# 6TL0CTJN2P 22-06249

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/02/2022

Crash Time 01:10 AM

|          | Document Number Override  | Primary Crash Document#        |             | Agency Crash Number<br>22-06249       |                                     |   | Investigating Officer/Deputy DEPUTY A. KULAS |                                       |                         |                  |  |
|----------|---|--------------------------------|-------------|---------------------------------------|-------------------------------------|---|--|---------------------------------------|-------------------------|------------------|--|
| 12P      | Crash Date 07/02/2022   | Crash Time<br>01:10 AM         |             |                                       | Date Arrived                        |   | Time   | Time Arrived                          |                         |                  |  |
| OCTJN2P  | Date Notified 07/02/2022  | Time Notified 01:12 AM         |             | Total Units<br>01                     |                                     | Total   |  | · 1                                   | Injured Total Killed 00 |                  |  |
|          | On Emergency  | and Run Lane Closu             |             |                                       |                                     | <b></b>   | Trailer or Towed                             |                                       | Reporting  Threshold    |                  |  |
| 6TL      | Government Property Active School Zone  |                                |             | School Bus Related NO                 |                                     |   | Tags   | Tags                                  |                         |                  |  |
|          | Reportable  | Crash Type<br>NON-DOMEST       | ICATED ANIM | AL W/ NO                              | INJUR                               | Υ   | 900000000                                    | Amended                               |                         | Secondary  Crash |  |
|          | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
| Ī        | Location <b></b>  |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
|          | ON STH33 EB   |                                |             |                                       |                                     | Latitude  |  |                                       | Longitud                | e                |  |
|          | 0.48 MI W   |                                |             |                                       |                                     |   | 43.477406125                                 |                                       |                         | -89.649062755    |  |
|          | OF CTHX EB  |                                |             |                                       |                                     | X Coordin   | ata  |                                       |                         |                  |  |
|          | IN THE TOWN OF GREENFIELD IN SAUK COUNTY  |                                |             |                                       | X Coordinate Y Coordinate 4817241.5 |   |  |                                       |                         |                  |  |
|          |   |                                |             |                                       |                                     | Structure Type NO STRUCTURE                                 |  |                                       |                         |                  |  |
| (        | Crash Scene   |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
| 1        | First Harmful Event   |                                |             |                                       |                                     | Circt Uarro   | ful Evanti                                   | action                                |                         |                  |  |
|          | NON DOMESTICATED ANIM   | AL (ALEVE)                     |             |                                       |                                     | First Harmful Event Location                                |  |                                       |                         |                  |  |
|          |   | AL (ALIVE)                     |             |                                       |                                     | ON ROADWAY  |  |                                       |                         |                  |  |
|          | Manner of Collision   | O. E. IN TOANOD                |             |                                       |                                     | Light Condition   |  |                                       |                         |                  |  |
|          | 00 - NO COLLISION W/VEHIO   | CLE IN TRANSPO                 | JRI         |                                       |                                     |   |  |                                       |                         |                  |  |
|          | Road Surface Condition(s)   |                                |             |                                       |                                     | Roadway   | Factor(s)                                    |                                       |                         |                  |  |
|          |   |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
| ŀ        | Environment Factor(s)   |                                |             |                                       |                                     | -   |  |                                       |                         |                  |  |
|          |   |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
|          |   |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
|          | Weather Condition(s)  |                                |             |                                       |                                     | 1   |  |                                       |                         |                  |  |
|          |   |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
|          |   |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
|          | AnimalType  |                                |             |                                       | Relation To Trafficway              |   |  |                                       |                         |                  |  |
|          | DEER  |                                |             |                                       | TRAFFICWAY - ON ROAD                |   |  |                                       |                         |                  |  |
|          | Crash Classification - Location PUBLIC PROPERTY Tribal Land                                   |                                |             |                                       |                                     | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |  |                                       |                         |                  |  |
| }        |   |                                |             |                                       |                                     | Access Control  |  |                                       |                         | Special Study    |  |
|          | Houselia  |                                |             |                                       |                                     | Worden Colling  |  |                                       |                         | opecial clady    |  |
| Ŀ        |   |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
|          | Unit Summary  |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
|          |   |                                |             | /ehicle Operating As Classification   |                                     |   | UnitType                                     |                                       |                         |                  |  |
|          |   |                                |             |                                       | D CLASS                             |   | AUT  |                                       | AUTOMOBILE              |                  |  |
| 01       | Vehicle Type  |                                |             |                                       | Operating As Endorsements           |   |  |                                       |                         |                  |  |
| 0        | PASSENGER CAR   |                                |             |                                       |                                     |   |  |                                       |                         |                  |  |
|          | Total Occs Train/Bus#Recorded   |                                | 1           | Total # Citations Issued  0           |                                     | TotalTrail  |  | 0                                     |                         | Vlat Types       |  |
|          | 1   | 0                              |             |                                       |                                     |   |  |                                       |                         |                  |  |
|          |   | Direction Of Travel  EASTBOUND |             | Pre CrashTire Mark                    |                                     | Speed Lin   |  | nit Total Lane                        |                         | 98               |  |
| LIND     | Most Harmful Event: Collision With  |                                |             | Special Function                      |                                     |   |  | Emergency Motor Vehicle Use           |                         |                  |  |
| <b> </b> | NON DOMESTICATED ANIMAL (ALIVE)   |                                |             | NO SPECIAL FUNCT                      |                                     | TION  |  | NOT APPLICABLE                        |                         |                  |  |
| }        | Traffic Way   |                                |             | ffic Control                          |                                     |   |  | Traffic Control Inoperative/Missing   |                         |                  |  |
|          | , result ( )  |                                |             | Harne Considi                         |                                     |   |  | Traine Constitution persuaverivissing |                         |                  |  |
| ŀ        | Surface Type  |                                |             | Road Curvature                        |                                     |   | Road Grade                                   |                                       | <del></del>             |                  |  |
|          | <u>"</u>  |                                |             | · · · · · · · · · · · · · · · · · · · |                                     |   |  |                                       |                         |                  |  |

