WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	21-06480 ash Date Crash Time Date Arrived /13/2021 04:05 PM 07/13/2021 te Notified Time Notified Total Units		Investigating Officer/Deputy DEPUTY I. HANSON					
Š	Crash Date 07/13/2021			Date Ar	rived	Time Arrived 04:15 PM			
O I LUCAUGOL	Date Notified 07/13/2021			Total Ur		Total Injured Total Killed 02 00		ed	
3	On Emergency Hit	and Run	Lane Closu		☐ Work Zone	Trailer	or Towed	Reporting Threshold	
	Government Active School Zone				Bus Related	Tags			
	▼ Reportable Crash Type DT4000 (STANDARD CRASH)					Amend	Secondary Crash		
	Description Diagram						Reconstructio	an By	
	Diagram				not scale		Photos By I HANSON Additional Info		
		1			sth 136		PHOTOS	on training the state of the st	
	UNIT 1 WAS NEGOTIATING A CURVAND ENTERING THE WESTBOUND	/E AND ENTERED	THE WEST DITCH	ILINE BRI	EFLY AFTER THE CURVE.	UNIT 1 CAME I			
	DITCHLINE FACING WEST, 9109	DINE. CHILL VI	WEDI ON OIT	JOO. CHILL	Z THINEOUED ONE FILL	LICITION ON	. JAME Z VAME	TOREOT HY THE DAG!	

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Crash Date 07/13/2021

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L	_ocation ====										
Ī	ON STH136 EB					Latitude			Longitud		
	0.34 MI S					43.52332	7645		1 -	895569	
	OF OAK CREST DR					X Coordin	ato		Y Coord	inato	
	IN THE TOWN OF EXCELS	SIOR				261280.65625 4823171.5					
	IN SAUK COUNTY								402011		
						Structure	і уре				
(Crash Scene										
Ī	First Harmful Event					First Harm	ful Event L	ocation			
	MOTOR VEH IN TRANSPO	RT				ON ROA	DWAY				
ŀ	Manner of Collision					Light Cond	dition				
	01 - ANGLE					DAYLIG					
ŀ	Road Surface Condition(s)				Roadway						
	DRY					, , , ,	, 40101(0)				
ŀ	Environment Factor(s)					-					
	NONE					NONE					
ŀ	Weather Condition(s)					1					
	CLEAR										
ŀ	Animal Type						o Trafficwa	•			
Crash Classification - Location							TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction				
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
Ī	Tribal Land						Access Control Special Study NO CONTROL				
ŀ	Within Interchange Area Junction Location Intersecti						IKOL				
	- I				INTERSE	CTION					
ľ	Closure Type			Reas	ons for Clos	osure					
	LANE CLOSURE	ANE CLOSURE									
	Date Initial Lane/Rd Closed 07/13/2021	Time Initial Lane/Rd Close 04:15 PM	LAW ENFORC			CEMENT, TOW TRUCK, FIRE/EMS					
ľ	Date All Lanes Open	Time All Lanes Open		Date	Scene Clea	red	Tin	ne Scene Clea	ıred		
L	07/13/2021	05:05 PM		07/13	3/2021		05	:06 PM			
ļ	Jnit Summary ===		157.1			N 160 10		I			
	Unit Status		I		erating As C	lassification		UnitType	-u =		
ļ	IN TRANSIT			D CLASS				AUTOMOBILE			
	Vehicle Type PASSENGER CAR							Operating A	s Endorse	ments	
ŀ	Total Occs	Train/Bus#Recorded	Tota	Total# Citations Issue		d Total Traile		illers Total HazMat		Mat Types	
	1		1			0		0		,.	
Ī	Insurance?	Direction Of Travel		Pre	CrashTire)	Speed Lir	nit	TotalLan	es	
ļ	UNKNOWN	EASTBOUND	Samurana	, ,_	Mark		55		2		
	Most Harmful Event: Collision W MOTOR VEH IN TRANSPO			Special Function NO SPECIAL FUNC		CTION		Emergency Motor Vehicle Use NOT APPLICABLE			
ŀ	Traffic Way T TWO-WAY, NOT DIVIDED N Surface Type R			fic Con	trol			Traffic Control Inoperative/Missing			
				NO CONTROL				NO			
ľ				d Curva	ature			Road Grade LEVEL			
				RVE L	EFT						
ľ	Truck Bus or HazMat							•			
	NO										
	Vehicle			*****							
999966	License Plate Number		I	te Type		_	St	Country of Is			
September 1	ALU7495				JTOMOBIL	LE	WI	UNITED ST	ATES		
depition.	Vehicle Identification Num		Ma			٦	Year	Model	_		
	a 2 G 4WE587X71196999)	BU	ICK			2007	LACROSSI			

