6TL0CBQ6PT 21-10623

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override	Primary Crash (Document#	Agency 21-106	Crash Number 23	Investigation DEPUTY	-		
Crash Date	Crash Time		Date Ar		Time Arrive	rrived PM		
.rasn ⊔ate 1/04/2021	06:04 PM		11/04/2		06:15 PM			
Date Notified	Time Notified		TotalUr	nits	Total Injure			1
1/04/2021	06:05 PM		01		01		00	
On Emergency	Hit and Run	Lane Clos		Work Zone	Traile	rorl	Towed	Reporting Threshold
Government Property	Active So	chool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	NDARD CRAS	H)		Amen	ded		Secondary Crash
escription ====								
Diagram						Rei	construction	Ву
	Heidrich Ro	ad	<u>~</u>					
			// <i>}@</i>			Pho	otos By	
			Or Or			ZIE	BELL	
			V					
		<u> </u>	`	-				
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		NOT TO SOME						
		₹ T			And the second			
	nent officer, agn	ee that I have n	ot added	any CJIS data in	this report			

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Location
ON HEIDRICH RD

WISCONSIN MOTOR VEHICLE CRASH REPORT

Latitude

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Crash Date 11/04/2021

Crash Time 06:04 PM

Longitude

0.36 MI S			43.59427118	7	-90.068649076		
OF EKES DR	/INFIELD		X Coordinate		Y Coordinate		
IN SAUK COUNTY	THE ILLD	252297.4687	5	4831387			
			Structure Type NO STRUCT	URE			
Crash Scene			•				
First Harmful Event			First Harmful E	cont! continu			
DITCH			SHOULDER				
Manner of Collision			Light Condition	N. O. I. I			
	W/VEHICLE IN TRANSPORT	•	DUSK				
Road Surface Condition			Roadway Facto	24(0)			
DRY	(19)		Noadway Facil	31(5)			
Environment Factor(s)							
NONE			NONE				
Weather Condition(s)							
CLEAR							
Animal Type			Relation To Tra	fficway Y - ON ROAD			
Crash Classification - Lo				ation - Jurisdiction			
TribalLand			Access Control		Special Study		
Within Interchange Area	Junction Location		section Type				
NO	NON-JUNCTION	NOT	AN INTERSECTION	ON			
Unit Summary							
Unit Status		Vehicle Operating	As Classification	UnitType			
IN TRANSIT		D CLASS			AUTOMOBILE		
Vehicle Type				Operating	g As Endorsements		
1 ASSENGEN CAN							
Total Occs	Train/Bus#Recorded	Total#Citations Is:		al Trailers	Total HazMat Types		
2	5: 6: 6:7	1	0	11. 3	0		
Insurance? YES	Direction Of Travel NORTHBOUND	Pre Crash ✓ Mark		ed Limit	Total Lanes 2		
Most Harmful Event: Co	Illision With	Special Function NO SPECIAL FL	UNCTION		cyMotorVehicleUse		
Traffic Way		Traffic Control		Traffic Co	ontrol Inoperative/Missing		
TWO-WAY, NOT DIV	/IDED	NO CONTROL		NO	,		
Surface Type		Road Curvature		Road Gra	ade		
BLACKTOP (BITUM	INOUS)	STRAIGHT		HILLCRI			
Truck Bus or HazMat	·	I					
NO							
Vehicle				STATE OF THE STATE			
License Plate Nur	nber	Plate Type	St	Country of	Issuance		
AMK5282		AUT - AUTOMO	OBILE WI	UNITED :			
Vehicle Identificat	ion Number	Make	Yea	r Model			
S 2C3CCAGG5JH		CHRYSLER	201	1			
Color		Body Style	I .	Bus Use	Bus Use		
BLK - BLACK		SD - SEDAN					
Initial Contact Poir	nt	Vehicle Damage		I	· · · · · · · · · · · · · · · · · · ·		
12 - FRONT Extent Of Damage DISABLING DA					7 8 9 10 11		
Extent Of Damage	;	15 - ALL AREA	AS		6 12		
12 - FRONT Extent Of Damage DISABLING DA	MAGE				5 4 3 2 1		
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		Towed Due To Damage TOWED DUE TO DISABL	ING DAMAGE	Vehicle Removed By					
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT		NOT ARRIVE					
		Driver Prior Action Other		NOT APPLICABLE					
TINO	VEHICLE	Driver Actions EXCEED SPEED LIMIT, F	AILURE TO CONTROL, F	DL, FAILED TO KEEP IN DESIGNATED LANE					
10	-01	OwnerName VICTORIA GRACE SLAM. (608) 417-7714	A	Owner Address S1520A SUBERA HILLSBORO, WI					
		l Sequence Of Events							
	5	Event CROSS CENTERLINE							
	8	Event DITCH							
	63	Event TREE							
	2	Event OVERTURN/ROLLOVER							
L		Insurance Company	Individual						
-		WISCONSIN-MUTUAL-IN	VICTORIA SLAMA						
		Individual							
		Driver VICTORIA GRACE SLAMA		Citations Issued	tations issued Sex FEMALE				
-	DUA	(608) 417-7714		Date of Birth	Race WHITE				
TINO	INDIVIDUA	Address S1520A SUBERA RD HILLSBORO, WI 54634,	us	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	٠.,	On Duty Tety Equipment	Crash	Safety Equipment					
