# **6TL0B4X4PQ** 21-05708

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/23/2021

Crash Time 09:19 PM

|            | Document Number Override  | Primary Crash Docume         | Agency Crash Nu<br>21-05708 |  |                   |  |              | stigating Officer/Deputy                   |               |                      |  |  |
|------------|---|------------------------------|-----------------------------|--|-------------------|--|--------------|--|---------------|----------------------|--|--|
| a          | Crash Date Crash Time 06/23/2021 09:19 PM                         |                              |                             | Date Arrived                               |                   | Time   | Time Arrived |  |               |                      |  |  |
| <u>4</u>   | Date Notified Time Notified                                       |                              |                             | Total Ur                                   | nits              |  |              | Injured                                    | Total Killed  | l                    |  |  |
| 3          | 06/23/2021  | 09:19 PM                     |                             | 01   |                   |  | 00           |  | 00            | Banawina.            |  |  |
| 8          | On Emergency Hit and Run Lane                                     |                              | ane Closi                   | losure Wor                                 |                   | k Zone   | g            | Trailer or 1                               | owed          | Reporting  Threshold |  |  |
| 6TL0B4X4PQ | Government Property   | Active School Z              | one.                        | School NO                                  | Bus Relat         | ∍d   | Tags         |  |               |                      |  |  |
|            | <b>∨</b> Reportable   | Crash Type<br>NON-DOMESTICAT | ED ANIM                     | AL W/ N                                    | O INJUR           | Y  |              | Amended                                    |               | Secondary<br>Crash   |  |  |
|            | i, a sworn law enforcement  | ent officer, agree that      | t I have no                 | ve not added any CJIS data in this report. |                   |  |              |  |               |                      |  |  |
|            | Location <b>———</b>   |                              |                             |  |                   |  |              |  |               |                      |  |  |
| - {        | ON USH12 EB   |                              |                             |  |                   | Latitude   |              |  | Longitud      | e                    |  |  |
|            | 0.39 MI N   |                              |                             |  | 43.385967269      |  | 67261        |  |               | -89.767945852        |  |  |
|            | OF GROTH RD   |                              |                             | -  |                   | X Coordinate   |              | Y Coord                                    |               | linate               |  |  |
|            | IN THE TOWN OF SUMPTER  | ł .                          |                             |  |                   | 275801.5   |              |  | 4807398.5     |                      |  |  |
|            | IN SAUK COUNTY  |                              |                             | Structure                                  |                   |  | 1            |  |               |                      |  |  |
|            |   |                              |                             |  |                   | NO STR   |              | <b>≣</b>                                   |               |                      |  |  |
|            | Crash Scene   |                              |                             |  |                   |  |              |  |               |                      |  |  |
| 1          | First Harmful Event   |                              |                             |  |                   | F:   | £1 (7 u. ± 1 |  |               |                      |  |  |
|            | NON DOMESTICATED ANIM   | AT (AT 1)/E)                 |                             |  |                   | First Harmful Event Location ON ROADWAY  |              |  |               |                      |  |  |
|            |   | AL (ALIVE)                   |                             |  |                   |  |              |  |               |                      |  |  |
|            | Manner of Collision   | CLE IN TRANSPORT             |                             | Light Conditio                             |                   |  | dition       | 3  |               |                      |  |  |
|            | 00 - NO COLLISION W/VEHIO   | JLE IN TRANSPORT             |                             |  |                   |  |              |  |               |                      |  |  |
|            | Road Surface Condition(s)   |                              |                             |  | Roadway Factor(s) |  |              |  |               |                      |  |  |
|            |   |                              |                             |  |                   |  |              |  |               |                      |  |  |
| İ          | Environment Factor(s)   |                              |                             |  |                   |  |              |  |               |                      |  |  |
|            |   |                              |                             |  |                   |  |              |  |               |                      |  |  |
|            | Weather Condition(s)  |                              |                             |  |                   |  |              |  |               |                      |  |  |
|            | Weather Condition(s)  |                              |                             |  |                   |  |              |  |               |                      |  |  |
|            |   |                              |                             |  |                   |  |              |  |               |                      |  |  |
| l          | Animal Type   |                              |                             | Relation To Trafficway                     |                   |  |              |  |               |                      |  |  |
|            | DEER Crash Classification - Location                              |                              |                             |  |                   | TRAFFICWAY - ON ROAD   |              |  |               |                      |  |  |
|            |   |                              |                             |  |                   | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION  |              |  |               |                      |  |  |
| ŀ          | PUBLIC PROPERTY  Triball and                                      |                              |                             |  | Access Control    |  |              |  | Special Study |                      |  |  |
|            | TribalLand  |                              |                             |  |                   | 7.00033 0011801  |              |  |               | opecial olddy        |  |  |
| ı          | Unit Summary  |                              |                             |  |                   |  |              |  |               |                      |  |  |
| Ì          | Unit Status   |                              | l Veh                       | icle Oner                                  | ating As C        | lassification  |              | UnitType                                   |               |                      |  |  |
|            |   |                              |                             | Vehicle Operating As Classif  D CLASS      |                   | 25311000011  |              | AUTOMOBILE                                 |               |                      |  |  |
|            | Vehicle Type  |                              |                             |  |                   | Operating As Endorsements  |              |  |               |                      |  |  |
| 01         | (SPORT) UTILITY VEHICLE   |                              |                             |  |                   | Spatial State of the State of t |              |  |               |                      |  |  |
|            | Total Occs Train/Bus#Recorded Total#Citations Issued              |                              |                             |  |                   |  | Total Trail  | <br>ers   TotalHazMatTypes                 |               |                      |  |  |
|            | 1   | Trail#Dus#T\ecolded          | 0                           |  |                   |  | 0            | · · · - · · · · · · · · · · · · · · · ·    |               | 0                    |  |  |
|            |   | Direction Of Travel          |                             | Pre CrashTire                              |                   | Speedl   |              | imit Total Lan                             |               | es                   |  |  |
|            |   | EASTBOUND                    |                             |  | Mark              |  |              |  |               |                      |  |  |
| LINO       | MostHarmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE) |                              |                             | Special Function NO SPECIAL FUNCTION       |                   |  |              | Emergency Motor Vehicle Use NOT APPLICABLE |               |                      |  |  |
|            | Traffic Way   |                              |                             | Traffic Control                            |                   |  |              | Traffic Control Inoperative/Missing        |               |                      |  |  |
| •          | Surface Type  |                              |                             | Road Curvature                             |                   |  |              | Road Grade                                 |               |                      |  |  |

