6TL0D2XVNV 21-02857

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/04/2021

Crash Time 04:45 AM

	Document Number Override Primary Crash Document		Agency Crash Number 21-02857		I	Investigating Officer/Deputy DEPUTY B. SCHLOUGH					
2	Crash Date Crash Time 04/04/2021 04:45 AM		Date A	Date Arrived		Time	Time Arrived				
>	Date Notified	Time Notified	TotalU	Inits		Tota	Injured	Total Killed	ł		
X	04/04/2021	05:05 AM	01		00			00			
0	On Emergency Hit and Run Lan		Closure	Closure Work		***************************************	Trailer or To		Reporting Threshold		
6TL0D2XVNV	Government Property	Active School Zone		l Bus Relat	ed	Tags					
	∨ Reportable	Crash Type NON-DOMESTICATED	ANIMAL W/ N	NO INJUR	RY		∖mended		Secondary Crash		
	i, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ——										
- 1	INTERSECTION				Latitude			Longitud	la		
	ON STH58 SB			43.		27864	_		4146101		
	AT CTHG WB					43.540437864 X Coordinate					
	IN THE TOWN OF IRONTON							Y Coord	inate		
	IN SAUK COUNTY				244360.7	71875		482569	7.5		
	IN SAUK COUNT				Structure 1	Type					
					NO STR						
Į					1000111	OC TOILE					
(Crash Scene										
1	First Harmful Event				Cirot Warm	ful Eventie	aatian				
		A1 (A13)(E)			FirstHarmfulEventLocation ON ROADWAY						
	NON DOMESTICATED ANIM	AL (ALIVE)									
	Manner of Collision				Light Cond	Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT									
	Road Surface Condition(s)				Roadway	Factor(s)	or(s)				
l	Environment Factor(s)				1						
l	Weather Condition(s)				1						
	, ,										
	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
				Crash Classification - Jurisdiction							
	Crash Classification - Location										
ļ	PUBLIC PROPERTY				NO SPECIAL JURIS						
	Tribal Land			Access Control				Special Study			
i	Unit Summary										
	Unit Status		Vehicle One	rating As C	laccification		UnitType				
				Vehicle Operating As Classification		1		3# E			
	IN TRANSIT D CLASS						AUTOMOBILE				
0	Vehicle Type				Operating As Endorsements						
0	(SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded Total # Citations Issued										
l	TotalOccs	Total#Citati	Total # Citations Issued		Total Traile	ilers Total Haz		Mat Types			
	1		0		0		0				
ŀ	Insurance? Direction Of Travel		B 6	Pre CrashTire		. Speed Lim		TotalLane	25		
				' '		,					
L N	YES WESTBOUND			Mark			I -				
5	l sie			Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIM	AL (ALIVE)	INO SPECIA	AL FUNC	HUN		NOT APPLICABLE				
	Traffic Way			ol			Traffic Control Inoperative/Missing				
							<u> </u>				
	Surface Type	Surface Type			Road Curvature		Road Grade				
		, , , , , , , , , , , , , , , , , , , ,	Road Curvature		180		Nuau Giaue				
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	Truc	Truck Bus or HazMat							
					St	Country of issuance			
UNIT 01		License Plate Number AAZ9189		Plate Type AUT - AUTOMOBILE	WI	UNITED STATES			
	VEHICLE 01	Vehicle Identification Number 2GKFLWEK9F6162860		Make GENERAL MOTORS COR	Year 2015	Model TERRAIN			
		Color GRN - GREEN		Body Style 4H - HATCHBACK 4 DOOR	•	Bus Use			
		Initial Contact Point 12 - FRONT		Vehicle Damage					
		Extent Of Damage FUNCTIONAL DAMAGE		12 - FRONT					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
	ш	Driver Actions NO CONTRIBUTING ACTION							
Ħ	VEHICLE								
	3								
		Owner Name		Owner Address					
2	5								
 -		Policy Holder							
Ĭ N		Insurance Company AUTO-OWNERS-INS-CO		Individual LINDA KARPINSKI					
		Individual Driver LINDA LOU KARPINSKI (608) 983-2326 Address 244 MARSHALL RD							
	,			Citations Issued 0		Sex FEMALE			
_	B			Date of Birth	Date of Birth Race WHITE				
Ž	20	Address 244 MARSHALL RD CAZENOVIA, WI 53924 , US On Duty Crash		Driver License Number					
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai			Safety Equipment					
	001	Row Seat Position		SHOULDER & LAP BELT					
		HeimetUse		Heimet Compliance					
		Eye Protection		Tint Compliance					
2		Injury Severity NO APPARENT INJURY		Airbag					
		Ejection Path		•		Trapped/Extricated			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		Elvio Agency Identina		Line (tall)			

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	Distracted By Source								
		Distracted By Action							
		Striking Unit#	Location						
		Non Motorist							
		Prior Action							
		7 1017 101017							
l		Action							
		Action							
	INDIVIDUAL								
H	7								
UNIT									
🗆	a								
	٤								
							17.5		
		Action Other					To/From School		
		Suspected Alcohol	Suspected Drug Use						
	Ł	Drug & Alcohol		NO					
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
	, e 1	Drug Test Given	Drug Test Type		Drug Test Results				
		Drug Test Given TEST NOT GIVEN			2 tag / controcalis				
		Dwy Tyra							
01	8	Drug Type							
_	_								
		Individual Condition							
		mariada Condigors							
		APPEARED NORMAL							
1	WRIGHINGHIN								