WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Document#	Agency Crash Number 21-01316		gating Offi TY W. N	EUBAUER	₹	
Crash Date 02/14/2021	Crash Time 09:00 AM		Date Arrived 02/14/2021		Time Arrived 09:15 AM			
Date Notified 02/14/2021	Time Notified 09:00 AM		Total Units 01	Totalin 00	Total Injured Total Kill 00 00		led	
On Emergency	Hit and Run	Lane Closu	re Work Zo	ne Tr	Trailer or Towe		d Reporting Threshold	
Government Property	Active So	Active School Zone School Bus Related NO			Tags			
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH))	An	nended		Secondary Crash	
Description Diagram	NOT	TO SCALE	<u> </u>			construction	в Ву	
					Ada NO	ditional Infor	rmation	
	•	•				NYC.		

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	Location ====								
	ON STH60 EB				Latitude			Longitu	de
	191 FT W				43.20093	1955		1 -	2850054
	OF BADGER RD				X Coordin	ate.		Y Coord	tinato
	IN THE TOWN OF TROY		261721.96875		4787305				
	IN SAUK COUNTY					Structure Type		1	
				NO STRUCTURE					
	Crash Scene								
1	First Harmful Event				Firet Harm	ful Event L	ocation		
	GUARDRAIL FACE				ON ROA		ocadors		
	Manner of Collision				Light Con-				
	00 - NO COLLISION W/VEI	HICLE IN TRANSPORT			DAYLIGI				
	Road Surface Condition(s)					Factor(s)			
	SNOW, ICE				, , , ,	, 4010.(0)			
	Environment Factor(s)				-				
	NONE					JRFACE	CONDITION	(WET, IC	CY, SNOW, SLUSH,
	Weather Condition(s)								
	CLEAR								
	Animal Type				Relation T	o Trafficwa	av/		
	, , , , , , , , , , , , , , , , , , , ,						Relation To Trafficway TRAFFICWAY - ON ROAD		
	Crash Classification - Location				Crash Cla	Crash Classification - Jurisdiction			
	PUBLIC PROPERTY				NO SPE	CIAL JUR	RISDICTION		
	TribalLand					ontrol TROL			Special Study
	Within Interchange Area	Junction Location		Intersection	n Type				
	NO	NON-JUNCTION		NOT AN INTERSECTION					
İ	Unit Summary 💳								
	Unit Status		Vehicle Ope	erating As C	lassification		UnitType		
	IN TRANSIT		D CLASS				AUTOMOBILE		
01	Vehicle Type PASSENGER CAR					Operating As Endorsements			
	Total Occs	Train/Bus#Recorded	Total#Citat	tions Issued	ł	TotalTra	ilers	TotalHa	zMat Types
	1		0			0		0	
	Insurance?	Direction Of Travel	Pre	CrashTire	1	Speed Li	mit	TotalLar	es
=	YES	EASTBOUND		Mark		55		2	
UNIT	Most Harmful Event: Collision V GUARDRAIL FACE	Special Function NO SPECIAL FUNCTION		TION		Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way		Traffic Cont	trol			Traffic Con	trol Inopera	ative/Missing
	TWO-WAY, NOT DIVIDED	NO CONT			NO				
	Surface Type	l l	Road Curvature STRAIGHT		Road Grade				
	BLACKTOP (BITUMINOUS	STRAIGH				LEVEL			
	Truck Bus or HazMat NO								
	Vehicle			eeeeeeee	cccccccc				S C S S C C S C C C S C C C S C C C S C C C S C C C S C C C S C
	License Plate Number		Plate Type			St	Country of Is	suance	
	AKR1122	AUT - AU	AUT - AUTOMOBIL		WI UNITED S				
_ :	Vehicle Identification Nun	nber	Make			Year	Model		
5	a 2G1WU58R47931401	CHEVRO	CHEVROLET		2007 IMP				
	Color	Body Style							
	BLK - BLACK		1 .	4D - 4DR Vehicle Damage					
	Initial Contact Point		Vehicle Da						
=	00 - NON-COLLISION			:= == -··-			.	OUT 15	: EET 018E == 0.00
	00 - NON-COLLISION Extent Of Damage					CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, ORNER, 12 - FRONT			
	DISABLING DAMAGE		* * - LEF	11 - LEFT FRONT CORNER, 12 - F			RONT		

