6TL0D1PTLB 21-03845

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/05/2021

Crash Time 08:35 PM

	Document Number Overide	Primary Crash Docu						nvestigating Officer/Deputy DEPUTY S. MESSNER				
P	Crash Date Crash Time 05/05/2021 08:35 PM			Date Arrived		Time	Time Arrived					
1PTL	Date Notified Time Notified 05/05/2021 08:35 PM			Total Units 01		Total		Injured	Total Killed 00			
6TL0D	On Emergency H	it and Run	Lane Clos	ane Closure Wo		rk Zone		Trailer or T	owed	Reporting Threshold		
1 <u>1</u> 9	Government Property Active School Zone			School Bus Related NO			Tags	ags				
	□ Crash Type ■ NON-DOMESTICATED A			NIMAL W/ NO INJURY				Amended		Secondary Crash		
	▼ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	ocation ————————————————————————————————————											
j	ON CTHC EB							1 -45.3-				
	82 FT W					Latitude	10.440	Longitud				
					43.358243418		13418			37205584		
	OF HUBER RD					X Coordinate		Y Cooi		dinate		
	IN THE TOWN OF HONEY C	REEK				270086.5	625	48045				
	IN SAUK COUNTY								100100	<u> </u>		
				Structure Type NO STRUCTURE								
-	Crash Scene											
	First Harmful Event					FirstHarm	ıful Event Lo	cation				
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA	DWAY					
ŀ	Manner of Collision											
			_			Light Condition						
	00 - NO COLLISION W/VEHI	CLE IN TRANSPOR	Т									
Ī	Road Surface Condition(s)				Roadway Factor(s)							
	Environment Factor(s)											
	Weather Condition(s)				1							
	• • • • • • • • • • • • • • • • • • • •											
ŀ	Amino al Turno		Deleger To Trofficers									
	Animal Type					Relation To Trafficway						
	DEER					TRAFFIC	NO - YAW	ROAD				
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPEC	CIAL JURI	SDICTION				
										I a		
	Tribal Land				Access Control				Special Study			
Ī	Unit Summary											
			Lv			1 16 1						
	Unit Status		I	-	ating As C	lassification	assitication		UnitType			
	IN TRANSIT			D CLASS				AUTOMOBILE				
ŀ	Vehicle Type					Operating As Endorsements						
01	PASSENGER CAR					, ,						
_	T = =					. 1=						
	1 0 Insurance? Direction Of Travel Pre Cr		Tot			0		0		MatTypes		
			0									
										25		
			c Clush the		Opcour	, 5161 261 (65						
LIND				Mark								
\leq	l sign				pecial Function NO SPECIAL FUNCTION					Motor Vehicle Use		
_	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA	L FUNC	TION		NOT APPLICABLE				
Traffic Way				ffic Contro	J			Traffic Control Inoperative/Missing				
				mic Cumiu	79							
[Surface Type			Road Curvature					Road Grade			

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	Truc	ck Bus or HazMat							
	325000	Vehicle	STEELINE DESTRUCTION OF THE STEELINE OF THE ST		nennennen en				
		License Plate Number 707GXW		Plate Type AUT - AUTOMOBILE	St WI	Country of issuance UNITED STATES			
10	5	Vehicle Identification Number 2FMPK4J96KBC44584		Make FORD	Year 2019	Model EDGE			
	VEHICLE	Color GRY - GRAY		Body Style UT - SPORT UTILITY VE	HICLE	Bus Use			
l⊨		Initial Contact Point 02 - RtGHT SIDE FRONT		Vehicle Damage					
IND		Extent Of Damage FUNCTIONAL DAMAGE		02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
_	Щ	Driver Actions NO CONTRIBUTING ACTION							
IN IN	VEHICLE								
	7	Owner Name Owner Address							
۶	5								
		Policy Holder							
\ N		Policy Holder Insurance Company		Individual					
		AMERICAN-FAMILY-INS-CO		JULIE SHOWERS					
		Driver		Citations Issued		Sex			
		JULIE ANN SHOWERS		0		FEMALE Race			
⊨	3			Date of Birth	of Birth Race WHITE				
Ş	Z	Address 904 MOORE ST LOT 491 BARABOO, WI 53913 , US Safety Equipment On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai			Safety Equipment					
		Row	Seat Position	SHOULDER & LAP BE	LT				
	100	HeimetUse		HeimetCompliance					
		Eye Protection		Tint Compliance					
2		Injury Severity NO APPARENT INJURY		Airbag					
		Ejection Path				Trapped/Extricated			
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED Hospital		Date of Death		Time of Death			
		noshirai				, me or beat			

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	Distracted By Source								
		Distracted By							
		Distracted By Action							
			1						
		Non Motorist Striking Unit #	Location						
		Prior Action							
		Action							
	4								
<u>_</u>	INDIWIBUAL								
UNIT	Ŋ								
_	9								
		Action Other					To/From School		
		L Suspected Al							
	L	Drug & Alcohol NO	NO						
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN Drug Test Type		Drug Test Results		3			
01	001	Drug Type	'		•				
	0								
		Individual Condition							
		APPEARED NORMAL							