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|        | Truc   | k Bus or HazMat   |  |   |                  |   |  |  |  |  |
|--------|--|---|--|---|------------------|---|--|--|--|--|
| _      |  | Vehicle License Plate Number AME8377 Vehicle Identification Number              |  | Plate Type AUT - AUTOMOBILE Make  | St<br>WI<br>Year | Country of Issuance UNITED STATES Model |  |  |  |  |
| 2      | VEHICLE 01   | WAUEFGFF5F1030426   |  | AUDI  | 2015             | A3                                      |  |  |  |  |
|        |  | Color<br>GRY - GRAY   |  | Body Style<br>SD - SEDAN  | · ·              |   |  |  |  |  |
| UNIT   |  | Initial Contact Point  10 - LEFT SIDE FRONT  Extent Of Damage FUNCTIONAL DAMAGE |  | Vehicle Damage       7 8 9 10 m         08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 -       6 12         LEFT SIDE FRONT       5 4 8 2 3 |                  |   |  |  |  |  |
|        |  | Towed Due To Damage NOT TOWED   |  | Vehicle Removed By  OPERATOR  |                  |   |  |  |  |  |
|        |  | What Driver Was Doing   |  | Vehicle Factors   |                  |   |  |  |  |  |
|        |  | Driver Prior Action Other   |  | _   |                  |   |  |  |  |  |
| UNIT   | VEHICLE  | Driver Actions NO CONTRIBUTING ACTION   |  |   |                  |   |  |  |  |  |
| ٦      | 01 V   | Gwner Name  |  | Owner Address   |                  |   |  |  |  |  |
| l⊨     |  | Policy Holder   |  |   |                  |   |  |  |  |  |
| N<br>N |  | Insurance Company FARMERS-INS-CO-INC  |  | Individual TONYA ZIMMERMA   | N                |   |  |  |  |  |
|        | Individual Driver TONYA L ZIMMERMAN (608) 448-7105  Address 1126 11TH ST #3 BARABOO, WI 53913 , US | Driver<br>TONYA L ZIMMERMAN   |  |   |                  |   |  |  |  |  |
|        |  |   |  | Citations Issued  0   | Sex<br>FEMALE    | E                                       |  |  |  |  |
| _      |  | (608) 448-7105  |  | Date of Birth   | Race<br>WHITE    | E                                       |  |  |  |  |
| TNO    |  | s   | Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES |   |                  |   |  |  |  |  |
|        | Sai  | On Duty Crash Safety Equipment  |  | Safety Equipment  |                  |   |  |  |  |  |
|        | 001  | Row Seat Position   |  | SHOULDER & LAP BELT   |                  |   |  |  |  |  |
|        |  | Helmet Use  |  | Heimet Compliance   |                  |   |  |  |  |  |
| 01     |  | Eye Protection  |  | TintCompliance  |                  |   |  |  |  |  |
|        |  | Injury Severity NO APPARENT INJURY  |  | Airbag  |                  |   |  |  |  |  |
|        |  | Ejection Path   |  | Trapped/Extricated  |                  |   |  |  |  |  |
|        |  | Medical Transport NOT TRANSPORTED   |  | EMS Agency Identifier   |                  | EMS Run#                                |  |  |  |  |
|        |  | Hospital  |  | Date of Death   |                  | Time of Death                           |  |  |  |  |

