6TL0CTJN1W 21-04595

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/26/2021

Crash Time 09:42 PM

	Document Number Override	Primary Crash E	Primary Crash Document#		Agency Crash Number 21-04595			Investigating Officer/Deputy DEPUTY A. KULAS			
1W	Crash Date 05/26/2021	Crash Time 09:42 PM			Date Arrived		Time	Time Arrived			
TJN1W	Date Notified 05/26/2021	Time Notified 09:43 PM	1		Total Units 01		Total		Injured Total Killed 00		
LOC.	On Emergency	it and Run	Lane Clos			rk Zone	***************************************	Trailer or T	owed	Reporting Threshold	
eTL	Government Property Active School Zone			School Bus Related NO			Tags	Tags			
	Reportable	Crash Type NON-DOMES	TICATED ANIM	AL W/ NO	INJUR	Υ		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ——										
ł	ON USH12 EB					Latitude			Longitud	e	
	473 FT S					43.338949328				9012073	
	OF USH12 EB					X Coordin	ato		V Coordi	2	
	IN THE TOWN OF SUMPTEI				276352.40625			Y Coordinate 4802153			
							Structure Type NO STRUCTURE				
(Crash Scene										
1	First Harmful Event					Eiret Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIN	1A1 /A1 (VE)				ON ROA		cauoi:			
		IAL (ALIVE)									
	Manner of Collision	CLE IN TRANCE	OBT			Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	ORI								
	Road Surface Condition(s)					Roadway	ractor(s)				
	Environment Factor(s)					1					
	Weather Condition(s)										
	AnimalType					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURIS		SDICTION			
	Tribal Land					Access Control Special Study					
	Unit Summary					l					
	Unit Status		I Vol	nicle Onera	tina As C	laccification		I I mit Turns			
				ehicle Operating As Classification CLASS			UnitType AUTOMOBILE				
	IN TRANSIT D CLASS Vehicle Type				Operating As Endorsements						
01	(SPORT) UTILITY VEHICLE						Operating A	S EHQUISE	licitio		
_	Total Occs Train/Bus#Recorded Total# Citations Issued				Total Trailers Total HazMat Types			Act Tymes			
	1 otal Occs	riain/bus#Recor	/Bus#Recorded Total#Citation 0		ations issued 1 ota 0			ai i railers 0		• •	
_	Insurance? YES	Direction Of Trave	· · · · · · · · · · · · · · · · · · ·	Pre CrashTire		, Speed Li		nit Total Lane		es .	
UNIT	Most Harmful Event: Collision With			Special Function				Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION		TION		NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			

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	Truc	ruck Bus or HazMat								
	~~~~	Vehicle	annannannannannannannannannannannannann	************************************	*****************************					
	VEHICLE 01	License Plate Number 486YME		Plate Type St WI		Country of issuance UNITED STATES				
01		Vehicle Identification Number 5TDFZRBH7LS033070	r	Make TOYOTA	Year 2020	Model HIGHLANDER				
		Color GRY - GRAY		Body Style UT - SPORT UTILITY	Y VEHICLE	Bus Use				
UNIT		Initial Contact Point  12 - FRONT  Extent Of Damage  FUNCTIONAL DAMAGE		Vehicle Damage  01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
۶	7	OwnerName		Owner Address						
NNIT		Policy Holder Insurance Company		Individual						
Ś		PROGRESSIVE-CLASSIC		CELINA GONZALE						
	INDIVIDUAL	Driver CEL!NA AURORA GONZ (608) 393-9495	ALEZ	Citations Issued  0		Sex FEMALE				
<b>5</b>				Date of Birth	WHITE					
LNO		Address 1520 19TH ST BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	l On Dui fety Equipment	Safety Equipment							
	001	Row	Seat Position	SHOULDER & LAP BELT						
		HelmetUse		Heimet Compliance						
		Eye Protection		Tint Compliance						
01			Severity PPARENT INJURY	Airbag						
		Ejected	Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifie	sr	EMS Run#				
		Hospital		Date of Death		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					
	į	Drug & Alcohol NO	Suspected Drug Use NO				
		Alcohol Test Given	Alcohol Test Type		Alcohol Test Resu		
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN		stType Drug TestResul		lts	
		TEŠT NOT GIVEN			-		
_	~	Drug Type	1				
01	8	3 7.					
		Individual Condition					
		APPEARED NORMAL					
		AFFEARED NORWAL					