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|          | Truc       | ck Bus or HazMat   |               |                                    |   |                     |  |  |  |  |
|----------|------------|--|---------------|------------------------------------|---|---------------------|--|--|--|--|
|          | aggreen of | Vehicle  |               |                                    |   |                     |  |  |  |  |
|          |            | License Plate Number   |               | Plate Type                         | St  | Country of Issuance |  |  |  |  |
| UNIT 01  |            | 770REV   |               | AUT - AUTOMOBILE                   | WI  | UNITED STATES       |  |  |  |  |
|          | 5          | Vehicle Identification Num<br>JTJBC1BA2B2038247                        |               | Make<br>LEXUS                      | Year<br>2011  | Model RX            |  |  |  |  |
|          |            | Color<br>SIL - SILVER (ALUMINUM)                                       |               | Body Style UT - SPORT UTILITY VE   | EHICLE  | Bus Use             |  |  |  |  |
|          | ш          | Initial Contact Point  |               | Vehicle Damage                     |   |                     |  |  |  |  |
|          | ō          | 12 - FRONT   |               |                                    |   |                     |  |  |  |  |
|          | VEHICLE    | Extent Of Damage DISABLING DAMAGE                                      |               | 01 - RIGHT FRONT COR               | 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT |                     |  |  |  |  |
|          |            | Towed Due To Damage TOWED DUE TO DISA                                  | ABLING DAMAGE | Vehicle Removed By EVERETTS TOWING |   |                     |  |  |  |  |
|          |            | What Driver Was Doing  |               | Vehicle Factors                    |   |                     |  |  |  |  |
|          |            |  |               |                                    |   |                     |  |  |  |  |
|          |            | Driver Prior Action Other  |               |                                    |   |                     |  |  |  |  |
|          |            | Driver Actions NO CONTRIBUTING ACTION                                  |               |                                    |   |                     |  |  |  |  |
| <b> </b> | 븼          | NO CONTRIBUTING ACTION   |               |                                    |   |                     |  |  |  |  |
|          | KEHIC      |  |               |                                    |   |                     |  |  |  |  |
|          | 3          |  |               |                                    |   |                     |  |  |  |  |
|          |            | Owner Name Owner Address   |               |                                    |   |                     |  |  |  |  |
| 2        | 5          |  |               |                                    |   |                     |  |  |  |  |
| •        |            |  |               |                                    |   |                     |  |  |  |  |
| <u> </u> |            | Policy Holder  |               |                                    |   |                     |  |  |  |  |
| l<br>S   |            | Insurance Company  |               | Individual                         |   |                     |  |  |  |  |
| -        |            | WISCONSIN-MUTUAL   |               | MARY MARKS                         |   |                     |  |  |  |  |
|          |            | Individual<br>Driver   |               | Citations Issued                   |   | Sex                 |  |  |  |  |
|          |            | MARY RUTH MARKS  |               | 0                                  |   | FEMALE              |  |  |  |  |
|          | DIVIDUA    | (608) 513-7490   |               | Date of Rirth                      |   | Race<br>WHITE       |  |  |  |  |
| ş        | 3          | Address  |               | Drivert icense Number              | Driver License Number                                       |                     |  |  |  |  |
| _        | 2          | 7732 RIVERSIDE RD VERONA, WI 53593 , US  On Duty Crash  fety Equipment |               | STATE: WISCONSIN O                 | STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment   |                     |  |  |  |  |
|          |            |  |               |                                    |   |                     |  |  |  |  |
|          |            |  |               | Safety Equipment                   |   |                     |  |  |  |  |
|          | Jai        |  | 1             | CHOSSI DED 8 1 AD DE               | CUOUNDED O LAB DELT   |                     |  |  |  |  |
|          |            | Row  | SeatPosition  | SHOULDER & LAP BE                  | =L1   |                     |  |  |  |  |
|          |            | HelmetUse  |               | Helmet Compliance                  | Helmet Compliance   |                     |  |  |  |  |
|          |            | Eye Protection  Injury Severity NO APPARENT INJURY                     |               | Tint Compliance                    | TintCompliance  |                     |  |  |  |  |
| _        |            |  |               | Airbag                             | Airbag  |                     |  |  |  |  |
| 2        | 2          |  |               |                                    |   |                     |  |  |  |  |
|          |            | Ejection Path  |               |                                    |   | Trapped/Extricated  |  |  |  |  |
|          |            | Medical Transport  |               | EMS Agency Identifier              |   | EMS Run#            |  |  |  |  |
|          |            |  |               | Liner igeney identificati          |   |                     |  |  |  |  |
|          |            | NOT TRANSPORTED Hospital   |               | Date of Death                      |   | Time of Death       |  |  |  |  |