		Row Seat Position		SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
۶	8	Injury S Injury NO AP	PARENT INJURY	Airbag DEPLOYED-COMBINATION					
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AP		PLICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	1	EMS Run#			
		Hospital		Date of Death	Date of Death Time of Death				
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTR	ACTED)		I			
		Distracted By Action NOT DISTRACTED		,					
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Action Other Drug & Alcohol Suspected Alcohol Use NO										
Action Action Other Action O			Non Motorist	Unit#	Location					
Action Other Drug & Alcohol Test Gene Aborbol Test Gene Test Not Given Test Results Testers Not Given Test Compilance Not Test Per Districted Not Test Not Test Per Districted Not Test Not Test Of Districted By Districted By Source Districted By Districted By Source			Prior Action		1					
Action Other TolFrom School Action Other TolFrom School TolFrom School Action of the state TolFrom School TolFr			Action							
Action Other Drug S Alcohol Suspected Alcohol Use NO		4								
Action Other Drug S Alcohol Suspected Drug Use NO	Ę									
Action Other Drug S Alcohol Suspected Drug Use NO	רן	2 3 2								
Alcohol Suspected Alcohol Suspected Drug Use No No No No No No No N										
Alcohol Test Given			Action Other						To/From School	
Alcohol Test Results TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Results Given Test Not Given Test Results Test Not Given Test Results Test Not Given Test Results Test Not Given		l T	Suspect	ted Alcohol L	jse					
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results Dex Dex Drug Test Results Dex Drug Test Results Dex Drug Test Results Dex Dex Drug Test Results Dex Drug Test Pest Results Dex Drug Test		Ī			Alcohol Test Type			Alcohol Test Results		
TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Individual Pessenger Pessenger Rece Pemale Pessenger Pemale			Drug Test Given		Drug Test Type		Drug Test Results			
Individual Pessenger BROOKLIN RENE STROHMEYER (608) 462-3962 Date of Birth Race WHITE Address 632 MILL ST HILLSBORO, WI 54634 , US Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment On Duty Crash Safety Equipment SHOULDER & LAP BELT 01 - FRONT ROW Helmet Use Eye Protection Injury Sevenity SUSPECTED MINOR INJURY DEPLOYED-COMBINATION Ejected NOT EJECTED NOT EJECTED NOT EJECTED NOT EJECTED NOT TRANSPORTED Hospital Distracted By Distracted			TEST NOT GIVEN							
APPEARED NORMAL Individual Passenger BROOKLIN RENE STROHMEYER (608) 462-3962 Date of Birth Race WHITE Address 632 MILL ST HILLSBORO, WI 54634 , US Safety Equipment Row 01 - FRONT ROW 101 - FRONT ROW 109 - RIGHT Helmet Use Eye Protection Tint Compliance Eye Protection Figiction Path NOT EJECTED NOT EJECTED MINOR INJURY DEPLOYED-COMBINATION Ejected NOT TRAPPED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Source Citations Issued Sex Dex Distracted By Sex Citations Issued Sex Female Sex WHITE Race WHITE State S	2	3	Drug Type							
Pessenger Pessenger Pessenger Report R			Individual Condition							_
Pessenger BROOKLIN RENE STROHMEYER (608) 462-3962 Date of Birth Race WHITE Address 632 MILL ST HILLSBORO, WI 54634 , US Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Ejected NOT EJECTED MINOR INJURY DEPLOYED-COMBINATION Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Dis			APPEARED NORMAL							
BROOKLIN RENE STROHMEYER (608) 462-3962 Date of Birth Race WHITE Address 632 MILL ST HILLSBORO, WI 54634 , US Safety Equipment Row 01 - FRONT ROW 01 - FRONT ROW 09 - RIGHT Helmet Use Eye Protection Tint Compliance Eye Protection FEMALE Race WHITE Safety Equipment Safety Equipment Safety Equipment Safety Equipment ShOULDER & LAP BELT Tint Compliance Eye Protection Tint Compliance Eye Protection Figury Suspected MINOR INJURY Ejected NOT EJECTED Modical Transport NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracte		1					, , , , , , , , , , , , , , , , , , , 			
