death		Time of Death		
		Distracted By Distracte	d By Source	•					
		Distracted By Action							
		Striking t	Jnit#	Location					

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Action  Action  Action Other  Drug & Alcohol NO  Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT Given TEST NOT G		
Action Other    To/From Sch		
Action Other    Drug & Alcohol   No		
Action Other    Drug & Alcohol   No		
Action Other    Drug & Alcohol   No		
Action Other    Drug & Alcohol   Suspected Alcohol Use   No		
Action Other    Drug & Alcohol   Suspected Alcohol Use   No		
Action Other    Drug & Alcohol   Suspected Alcohol Use   No		
Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition APPEARED NORMAL  Property Owner		
Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition APPEARED NORMAL  Property Owner		
Drug & Alcohol  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition APPEARED NORMAL  Property Owner		
Alcohol Test Given TEST NOT GIVEN Drug Test Results  Property Owner	ol	
Alcohol Test Given TEST NOT GIVEN Drug Test Results  Property Owner		
Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition APPEARED NORMAL  Property Owner		
TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition  APPEARED NORMAL  Property Owner	Alcohol Test Results	
Drug Test Given TEST NOT GIVEN  Drug Type  Individual Condition APPEARED NORMAL  Property Owner		
TEŠT NOT GIVEN  Drug Type  Individual Condition  APPEARED NORMAL  Property Owner		
Individual Condition  APPEARED NORMAL  Property Owner		
Individual Condition  APPEARED NORMAL  Property Owner		
APPEARED NORMAL  Property Owner		
APPEARED NORMAL  Property Owner		
Property Owner		
Government TOWNSHIP OF GREENFIELD Address S4285 MANMOUND RD		
(608) 355-3040 BARABOO, WI 53913 , US		
Fixed Objects Struck		
Striking Unit Struck Object Structure Number Damage Tag N		
S 01 DITCH	mber	