# **6TL0D1PTMP** 22-11315

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/11/2022

Crash Time 03:42 PM

	Document Number Override	Primary Crash Document#	1	Agency Crash Number 22-11315			Investigating Officer/Deputy DEPUTY S. MESSNER			
TMP	Crash Date 11/11/2022	Crash Time 03:42 PM	Date Ar	ate Arrived Time		Time	ne Arrived			
1PT	Date Notified         Time Notified           11/11/2022         03:42 PM		Total Units 01		Total		·	Injured Total Killed		
0	On Emergency	it and Run Lane (	Closure	Work Zone			Trailer or Towed		Reporting  Threshold	
6TL	Government Property	School Bus Related NO		Tags	「ags					
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	IO INJUR	Υ	**************************************	Amended		Secondary Crash	
	, a sworn law enforcement	ve not added	d any CJ	IS data in	this repor	t.				
	Location <b>——</b>									
	ON USH12 EB				Latitude			Longitud	9	
	649 FT S					6692	-89.782		2137869	
	OF USHL U EB									
	IN THE TOWN OF DELTON				X Coordinate		Y Coord			
	IN SAUK COUNTY				275286.9	0625		482642	В	
					1	Structure Type NO STRUCTURE				
L										
•	Crash Scene									
Ī	First Harmful Event				FirstHarm	ful Event Lo	cation			
	NON DOMESTICATED ANIM			ON ROADWAY						
ŀ	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT			Egitt Condition					
ŀ	Road Surface Condition(s)				Roadway Factor(s)					
	stoad carrace conduction(s)		Roadway			y racion(s)				
Ì	Environment Factor(s)				1					
	Weather Condition(s)									
ŀ	Animal Type				Relation To Trafficway					
	DEER Crash Classification - Location PUBLIC PROPERTY				TRAFFICWAY - ON ROAD  Crash Classification - Jurisdiction					
ŀ										
					NO SPECIAL JURISI					
ŀ	TribalLand			Snecial Study						
									'	
L	Init Cummon:									
	Unit Summary		I Valaiala Onau		l:£:£		11 N.T			
				icle Operating As Classification			UnitType			
				CLASS			AUTOMOBILE			
10	Vehicle Type						Operating As	s Endorser	nents	
0	PASSENGER CAR									
			Total # Citations Issued		† Total Trai		illers Total Haz		/latTypes	
			0	0		0		0		
		Direction Of Travel SOUTHBOUND	Pre CrashTire Spe		Speed Lim	ed Limit Total Lar		s		
LINO	Most Harmful Event: Collision With	Special Function				Emergency Motor Vehicle Use				
5	NON DOMESTICATED ANIM	NO SPECIAL FUNCTI		TION		NOT APPLICABLE				
	Traffic Way									
	ridino ridy	Traffic Control				Traffic Control Inoperative/Missing				
}	Surface Type	Road Curvature			Road Grade					
	<b>31</b>	, toda odi vatalo								

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I	Truc	ck Bus or HazMat								
	"""	SK 505 CH Hazivat								
		Vehicle								
10		License Plate Number		Plate Type	St	Country of Issuance				
		517YVU		AUT - AUTOMOBILE	Wi	UNITED STATES	1			
	5	Vehicle Identification Number		Make	Year	Model				
		2T18U4EE5DC019101		TOYOTA  Body Style	2013	COROLLA				
	щ	Color BLU - BLUE		SD - SEDAN		Bus Use				
		Initial Contact Point		Vehicle Damage						
	VEHICLE	01 - RIGHT FRONT CORN	ER		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE					
INNI	I	Extent Of Damage			FRONT, 03 - RIGHT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT					
	7	DISABLING DAMAGE Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLE	NG DAMAGE	CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
	щ	NO CONTRIBUTING ACTION								
	VEHICL									
NS.										
	7									
		OwnerName		Owner Address						
_										
2	5									
l⊨		Policy Holder								
N		Insurance Company STATE-FARM-GENERAL-INS-CO		Individual PAMELA OSTHEIM	FR					
		Driver			Citations ssued Sex					
	DIMDUAL	PAMELA P OSTHEIMER		0	0 FEMALE					
		(608) 415-8878		Date of Birth	Race WHITE					
F	9									
Ś	5	Address 201 S WALNUT ST # 209 REEDSBURG, WI 53959 , US		Driver License Number	Driver License Number					
				STATE: WISCONSIN COUNTRY: UNITED STATES						
	Ça:	On Duty Crash  fety Equipment		Safety Equipment						
			Ta	SHOULDER & LAP BELT						
		Row	Seat Position	SHOOLDER & LAP	DELI					
		Helmet Use		Helmet Compliance						
				,						
		Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance						
_				Airbag						
2	8									
				Trapped/Extricated						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death				
		anoham				, me or bear				

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		Distracted By Source	æ					
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action						
		Action						
	7							
<u>.</u>	9							
UNIT	INDIWIDUAL							
	Ź.							
	Z							
	_							
		Action Other					To/From School	
		Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO						
	į	Drug & Alcohol No	NO					
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given Drug TesT NOT GIVEN		Drug Test Result		dis .		
		TEŠT NOT GIVEN			-			
_	~	Drug Type	1					
01	8	3 7.						
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						