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|      |              | Distracted By Sou                       | urce                             |                                  |                 |   |                |
|------|--------------|---|----------------------------------|----------------------------------|-----------------|---|----------------|
|      |              |   |                                  |                                  |                 |   |                |
|      |              | Distracted By Action                    |                                  |                                  |                 |   |                |
|      |              |   |                                  |                                  |                 |   |                |
|      |              | Striking Unit#                          | Location                         |                                  |                 |   |                |
|      |              | Non Motorist                            |                                  |                                  |                 |   |                |
|      |              | Prior Action                            | <u> </u>                         |                                  |                 |   |                |
|      |              | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                  |                                  |                 |   |                |
|      |              | Action                                  |                                  |                                  |                 |   |                |
|      |              |   |                                  |                                  |                 |   |                |
|      |              |   |                                  |                                  |                 |   |                |
|      | INDIVIDUAL   |   |                                  |                                  |                 |   |                |
| UNIT | ā            |   |                                  |                                  |                 |   |                |
| =    | 3            |   |                                  |                                  |                 |   |                |
| _    | a            |   |                                  |                                  |                 |   |                |
|      | 2            |   |                                  |                                  |                 |   |                |
|      |              |   |                                  |                                  |                 |   |                |
|      |              |   |                                  |                                  |                 |   |                |
|      |              | Action Other                            |                                  |                                  |                 |   | To/From School |
|      |              |   |                                  |                                  |                 |   |                |
|      |              | Suspected Alcoh                         |                                  |                                  |                 |   |                |
|      | 1            | Drug & Alcohol NO                       | Suspected Drug Use NO            |                                  |                 |   |                |
|      |              | Alcohol Test Given                      | Alcohol Test Type                | pe Alcohol Test Result           |                 |   |                |
|      |              | TEST NOT GIVEN                          | ,, , , , , , , , , , , , , , , , |                                  |                 |   |                |
|      |              | 1                                       | Drug Test Type                   | Drug Test Type Drug Test Results |                 |   |                |
|      |              | Drug Test Given TEST NOT GIVEN          | Diag restrype                    |                                  | Didg restresuls | , |                |
|      |              |   |                                  |                                  |                 |   |                |
| 01   | 8            | Drug Type                               |                                  |                                  |                 |   |                |
|      | 0            |   |                                  |                                  |                 |   |                |
|      |              | Individual Condition                    |                                  |                                  |                 |   |                |
|      |              | managar Conditions                      |                                  |                                  |                 |   |                |
|      |              | APPEARED NORMAL                         |                                  |                                  |                 |   |                |
|      |              |   |                                  |                                  |                 |   |                |
|      | welmineliji? |   |                                  |                                  |                 |   |                |