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22-04132

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0D0GSJG

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 STH60 WB, 1004 FT E, OF HILTON DR, IN THE TOWN OF TROY, 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.

WISCONSIN MOTOR VEHICLE
CRASH REPORT

Truck Bus or HazMat				
01 UNIT VEHICLE	Vehicle			
	License Plate Number APF2902	Plate Type AUT - AUTOMOBILE	St WI	
	Country of Issuance UNITED STATES	Vehicle Identification Number 1G1PC5SH3C7152591	Make CHEVROLET	
	Year 2012	Model CRUZE	Color SIL - SILVER (ALUMINUM)	
	Body Style SD - SEDAN	Bus Use	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	
	Driver Actions NO CONTRIBUTING ACTION			
01 UNIT VEHICLE	Owner Name		Owner Address	
	Policy Holder			
01 UNIT INDIVIDUAL	Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual FONETTA WAYNE		
	Individual			
01 UNIT INDIVIDUAL	Driver FONETTA CAROL WAYNE	Citations Issued 0	Sex FEMALE	
	Date of Birth [REDACTED]	Race WHITE		
	Address 504 WISCONSIN ST WOODMAN, WI 53827 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment			
On Duty Crash		Safety Equipment SHOULDER & LAP BELT		
Row	Seat Position	Helmet Compliance		
Helmet Use		Tint Compliance		
Eye Protection		Airbag		
01 UNIT INDIVIDUAL	Injury Injury Severity NO APPARENT INJURY		Ejected	
	Ejection Path		Trapped/Extricated	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
	Hospital		EMS Run #	
Date of Death		Time of Death		

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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 Suspected Drug Use NO NO
	Alcohol Test Given	Alcohol Test Type Alcohol Test Results TEST NOT GIVEN
	Drug Test Given	Drug Test Type Drug Test Results TEST NOT GIVEN
	Drug Type	
Individual Condition APPEARED NORMAL		