

6TL0CVRP4N

22-11006

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 STH136 EB 19 FT S OF STH23 EB IN THE TOWN OF REEDSBURG 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                            |                                     |   |               |                     |
| <b>Vehicle</b>                                 |                                     |   |               |                     |
| 01<br>UNIT<br>VEHICLE<br>01                    | License Plate Number                | Plate Type                              | St            | Country of Issuance |
|  | 524WBH                              | AUT - AUTOMOBILE                        | WI            | UNITED STATES       |
|  | Vehicle Identification Number       | Make                                    | Year          | Model               |
|  | 1C3CDZAB7EN228016                   | DODGE                                   | 2014          | AVENGER SE          |
|  | Color                               | Body Style                              | Bus Use       |                     |
|  | BLU - BLUE                          | 4D - 4DR                                |               |                     |
|  | Initial Contact Point               | Vehicle Damage                          |               |                     |
| 12 - FRONT                                     | 01 - RIGHT FRONT CORNER, 12 - FRONT |   |               |                     |
| Extent Of Damage                               | FUNCTIONAL DAMAGE                   |   |               |                     |
| Towed Due To Damage                            | Vehicle Removed By                  |   |               |                     |
| NOT TOWED                                      | OPERATOR                            |   |               |                     |
| What Driver Was Doing                          | Vehicle Factors                     |   |               |                     |
| Driver Prior Action Other                      |                                     |   |               |                     |
| Driver Actions                                 | NO CONTRIBUTING ACTION              |   |               |                     |
| Owner Name                                     |                                     | Owner Address                           |               |                     |
|  |                                     |   |               |                     |
| <b>Policy Holder</b>                           |                                     |   |               |                     |
| Insurance Company                              |                                     | Individual                              |               |                     |
| AMERICAN-FAMILY-INS-CO                         |                                     | PAULA LABANSKY                          |               |                     |
| <b>Individual</b>                              |                                     |   |               |                     |
| 01<br>UNIT<br>INDIVIDUAL<br>001                | Driver                              | Citations Issued                        | Sex           |                     |
|  | PAULA LABANSKY<br>(608) 495-1697    | 0                                       | FEMALE        |                     |
|  |                                     | Date of Birth                           | Race          |                     |
|  |                                     |   | WHITE         |                     |
| Address  |                                     | Driver License Number                   |               |                     |
| 310 N MAPLE ST<br>NORTH FREEDOM, WI 53951 , US |                                     | STATE: WISCONSIN COUNTRY: UNITED STATES |               |                     |
| <b>Safety Equipment</b>                        |                                     | On Duty Crash                           |               |                     |
|  |                                     | Safety Equipment                        |               |                     |
| Row  | Seat Position                       | SHOULDER & LAP BELT                     |               |                     |
|  |                                     |   |               |                     |
| Helmet Use                                     |                                     | Helmet Compliance                       |               |                     |
|  |                                     |   |               |                     |
| Eye Protection                                 |                                     | Tint Compliance                         |               |                     |
|  |                                     |   |               |                     |
| <b>Injury</b>                                  |                                     | Airbag                                  |               |                     |
| Injury Severity                                |                                     |   |               |                     |
| NO APPARENT INJURY                             |                                     |   |               |                     |
| Ejected  | Ejection Path                       | Trapped/Extricated                      |               |                     |
|  |                                     |   |               |                     |
| Medical Transport                              |                                     | EMS Agency Identifier                   | EMS Run#      |                     |
| NOT TRANSPORTED                                |                                     |   |               |                     |
| Hospital                                       |                                     | Date of Death                           | Time of Death |                     |
|  |                                     |   |               |                     |

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