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		Towed Due To Damage		Vehicle Removed By		
		TOWED DUE TO DISABLIN	IG DAMAGE	GEORGES AUTO BODY		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Diver Filor Action Office				
		Driver Actions				
	Щ	NO CONTRIBUTING ACTIO	N			
IND	Ø					
5	VEHICL					
	7					
		Owner Name		Owner Address		
		ANASTASIA V ANDREEVA		29572 WHISPERING PINE	SRD	
5	5	(608) 475-4449		LONE ROCK, WI 53556 ,	US	
		Sequence Of Events				
	5	Event MOTOR VEH IN TRANSPOR	RT			
	8	Event CROSS CENTERLINE				
	67	Event				
	83	GUARDRAIL FACE				
	3	Event				
		Policy Holder				
N		Insurance Company		Individual		
\supset		PROGRESSIVE-CASUALTY	Y-INS-CO	ROBERT BROOKENESS		
		Individual				
		ndividual Driver		Citations issued	Sex	
		ndividual Driver ANASTASIA V ANDREEVA		Citations Issued	Sex FEMALE	
L		ndividual Driver		Citations issued	Sex	
TINI		Driver ANASTASIA V ANDREEVA (608) 475-4449 Address		Citations Issued	Sex FEMALE Race	
TINO		Driver ANASTASIA V ANDREEVA (608) 475-4449 Address 29572 WHISPERING PINES	s RD	Citations Issued O Date of Birth Driver License Number	Sex FEMALE Race WHITE	
TINO	INDIVIDUAL	Driver ANASTASIA V ANDREEVA (608) 475-4449 Address	s RD	Citations Issued O Date of Birth	Sex FEMALE Race WHITE	
TINO		Driver ANASTASIA V ANDREEVA (608) 475-4449 Address 29572 WHISPERING PINES LONE ROCK, WI 53556, U	B RD	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN	Sex FEMALE Race WHITE	
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TINO	INDIVIDUAL	Individual Driver ANASTASIA V ANDREEVA (608) 475-4449 Address 29572 WHISPERING PINES LONE ROCK, WI 53556 , U Ety Equipment Row 01 - FRONT ROW Helmet Use	B RD ∌S Crash	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Heimet Compliance	Sex FEMALE Race WHITE	
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	S INDIVIDUAL	Address 29572 WHISPERING PINES LONE ROCK, WI 53556 , U Cety Equipment Row 01 - FRONT ROW Helmet Use Injury Sev	S RD SS Crash Seat Position 07 - LEFT	Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag	Sex FEMALE Race WHITE	
	INDIVIDUAL	Driver ANASTASIA V ANDREEVA (608) 475-4449 Address 29572 WHISPERING PINES LONE ROCK, WI 53556 , U Fety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury Injury NO APP	S RD IS Crash Seat Position 07 - LEFT Verity PARENT INJURY	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex FEMALE Race WHITE TRY: UNITED STATES	
	S INDIVIDUAL	Address 29572 WHISPERING PINES LONE ROCK, WI 53556 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected Priver Injury Fety Equipment Row Injury Fety Equipment Inj	S RD IS Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag DEPLOYED-FRONT	Sex FEMALE Race WHITE TRY: UNITED STATES Trapped/Extricated	
	S INDIVIDUAL	Address 29572 WHISPERING PINES LONE ROCK, WI 53556 , U ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP. Ejected NOT EJECTED	S RD IS Crash Seat Position 07 - LEFT Verity PARENT INJURY	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	Sex FEMALE Race WHITE TRY: UNITED STATES Trapped/Extricated NOT TRAPPED	
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	S INDIVIDUAL	Address 29572 WHISPERING PINES LONE ROCK, WI 53556 , U Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury MO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	S RD S Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT APP	Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT PLICABLE EMS Agency Identifier	Sex FEMALE Race WHITE TRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run#	
	S INDIVIDUAL	Address 29572 WHISPERING PINES LONE ROCK, WI 53556 , U ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP. Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	S RD Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT APP	Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT PLICABLE EMS Agency Identifier Date of Death	Sex FEMALE Race WHITE TRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run#	
	S INDIVIDUAL	Address 29572 WHISPERING PINES LONE ROCK, WI 53556 , U Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury MO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	S RD Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT APP	Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT PLICABLE EMS Agency Identifier Date of Death	Sex FEMALE Race WHITE TRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run#	

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			Striking Unit#	Location					
(m)m(m)m/m		Non Motor	ist						
200		Prior Action	######################################						
LIND	INDIVIDUAL	Action							
		Action Other						To/From School	
	L E	Drug & Alcoh		lse	Suspected Drug Use NO				
		Alcohol Test Give TEST NOT GIV		Alcohol Test Type	•		Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN Drug Test Type			Drug Test Results					
01	8	Drug Type		•					
		Individual Condition	on						
		APPEARED NO							
	Pro∣	perty Owne	r						
PROP 01	Government SAUK COUNTY HWY DEPT (608) 356-3855				Address 620 STH 136 PO BOX 26 BARABOO, WI 53913	, US			
	Fixe	ed Objects St	ruck		**************************************	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	5	Striking Unit 01	Struck Object GUARDRAIL FACE					amage Tag Number 22758	