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22-11379

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 USH12 WB 0.57 MI N OF GROTH RD IN THE TOWN OF SUMPTER 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
Vehicle
01 UNIT 01 VEHICLE
License Plate Number: DXP123, Plate Type: AUT - AUTOMOBILE, St: MN, Country of Issuance: UNITED STATES
Vehicle Identification Number: 4T1BF1FK2GU222639, Make: TOYOTA, Year: 2016, Model: CAMRY
Color: GRY - GRAY, Body Style: 4D - 4DR, Bus Use:
Initial Contact Point: 01 - RIGHT FRONT CORNER, Vehicle Damage: 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT
Extent Of Damage: FUNCTIONAL DAMAGE
Towed Due To Damage: NOT TOWED, Vehicle Removed By: OPERATOR
What Driver Was Doing: GOING STRAIGHT, Vehicle Factors: NOT APPLICABLE
Driver Prior Action Other:
Driver Actions: NO CONTRIBUTING ACTION
Owner Name, Owner Address
Policy Holder
Insurance Company: STATE-FARM-GENERAL-INS-CO, Individual: MELINDA VANG
Individual
Driver: MELINDA SUE VANG (612) 322-2364, Citations Issued: 0, Sex: FEMALE
Date of Birth, Race
Address: 5264 HEATH AVE N OAKDALE, MN 55128 3056, US, Driver License Number: STATE: MINNESOTA COUNTRY: UNITED STATES
Safety Equipment
On Duty Crash, Safety Equipment: SHOULDER & LAP BELT
Row, Seat Position, Helmet Use, Helmet Compliance, Eye Protection, Tint Compliance
01 UNIT 001 Injury
Injury Severity: NO APPARENT INJURY, Airbag
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

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		