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|            |            | - <u></u>  |                    |   |                   |                      |                 |  |  |  |
|------------|------------|--|--------------------|---|-------------------|----------------------|-----------------|--|--|--|
|            |            | Distracted By Source  Distracted By                              | ce                 |   |                   |                      |                 |  |  |  |
|            |            |  |                    |   |                   |                      |                 |  |  |  |
|            |            | Distracted By Action   |                    |   |                   |                      |                 |  |  |  |
|            |            |  |                    |   |                   |                      |                 |  |  |  |
|            |            | Striking Unit#   | Location           |   |                   |                      |                 |  |  |  |
|            |            | Non Motorist   |                    |   |                   |                      |                 |  |  |  |
|            |            | Prior Action   |                    |   |                   |                      |                 |  |  |  |
|            |            | 1 1101 7109013   |                    |   |                   |                      |                 |  |  |  |
|            |            |  |                    |   |                   |                      |                 |  |  |  |
|            |            | Action   |                    |   |                   |                      |                 |  |  |  |
| :          |            |  |                    |   |                   |                      |                 |  |  |  |
|            | 7          |  |                    |   |                   |                      |                 |  |  |  |
|            | 3          |  |                    |   |                   |                      |                 |  |  |  |
| UNIT       | o          |  |                    |   |                   |                      |                 |  |  |  |
| <b>=</b> : | 7          |  |                    |   |                   |                      |                 |  |  |  |
| _          | 0          |  |                    |   |                   |                      |                 |  |  |  |
|            | INDIWIDUAL |  |                    |   |                   |                      |                 |  |  |  |
|            |            |  |                    |   |                   |                      |                 |  |  |  |
|            |            |  |                    |   |                   |                      |                 |  |  |  |
|            |            | Action Other   |                    |   |                   |                      | To/From School  |  |  |  |
|            |            | 7.08017.08701  |                    |   |                   |                      | , on term conde |  |  |  |
|            |            |  |                    |   |                   |                      |                 |  |  |  |
|            |            | Drug & Alcohol NO  | Suspected Drug Use |   |                   |                      |                 |  |  |  |
|            |            | Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO |                    |   |                   |                      |                 |  |  |  |
|            |            | Alcohol Test Given   | Alcohol Test Type  | · |                   | Alcohol Test Results |                 |  |  |  |
|            |            | TEST NOT GIVEN   |                    |   |                   |                      |                 |  |  |  |
|            |            | 1  | Drug Test Type     |   | Drug Test Results | 1                    |                 |  |  |  |
| :          |            | Drug Test Given<br>TEST NOT GIVEN                                | 2.09.00.7,50       |   | Diag restrictions | •                    |                 |  |  |  |
|            |            |  |                    |   |                   |                      |                 |  |  |  |
| 01         | 8          | Drug Type  |                    |   |                   |                      |                 |  |  |  |
| )          | 0          |  |                    |   |                   |                      |                 |  |  |  |
|            |            |  |                    |   |                   |                      |                 |  |  |  |
|            |            | Individual Condition   |                    |   |                   |                      |                 |  |  |  |
|            |            |  |                    |   |                   |                      |                 |  |  |  |
|            |            | APPEARED NORMAL  |                    |   |                   |                      |                 |  |  |  |
|            |            |  |                    |   |                   |                      |                 |  |  |  |