6TL0BJ1GLC 21-09280

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/27/2021

Crash Time 08:05 PM

	Document Number Override Primary Crash Document#			Agency Crash Number 21-09280			Investigating Officer/Deputy DEPUTY J. MACASKILL				
ပ	Crash Date Crash Time 09/27/2021 08:05 PM		Date Arrived			Time	Time Arrived				
J1G	Date Notified 09/27/2021	Time Notified 08:09 PM	Total Ui 01	Total Units 01		Total	Total Injured Total Killed 00 00				
LOB	On Emergency Hit and Run Lan		Closure	osure Work Zone			Trailer or Towed		Reporting Threshold		
6TI	Government Property	NO NO			Tags	ags					
	Reportable	ANIMAL W/ NO INJURY				Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ———										
- {	ON CTHT WB					Latitude		Longitude			
	588 FT E				43.512982768				536022		
	OF GILLEM RD						Y Coordi				
	IN THE TOWN OF FAIRFIELD	n			X Coordina						
	IN SAUK COUNTY			280426.125				4821368.5			
	IN SASK COCKI I				Structure 7	Tyne		-			
						, ,,,,,					
- 1	Crash Scene										
,											
	First Harmful Event				FirstHarm	ful Event Lo	cation				
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROADWAY						
	Manner of Collision				Light Cond	tition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT			-3						
ŀ	Road Surface Condition(s)				Roadway	Factor(s)					
	• • • • • • • • • • • • • • • • • • • •				stodandy's dotonor						
	Environment Factor(s)										
-	Weather Condition(s)	Manaka w Canadiki a /a\									
	Weather Condition(s)										
l	AnimalType					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location			Crash Classification - Jurisdiction							
	PUBLIC PROPERTY					NO SPECIAL JURIS		RISDICTION			
l	TribalLand				Access Control				Special Study		
(Unit Summary										
	Unit Status Vehicle Operating			ating As C	lassification		Unit Type				
	IN TRANSIT	D CLASS				AUTOMOBILE					
5	Vehicle Type				Operating As Endorsements			rierius			
٦	PASSENGER CAR										
	Total Occs	Train/Bus#Recorded Total#Citations lss 0		ns Issued	d Total Trail 0		ilers Total Hazi		Vlat Types		
		Direction Of Travel	Pre CrashTire					TotalLane	9 \$		
⊢		WESTBOUND Mark									
LINI	Most Harmful Event: Collision With NON DOMESTICATED ANIM	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								
		Vehicle								
10		License Plate Number 879ZEW		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance				
		Vehicle Identification Number		Make Make	Year	Model World	•			
	5	KL4CJGSB5FB270396		BUICK	2015	ENCORE				
	VEHICLE	Color RED - RED		Body Style 4D - 4DR		Bus Use				
١.		Initial Contact Point		Vehicle Damage						
TINN		01 - RtGHT FRONT CORNE Extent Of Damage	ER .	— 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE 6 12						
	y	MINOR DAMAGE		FRONT 3. 4. 3. 2. 1.						
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		SHITCH HALLOWER CANDS								
	ш	Driver Actions NO CONTRIBUTING ACTION								
Ì≒	VEHICLE									
IN IN	I									
		Owner/Address:								
2	5									
				1						
HNO		Policy Holder Insurance Company Individual								
⊃		PROGRESSIVE-CASUALTY-INS-CO		ARABIANNA PREHI	N-VAADE					
		Individual Driver		Citations Issued	l Sex					
	L	ARABIANNA MICHELLE PREHN-VAADE		0						
	DIMIDITA	(608) 425-9523		Date of Birth	Race WHITE					
ş	Ĭ	Address		Driver License Number						
	Z	119 TOWER ST # 8 PRAIRIE DU SAC, WI 53578 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment		Safety Equipment						
		Row	SeatPosition	SHOULDER & LAP I	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance						
		Figure CSE		1 James Companie						
		Eye Protection		TintCompliance						
_	50			Airbag						
01	8	INJURY NO APPARENT INJURY Ejected Ejection Path				Trapped/Extricated				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death				
	###			I						

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		Distracted By Source						
		Distracted By Action						
		Non Motorist Striking	g Unit#	Location				
		Prior Action						
LIND	INDIVIDUAL	Action Action Other						To/From School
	<u> </u>	Drug & Alcohol NO			Suspected Drug Use			
		Alcohol Test Given			De Alcohol Test Result			
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		\$	
2	001	Drug Type	•					
		Individual Condition APPEARED NORMAL						
0								