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21-06480

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Crash Time 04:05 PM

		Color	I	Body Style Bus Use						
		BLU - BLUE		SD - SEDAN	B03 03	500 000				
				Vehicle Damage						
_		Initial Contact Point	,	Vericle Danage						
IN	2	01 - RIGHT FRONT CORNER	`	J.,						
5	VEHICLE	Extent Of Damage		15 - ALL AREAS						
	3	DISABLING DAMAGE								
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING	G DAMAGE	STEVES AUTO SERVICE						
		What Driver Was Doing		Vehicle Factors						
		NEGOTIATING CURVE								
		Driver Prior Action Other		NOT APPLICABLE						
		DriverActions								
	Щ	FAILURE TO CONTROL								
INI	VEHICLE									
	5									
		OwnerName		Owner Address						
_	.	TERRY MICHAEL FERGUSO	N	110 1/2 SMYTHE ST ROCK SPRINGS, WI 53961 , US						
2	5	(608) 495-3245								
		Sequence Of Events								
	SHAM	Sequence of Exerts Event								
	5	MOTOR VEH IN TRANSPOR	T							
		Event	nt .							
	엉									
		Event								
	e									
		Event								
	8	P. Coll.								
		individual								
					tantana ara-ara-ara-ara-ara-ara-ara-ara-ara-ar					
		Driver TERRY MICHAEL FERGUSO	na.	Citations Issued	Sex	_				
	3	(608) 495-3245	A.C.	1	MALE	1				
		,		Date of Birth	Race WHIT	E				
LNN	INDIVIDUAL									
ź	Æ	Address 110 1/2 SMYTHE ST		Driver License Number						
	Z	ROCK SPRINGS, WI 53961	. US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		,	,	Safety Equipment						
	٠.	On Duty Ci	ash							
	301	fety Equipment								
		Row	Seat Position	SHOULDER & LAP BEL	Т					
		01 - FRONT ROW	07 - LEFT							
		HelmetUse		Helmet Compliance						
		Eye Protection		Tint Compliance						
2	Σ	Injury Seve	erity	Airbag						
0	5	INJUTY SUSPEC	TED MINOR INJURY	DEPLOYED-COMBINAT						
		1 '	ection Path		1 ''	ed/Extricated				
		NOT EJECTED N	OT EJECTED/NOT APF	LICABLE	NOT '	TRAPPED				
		Medical Transport		EMS Agency Identifier	EMS F	EMS Run#				
		EMS GROUND		6001024						
		Hospital		Date of Death	Time o	of Death				
	SHILL OF	REEDSBURG AREA MED C	TR							