Address 632 MILL ST HILLSBORO, WI 54634 , US Safety Equipment Row D1 - FRONT ROW D1 - FRONT ROW D1 - FRONT ROW Helmet Use Eye Protection Tint Compliance Eye Protection Tint Compliance Ejected NOT EJECTED NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Distracted By Distracted By Distracted By Di			BROOKLIN RENE STROH	MEYER		1	FEMALE			
Safety Equipment Safety Equipment Safety Equipment Safety Equipment Safety Equipment Shoulder & Lap Belt On Duty Crash Shoulder & Lap Belt Helmet Use Helmet Compliance Eye Protection Tint Compliance Tint Compliance Airbag DEPLOYED-COMBINATION Ejected NOT EJECTED NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport NOT TRANSPORTED Hospital Date of Death Time of Death Distracted By Di	 -	Š	(000) 402 0002			Date of Birth				
Safety Equipment Safety Equipment Safety Equipment Safety Equipment Safety Equipment Shoulder & Lap Belt On Duty Crash Shoulder & Lap Belt Helmet Use Helmet Compliance Eye Protection Tint Compliance Tint Compliance Airbag DEPLOYED-COMBINATION Ejected NOT EJECTED NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport NOT TRANSPORTED Hospital Date of Death Time of Death Distracted By Di	5	2 2	632 MILL ST							
Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Ejected Ejection Path NOT EJECTED MINOR INJURY DEPLOYED-COMBINATION Ejected NOT EJECTED NOT APPLICABLE NOT TRAPPED Medical Transport NOT TRANSPORTED Hospital Distracted By Source Distracted By Distracted By Distracted By SHOULDER & LAP BELT SHOULDER & LAP BELT SHOULDER & LAP BELT Tint Compliance Transport Naribag DEPLOYED-COMBINATION EMS Agency Identifier EMS Run # Distracted By Distr			HILLSBORO, WI 54634 ,	US		STATE: WISCONSIN	I COUNTRY: UNI	TED STATES		
Row 01 - FRONT ROW 09 - RIGHT Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Distracted By Source SHOULDER & LAP BELT Distracted By Source SHOULDER & LAP BELT SHOU		Saf	On Duty	Crash		Safety Equipment				
Helmet Use Eye Protection Tint Compliance Airbag DEPLOYED-COMBINATION Ejected NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Distracted By Distracted By Helmet Compliance Tint Compliance Airbag DEPLOYED-COMBINATION Trapped/Extricated NOT TRAPPED EMS Run# Time of Death		Row Seat Position				SHOULDER & LAP BELT				
Airbag Deployed-Combination Deployed-Combination Deployed-Combination Deployed-Combination Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Deployed-Combination Deployed-Combination Trapped/Extricated NOT TRAPPED Deployed-Combination Deployed-Combination Deployed-Combination Trapped/Extricated NOT TRAPPED Deployed-Combination Deployed-Extricated NOT TRAPPED Deployed-Extricated NOT TRAPPED Deployed-Extricated NOT TRAPPED Deployed-Extricated Deployed-Extrica					Helmet Compliance					
Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED			Eye Protection			Tint Compliance				
Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED	- 5	¥	Injury Severity			Airbag				
NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport EMS Agency Identifier EMS Run# NOT TRANSPORTED Hospital Date of Death Time of Death Distracted By Source	0	5	(approx - 1 cm)		DEPLOYED-COMBINATION		Trapped/Extricated			
NOT TRANSPORTED Hospital Date of Death Time of Death Distracted By Distracted By			NOT EJECTED NOT EJECTED/NOT APP		CTED/NOT APP			NOT TRAPPED		
Distracted By Source			NOT TRANSPORTED							
Distracted By			·			Date of Death		Hime of Death		
Distracted By Action			Distracted By	ed By Source	-					
			Distracted By Action							
Non Motorist Striking Unit # Location		1	Non Motorist	Unit#	Location					

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		Prior Action						
İ		Action						
	5							
UNIT	₫							
⊃	INDIVIDUAL							
	2							
		Action Other						To/From School
	L	Orug & Alcohol	Suspected Alco	ohol Use	Suspected Drug Use 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		
_	Q	Drug Type						
01	005							
		Individual Condition						
		APPEARED NORM	5 A I					
		AFFEARED NORM	IAL					
	İ	Violations	กราราธาธาธาธาธาธาธาธาธาธาธาธาธาธาธาธาธาธ	********		*******		
	10	UTC Number BF694439	Issue To?	Statute Number 346.05(1)	Description OPERATING LEFT (OF CENTER		
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