WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document# Crash Time 99:99		21-00444 DI Date Arrived Til			Investigating Officer/Deputy DEPUTY W. NEUBAUER		
ړ	Crash Date 01/15/2021					Time Arrived 07:07 AM			
22	Date Notified 01/15/2021	Time Notified 07:07 AM		Total Units 01		Total Injured	Total Kille	ed	
ADGGGGGUT I G	On Emergency Hit	t and Run Lane Close		ure Work Zone		Trailer or Towed		Reporting Threshold	
֡֝֟֝֟֝֟֝֟֝֟֝֓֓֓֓֓֓֓֟֜֟֓֓֓֓֓֟֜֟֓֓֓֓֓֟֜֟֓֓֓֓֓֓֡֓֡֓֡֓֡֓	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
	Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amend	ed	Secondary Crash	
Ī	Description					•			
	Diagram		I		STOP		Photos By		
		***************************************			STOP		Additional Info	ormation	
			\ 						
		STOP			NOT TO SCALE)			
-	I, a sworn law enforceme			ot added	l any CJIS data in thi	s report.			

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	Location =									
	ON CTHD WB					Latitude		Longitude		
	6 FT N		43.409302786			-89.983768228				
	OF CTHW WB IN THE TOWN OF WESTFIELD IN SAUK COUNTY					X Coordinate		Y Coordinate		
						258412.265625			4810593.5	
		Structure Type								
	Crash Scene									
	First Harmful Event				First Harm	ıful Event Lo	ocation			
	DITCH				ROADSI					
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/	VEHICLE IN TRANSPORT			UNKNOV	٧N				
	Road Surface Condition(s)				Roadway Factor(s)					
	WET, SNOW, SLUSH, I	CE								
	Environment Factor(s)									
	WEATHER CONDITION	IS			ROAD S	URFACE (CONDITION	(WET, IC	Y, SNOW, SLUSH,	
	Weather Condition(s)									
	CLOUDY, SNOW									
	AnimalType			Relation To Trafficway TRAFFICWAY - NOT ON ROAD						
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
	TribalLand			Access Control NO CONTROL				Special Study		
	Within Interchange Area Junction Location Intersec					tion Type				
	YES	INTERSECTION		1		RSECTION	l			
	Unit Summary •									
	Unit Status		Vehicle Ope	erating As C	1 2					
	IN TRANSIT		D CLASS		AUTOMOBILE					
5	PASSENGER CAR	Vehicle Type					Operating As Endorsements			
_	Total Occs	Train/Bus#Recorded	Total#Citati	ione leewed	1 Total Traile		ilers Total HazMat Types			
	1		0	l .		0		0	wat rypes	
	Insurance? Direction Of Travel		Pre CrashTire						es	
╘	UNKNOWN WESTBOUND			<u></u> Mark			"		2	
EN C	Most Harmful Event: Collision DITCH		Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way Traffic Control						Traffic Control Inoperative/Missing			
	,			STOP SIGN			NO			
	Surface Type		load Curvature			Road Grade				
	BLACKTOP (BITUMINOUS) STRAIGHT						DOWNHIL	.L		
	Truck Bus or HazMat NO									
	Vehicle								111111	
	License Plate Numbe	Plate Type	Plate Type				ountry of Issuance			
	7203639	AUT - AU	AUT - AUTOMOBILE		IL.	UNITED STATES				
	Vehicle Identification 2G1WB5EKXA113	Make			Year	Model				
			CHEVROLET 2010		2010	IMPALA				
	Color MAR - MAROON (BURGUNDY)			Body Style Bus Use 4D - 4DR						
	Initial Contact Point Veh			Vehicle Damage						
느										
L	Extent Of Damage		00 - NO D	AMAGE						
	NO DAMAGE									

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		Towed Due To Damage			hicle Removed By					
		NOT TOWED			PERATOR					
		What Driver Was Doing UNKNOWN		Ve	Vehicle Factors					
		I		-NC	NOT APPLICABLE					
		Dilver Filor Action Other								
LIND	VEHICLE	Driver Actions UNKNOWN								
	11	Owner Name DARLENE R LONGBONS			Owner Address 420 W WALNUT ST OGLESBY, IL 61348 , US					
	•	Sequence Of Events		~.~						
	B	Event MOTOR VEH IN TRANSPO)PT							
)	Event								
	05	RUN OFF ROADWAY LEF	т							
	03	Event DITCH								
	25	Event								
	1	ndividual								
	Ī	Driver			Citations Issued	Sex				
		Address 420 W WALNUT ST OGLESBY, IL 61348 , US			0	FEMALE				
<u>_</u>	DUA				Date of Birth	Race WHITE				
TNO.	INDIVIDUAL				Driver License Number					
	Į	On Duty	Crash		Safety Equipment					
	Saf	ety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		RESTRAINT USE UNKNOWN					
		HelmetUse		1	Helmet Compliance					
		Eye Protection		1	Tint Compliance					
0	100 1	Injury Se	•	- 1	Airbag					
0	8	Injury NO APPARENT INJURY			NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT A	APPLI(CABLE	Trapped/Extricated NOT TRAPPED				
	1	Medical Transport			EMS Agency Identifier	EMS Run#				
		NOT TRANSPORTED			Date of Davids	Time of Booth				
		Hospital]	Date of Death	Time of Death				
	ı	Distracted By UNKNO	ed By Source DWN							
		Distracted By Action UNKNOWN								
	1	Non Motorist Striking	Unit# Location							

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		Prior Action Prior Action								
		A .0								
		Action								
_	5									
INN	INDIVIDUAL									
	ā									
	Z									
Ì										
		Action Other					To/From School			
	ı	Suspected Alcohol t	Jse	Suspected Drug Use						
	Ł	Drug & Alcohol NO		NO						
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN								
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Results		is .				
	_	Drug Type								
01	60	Didg Type								
		Individual Condition								
		NOT OBSERVED								