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Crash Time 04:05 PM

		Distracted By	Distr NO	racted By Sourc F APPLICAB I	œ LE (NOT DISTR	AC	TED)					
		Distracted By Action NOT DISTRACTED)									
		Non Motorist	Strik	ing Unit#	Location							
		Prior Action										
-	UAL	Action										
LIND	INDIVIDUAL											
		Action Other										To/From School
	I	Drug & Alcohol	Sus;	pected Alcohol	Use		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	pe				Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Type		Drug Test Results		I			
5	001	Drug Type										
		Individual Condition										
		APPEARED NORM	1AL									
	•	Violations				e de de de						
	0.1	UTC Number BG022622	lsst 001	104	atute Number 6.05(1)		Description OPERATING LEFT O	OF CEN	ITER			
	Unit	Summary •										
	Unit	Status RANSIT					nicle Operating As Classi CLASS	ification		Unit Type AUTOMOE	BILE	
05	Vehi	/ehicle Type								Operating A	s Endorsem	ents
0		(SPORT) UTILITY VEHICLE										
	1	Total Occs Train/Bus # Recorded 1				Total#Citations Issued 0		0			Total HazMat Types 0	
	YES	surance? Direction Of Travel WESTBOUND					Pre CrashTire Mark	Mark 55		2		
LINO	МО	ostHarmful Event: Collision With OTOR VEH IN TRANSPORT					Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
	TWO	TWO-WAY, NOT DIVIDED					Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		
							ad Curvature RAIGHT		Road Grade LEVEL			
	Truc NO	k Bus or HazMat										
	1	Vehicle License Plate Numbe	r			l pi	ate Type	T	St T	Country of Is:	suance	
		404AWH				Αl	UT - AUTOMOBILE		WI	UNITED ST		
05	02	Vehicle Identification 2FMDK4KC1DBC5				1	ake DRD			Model EDGE LIMI	т	

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		Color		Body Style		Bus Use			
		WHI - WHITE		LL - CARRYALL					
	ш	Initial Contact Point		Vehicle Damage					
⊢	#	12 - FRONT		·					
	¥	Extent Of Damage		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT					
⊃	VEHICLE	DISABLING DAMAGE							
				Vehicle Remayad By					
		Towed Due To Damage TOWED DUE TO DISABL	NC DAMAGE	REEDSBURG SALVAG	Vehicle Removed By				
			ING DAWAGE		7E				
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT		NOT ADDI IOADI E					
		Driver Prior Action Other		NOT APPLICABLE	NOT APPLICABLE				
		Driver Actions							
	4	NO CONTRIBUTING ACT	ON						
ا⊑ا	VEHICLE								
	I								
-	5								
		Owner Name		Owner Address					
۱,,		LINDA KAY FAIVRE		S5372 COUNTY R					
8	8	(608) 963-3314		NORTH FREEDOM, WI 53951 , US					
		Sequence Of Events							
		Sequence Of Events Event							
	5	MOTOR VEH IN TRANSPORT							
		Event							
	8								
		Event							
	8								
		Eucat							
	8	Event							
⊨		Policy Holder							
NS.		Insurance Company		Individual					
-		STATE-FARM-GENERAL	-INS-CO	LINDA FAIVRE					
		Individual							
		Driver		Citations ssued		Sex			
		LINDA KAY FAIVRE		0		FEMALE			
		(608) 963-3314		Date of Birth		Race			
⊨	ă					WHITE			
Ž	5	Address		Driver License Number		<u> </u>			
⊃	NON	S5372 COUNTY ROAD PI	•	STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment					
		NORTH FREEDOM, WI 53	951 , US						
		On Duty	Crash						
	Sai	fety Equipment		Odrovy Edgapinesia					
		Row Seat Position		SHOULDER & LAP E	BELT				
		01 - FRONT ROW	07 - LEFT	0					
		HelmetUse	1	Helmet Compliance					
		1 leithet Oss		1 is in let Compilance	Helmet Compliance				
		Eye Protection		Tint Compliance					
		2,011000000		r in conspilarioe					
١.,	N	iii Injury S	everity	Airbag					
8	200	<i>injury</i> _P ossi		DEPLOYED-COMBINATION					
		Ejected	Ejection Path	1		Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE		NOT TRAPPED			
1		Medical Transport		EMS Agency Identifier		EMS Run#			
		1 '		1		1			
		NOT TRANSPORTED							

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	Hospital		Date of Death		Time of Death	
	Distracted By NOT APPL	y Source ICABLE (NOT DISTRAC	CTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist Striking Unit	# Location				
	Prior Action					
	Action					
UNIT						
Z						
	Action Other					To/From School
	Drug & Alcohol NO	Alcohol Use	Suspected Drug Use NO			
	AlcoholTestGiven TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
200	Drug Type					
	Individual Condition					
	APPEARED NORMAL					
	AFFEARED NORMAL					