

6TL0BNZM33

21-11365

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override, Primary Crash Document#, Agency Crash Number, Investigating Officer/Deputy, Crash Date, Crash Time, Date Arrived, Time Arrived, Date Notified, Time Notified, Total Units, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related, Tags, Reportable, Crash Type, Amended, Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

ON STH23 WB
1036 FT N
OF CTHW EB
IN THE TOWN OF WESTFIELD
IN SAUK COUNTY
Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type

Crash Scene

First Harmful Event, First Harmful Event Location, Manner of Collision, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type, Relation To Trafficway, Crash Classification - Location, Crash Classification - Jurisdiction, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Operating As Endorsements, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With, Special Function, Emergency Motor Vehicle Use, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

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| | | | |
|---------------------------------|--|---|--------------------------------|
| Truck Bus or HazMat | | | |
| 01 UNIT VEHICLE | Vehicle | | |
| | License Plate Number KMW345 | Plate Type AUT - AUTOMOBILE | St IA |
| | Country of Issuance UNITED STATES | Year 2016 | Model EDGE |
| | Vehicle Identification Number 2FMPK4K90GBB30943 | Make FORD | Bus Use |
| | Color GRY - GRAY | Body Style UT - SPORT UTILITY VEHICLE | |
| | Initial Contact Point 11 - LEFT FRONT CORNER | Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | |
| | Extent Of Damage FUNCTIONAL DAMAGE | | |
| | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing | Vehicle Factors | |
| | Driver Prior Action Other | | |
| 01 UNIT VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | |
| | Owner Name | Owner Address | |
| 01 UNIT POLICY HOLDER | Policy Holder | | |
| | Insurance Company NATIONWIDE-GENERAL-INS-CO | Individual SCOTT RAMSPOTT | |
| 01 UNIT INDIVIDUAL | Individual | | |
| | Driver COLIN DOUGLAS RAMSPOTT (319) 855-8424 | Citations Issued 0 | Sex MALE |
| | | Date of Birth [REDACTED] | Race WHITE |
| | Address 555 STRATHMOOR DR NORTH LIBERTY, IA 52317 , US | Driver License Number [REDACTED] STATE: IOWA COUNTRY: UNITED STATES | |
| 01 UNIT SAFETY EQUIPMENT | On Duty Crash | | Safety Equipment |
| | Row | Seat Position | SHOULDER & LAP BELT |
| | Helmet Use | | Helmet Compliance |
| | Eye Protection | | Tint Compliance |
| | Injury Severity NO APPARENT INJURY | | Airbag |
| 01 UNIT MEDICAL TRANSPORT | Ejected | Ejection Path | Trapped/Extricated |
| | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run# |
| | Hospital | Date of Death | Time of Death |
| | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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|--|---|--|------------------------------------|---------------------------------|----------------------|
| UNIT INDIVIDUAL 01 001 | Distracted By | | Distracted By Source | | |
| | Distracted By Action | | | | |
| | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO | |
| | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | Alcohol Test Results |
| | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results | |
| | Drug Type | | | | |
| Individual Condition APPEARED NORMAL | | | | | |