### 6TL0D9427M 21-00431

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/14/2021

Crash Time 09:34 PM

|  | Document Number Override   | Primary Crash D        | Primary Crash Document#                                     |                                      | Agency Crash Number<br>21-00431 |   | I .                     | Investigating Officer/Deputy DEPUTY A. MEEKER |                         |                           |  |  |
|--|--|------------------------|---|--------------------------------------|---------------------------------|---|-------------------------|---|-------------------------|---------------------------|--|--|
| M  | Crash Date<br>01/14/2021   | Crash Time<br>09:34 PM |   |                                      | Date Arrived 01/14/2021         |   |                         | Time Arrived 10:11 PM                         |                         |                           |  |  |
| 942  | Date Notified 01/14/2021   | Time Notified 09:36 PM |   |                                      |                                 |   | Total<br>00             | 1 1   |                         | Total Killed<br><b>00</b> |  |  |
| TL0D9427M  | On Emergency   | lit and Run            | Lane Clos   |                                      |                                 | rk Zone                                 |                         | Trailer or T                                  | owed                    | Reporting  Threshold      |  |  |
| 6T   | Government Property  | Active Sci             | hool Zone   | School<br>NO                         | Bus Relate                      | ed                                      | Tags                    |   |                         |                           |  |  |
|  | Crash Type DT4000 (STANDARD CRASH)   |                        |   |                                      | н)                              |   |                         | Amended Secondar Crash                        |                         |                           |  |  |
|  | I, a sworn law enforcem  |                        |   |                                      |                                 |   |                         |   |                         |                           |  |  |
| UNIT 1 WAS TRAVELING NORTH BOUND ON CTH H. UNIT 1 STOPPED ON THE SIDE OF THE ROAD TO PICK UP A PURSE WHICH FELL ONTO THE FLOF VEHICLE. WHEN UNIT 1 WENT TO LEAVE FROM THE PARKED POSITION THE VEHICLE WAS UNABLE TO GAIN TRACTION IN THE SNOW AND AS THE DITCH. VEHICLE WAS REMOVED BY STEVE'S TOWING SERVICE. |  |                        |   |                                      |                                 |   |                         |   |                         |                           |  |  |
|  | Location <b>——</b>   |                        |   |                                      |                                 |   |                         |   |                         |                           |  |  |
|  | ON CTHH NB 399 FT W OF GLEN VALLEY DR IN THE TOWN OF WINFIELD IN SAUK COUNTY |                        |   |                                      |                                 |   | 6857                    |   | Longitude -89.96745575  |                           |  |  |
|  |  |                        |   |                                      |                                 |   | ate<br>1875             |   | Y Coordinate<br>4828824 |                           |  |  |
|  |  |                        | Structure Type  |                                      |                                 |   |                         |   |                         |                           |  |  |
| ĺ  | Crash Scene  |                        |   |                                      |                                 |   |                         |   |                         |                           |  |  |
| Ī  | First Harmful Event  |                        |   |                                      |                                 | First Harmf                             | fulEventLo              | cation  |                         |                           |  |  |
|  | DITCH  |                        | ROADSIDE  |                                      |                                 |   |                         |   |                         |                           |  |  |
|  | Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT                 |                        |   |                                      |                                 |   | Light Condition         |   |                         |                           |  |  |
|  |  |                        |   |                                      |                                 |   | DARK/UNLIT              |   |                         |                           |  |  |
|  | Road Surface Condition(s)  |                        | Roadway Factor(s)   |                                      |                                 |   |                         |   |                         |                           |  |  |
|  | WET, SNOW, SLUSH, ICE  |                        | _   |                                      |                                 |   |                         |   |                         |                           |  |  |
| •  | Environment Factor(s)  |                        |   |                                      |                                 |   |                         |   |                         |                           |  |  |
|  | WEATHER CONDITIONS   |                        | ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)         |                                      |                                 |   |                         |   |                         |                           |  |  |
|  | Weather Condition(s)   |                        |   |                                      |                                 |   |                         |   |                         |                           |  |  |
|  | CLOUDY, SNOW   |                        |   |                                      |                                 |   |                         |   |                         |                           |  |  |
|  | Animal Type  |                        | Relation To Trafficway TRAFFICWAY - ON ROAD                 |                                      |                                 |   |                         |   |                         |                           |  |  |
| •  | Crash Classification - Location PUBLIC PROPERTY                              |                        | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |                                      |                                 |   |                         |   |                         |                           |  |  |
| •  | Tribal Land  |                        |   |                                      |                                 | Access Control Special Study NO CONTROL |                         |   |                         |                           |  |  |
|  |  |                        |   |                                      |                                 |   | tionType N INTERSECTION |   |                         |                           |  |  |
| į  | Unit Summary   |                        |   |                                      |                                 |   |                         |   |                         |                           |  |  |
|  | Unit Status Vehicle Operating As Cl  |                        |   |                                      |                                 |   | 1 21                    |   |                         |                           |  |  |
|  | IN TRANSIT D CLASS  Vehicle Type   |                        |   |                                      |                                 |   | AUTOMOBILE              |   |                         |                           |  |  |
| 9  | Vehicle Type Operating As Endorsements (SPORT) UTILITY VEHICLE               |                        |   |                                      |                                 |   |                         |   |                         | ments                     |  |  |
|  | Total Occs   | Train/Bus#Recor        | ded Tot   | al#Citatio                           | ons Issued                      |   | Total Traile            |   | Total HazMat Types  0   |                           |  |  |
|  | Insurance?   | Direction Of Travel    |   | Pre CrashTire                        |                                 |   |                         |   |                         | 98                        |  |  |
| ь  | YES  | NORTHBOUND             |   |                                      | rasn i ire<br>Mark              | 55                                      |                         | 2   |                         |                           |  |  |
| LIND   | Most Harmful Event: Collision With OTHER NON-COLLISION                       |                        |   | Special Function NO SPECIAL FUNCTION |                                 |   |                         | Emergency Motor Vehicle Use NOT APPLICABLE    |                         |                           |  |  |

