6TL0D9427K 21-01615

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/24/2021

Crash Time 07:45 PM

	Document Number Override	Primary Crash Document# Agency Crash Nur 21-01615				stigating Officer/Deputy PUTY A. MEEKER					
X	Crash Date Crash Time 02/24/2021 07:45 PM		Date Arrived		Time	Time Arrived					
0D9427K	Date Notified 02/24/2021	Time Notified 07:47 PM	Total Units 01		Total		Injured Total Killed 00				
0	On Emergency	it and Run Lane (ne Closure Wo		rk Zone		Trailer or T	owed	Reporting Threshold		
eTL	Government Property	Active School Zone Crash Type	NO NO	Bus Relat	ed 	Tags					
	Reportable	ANIMAL W/ NO INJURY		Υ	Amended			Secondary Crash			
	I, a sworn law enforcem	ve not added any CJIS data in this report.									
	Location ——										
į	ON CTHO WB				Latitude			Longitud	Φ		
	736 FT W				43.27813	2017			537238		
	OF PINE MEADOW RD										
	IN THE TOWN OF PRAIRIE I	DUSAC		X Coord		Coordinate			Y Coordinate		
	IN SAUK COUNTY	20 CAC			272272.6	8875	479552		7		
	IN SASK COSKII				Structure 7	Tyne		-			
					Suddiction Type						
L											
(Crash Scene										
	First Harmful Event				FirstHarm	ıful Event Lo	cation				
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY					
ŀ	Manner of Collision				Light Cond	dition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT									
ŀ	Road Surface Condition(s)				Roadway	Factor(s)					
	road corrace corramon(s)				Stoadway	, actor(s)					
ŀ	Environment Factor(s)				1						
	, ,										
					_						
	Weather Condition(s)										
	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location			Crash Classification - Jurisdiction							
	PUBLIC PROPERTY			NO SPECIAL JURIS		ISDICTION					
	TribalLand				Access Control				Special Study		
l											
Ţ	Unit Summary 💳										
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType				
	IN TRANSIT	D CLASS			AUTOMOBILI		LE				
ŀ	Vehicle Type						Operating As Endorser				
0	(SPORT) UTILITY VEHICLE				Operating As Entropsellients						
_	· , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,									
	Total Occs Train/Bus#Recorded		Total # Citations Issued 0		0		0		Vlat Types		
	04										
_	Insurance? YES	Direction Of Travel WESTBOUND	Pre CrashTire Mark		SpeedL		mit TotalLane		9S		
LINO				cial Function			Emergency Motor Vehicle Use				
	NON DOMESTICATED ANIM	NO SPECIAL FUNCTION		TION		NOT APPLICABLE					
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing					
	-										
	Surface Type	Road Curvature			Road Gr		rade				

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	Truc	ck Bus or HazMat								
		Makiele								
		Vehicle License Plate Number		Plate Type	T St	Country of Issuance				
UNIT 01		491ZHE		AUT - AUTOMOBILE	wı	UNITED STATES				
		Vehicle Identification Num	ber	Make	Year	Model				
	VEHICLE 01	1FMJU1J56CEF14981		FORD	2012	EXPEDITION				
		Color WHI - WHITE		Body Style LL - CARRYALL						
		Initial Contact Point		Vehicle Damage						
		12 - FRONT								
	I	Extent Of Damage		12 - FRONT	12 - FRONT					
	>	DISABLING DAMAGE Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		EVERETTS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions Control of the Contro								
١.	4	NO CONTRIBUTING ACTION								
	<u>♀</u>									
⋾	VEHICLE									
		Owner Name		Owner Address						
2	5									
ີ										
١.		Policy Holder								
l S		Policy Holder Insurance Company Individual								
>		USAA-GENERAL-INDEMNITY-CO		HEATHER HUBBARD						
		Individual								
		Driver HEATHER LYNN GRACE HUBBARD (608) 544-6878		Citations ssued		Sex				
	DIVIDUAL			O State of Sixth		FEMALE Race				
 -				Date of Birth		WHITE				
Ş	Z	Address		Driver License Number	Driver License Number					
_	Z	PRAIRIE DU SAC, WI 53578 , US On Duty Crash		STATE: WISCONSIN COUNTRY: UNITED STATES						
				Safety Equipment						
	Sai	fety Equipment		, -9.17						
		Row	Seat Position	SHOULDER & LAP BE	LT					
		11-1		11-1						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
2	8	Injury Severity NO APPARENT INJURY		Airbag						
		Ejection Path				Trapped/Extricated				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital				Time of Death				
l	222222222	1 Hospital		Date of Death		I time of Death				

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		Distracted By Source	æ					
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action						
		Action						
	7							
<u>.</u>	9							
UNIT	INDIWIDUAL							
	Ź.							
	Z							
	_							
		Action Other					To/From School	
		Suspected Alcohol	Use	Suspected Drug Use				
	į	Drug & Alcohol NO	NO					
		Alcohol Test Given				Alcohol Test Results	cohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Results		5		
		TEŠT NOT GIVEN			-			
_	~	Drug Type	1					
01	8	3 7.						
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						