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|        | TWO-WAY, NOT DIVIDED |   |                | fic Control CONTROL                              |              | NO   |  |  |  |  |
|--------|----------------------|---|----------------|--|--------------|--|--|--|--|--|
|        |                      | ace Type  | Road Curvature |  |              | Road Grade                                 |  |  |  |  |
|        |                      | ACKTOP (BITUMINOUS)   | CU             | RVE LEFT   |              | LEVEL                                      |  |  |  |  |
|        | NO.                  | sk Bus or HazMat  |                |  |              |  |  |  |  |  |
|        |                      | Vehicle   |                |  |              |  |  |  |  |  |
| LIND   |                      | License Plate Number<br>567ZWW  |                | Plate Type St AUT - AUTOMOBILE WI                |              | Country of issuance UNITED STATES          |  |  |  |  |
|        | 5                    | Vehicle Identification Number 1FMCU9J90EUD60030                         | Ma<br>FC       | ke<br>PRD  | Year<br>2014 | Model<br>ESCAPE                            |  |  |  |  |
|        |                      | Color<br>SIL - SILVER (ALUMINUM)  |                | Body Style Bus Use UT - SPORT UTILITY VEHICLE    |              |  |  |  |  |  |
|        | EHICLE               | Initial Contact Point<br>00 - NON-COLLISION                             | Ve             | Vehicle Damage                                   |              |  |  |  |  |  |
|        |                      | Extent Of Damage NO DAMAGE  | 00             | - NO DAMAGE                                      |              |  |  |  |  |  |
|        |                      | Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG                |                | nicle Removed By<br>NESON SERVICE                |              |  |  |  |  |  |
|        |                      | What Driver Was Doing LEAVING A PARKED POSITION                         |                | Vehicle Factors                                  |              |  |  |  |  |  |
|        |                      | Driver Prior Action Other   | NC             | NOT APPLICABLE                                   |              |  |  |  |  |  |
|        | щ                    | Driver Actions NO CONTRIBUTING ACTION                                   |                |  |              |  |  |  |  |  |
| L<br>N | VEHICL               |   |                |  |              |  |  |  |  |  |
| _      | ٣                    |   |                |  |              |  |  |  |  |  |
|        | 5                    | Owner Name<br>SAMANTHA JANE SKEEN<br>(414) 242-4885                     |                | Owner Address<br>609 8TH ST<br>REEDSBURG, WI 539 | 59 , US      |  |  |  |  |  |
|        |                      | l<br>Sequence₊9fi≘vents <sub>::::::::::::::::::::::::::::::::::::</sub> |                |  |              |  |  |  |  |  |
|        | 5                    | Event<br>DITCH  |                |  |              | оно на |  |  |  |  |
|        | 8                    | Event   |                |  |              |  |  |  |  |  |
|        | 8                    | Event   |                |  |              |  |  |  |  |  |
|        | 8                    | Event   |                |  |              |  |  |  |  |  |
| LN     |                      | Policy Holder Insurance Company   | T .            | lama.  |              |  |  |  |  |  |
| 5      |                      | UNKNOWN   |                | Name   |              |  |  |  |  |  |
| LIND   |                      | Individual  Driver  SAMANTHA JANE SKEEN  (414) 242-4885                 |                | Ditations Issued                                 |              | Sex  |  |  |  |  |
|        | 4                    |   |                | )  |              | FEMALE                                     |  |  |  |  |
|        | INDIVIDUA            |   |                | Date of Birth                                    |              | Race<br>WHITE                              |  |  |  |  |
| Ś      | MON                  | Address<br>609 8TH ST<br>REEDSBURG, WI 53959 , US                       |                | STATE: WISCONSIN COUNTRY: UNITED STATES          |              |  |  |  |  |  |
|        | Sai                  | On Duty Crash  [ety Equipment]  | $\dashv$       |  |              |  |  |  |  |  |
|        | ********             | Row Seat Position   |                |  |              |  |  |  |  |  |

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|      |                                     |  |                       | Safety Equipment                        |                            |                                |                   |  |  |  |
|------|-------------------------------------|--|-----------------------|---|----------------------------|--------------------------------|-------------------|--|--|--|
|      |                                     | 01 - FRONT ROW                                       | 07 - LEFT             | SHOULDER & LAP BELT                     |                            |                                |                   |  |  |  |
|      |                                     | HelmetUse  |                       | Helmet Compliance                       |                            |                                |                   |  |  |  |
|      |                                     |  |                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                            |                                |                   |  |  |  |
|      |                                     | Eye Protection                                       |                       | TintCompliance                          |                            |                                |                   |  |  |  |
| 9    | 901                                 | Injury Se  | everity PARENT INJURY | Airbag NON DEPLOYED                     |                            |                                |                   |  |  |  |
|      |                                     | Ejected  | Ejection Path         | 104515                                  |                            | Trapped/Extricated NOT TRAPPED |                   |  |  |  |
|      |                                     | NOT EJECTED  Medical Transport                       | NOT EJECTED/NOT APPL  |   |                            | EMS Run#                       |                   |  |  |  |
|      |                                     | NOT TRANSPORTED                                      |                       | EMS Agency Identifier                   | gency identifier ENO Ruis# |                                |                   |  |  |  |
|      |                                     | Hospital   |                       | Date of Death                           |                            | Time of Death                  |                   |  |  |  |
|      |                                     | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) |                       |   |                            |                                |                   |  |  |  |
|      | Distracted By Action NOT DISTRACTED |  |                       |   |                            |                                |                   |  |  |  |
|      |                                     | Non Motorist Striking Unit # Location                |                       |   |                            |                                |                   |  |  |  |
|      |                                     | Prior Action Prior Action                            |                       |   |                            |                                |                   |  |  |  |
| UNIT | INDIVIDUAL                          | Action   |                       |   |                            |                                |                   |  |  |  |
|      |                                     | Action Other   |                       |   |                            |                                | To/From School    |  |  |  |
|      | I                                   | Orug & Alcohol NO                                    | ted Alcohol Use       | Suspected Drug Use NO                   |                            |                                |                   |  |  |  |
|      |                                     | AlcoholTestGiven TEST NOT GIVEN                      | Alcohol Test Type     |   |                            | Alcohol Test Results           | phol Test Results |  |  |  |
|      |                                     | Drug Test Given TEST NOT GIVEN                       | Drug Test Type        |   | Drug Test Results          |                                |                   |  |  |  |
| 9    | 001                                 | Drug Type  |                       |   |                            |                                |                   |  |  |  |
|      |                                     | Individual Condition  APPEARED NORMAL                |                       |   |                            |                                |                   |  |  |  |