6TL0BTWRBG 22-11954

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/29/2022

Crash Time 06:02 PM

	Document Number Override Primary Crash Document#			Agency Crash Number 22-11954		I	Investigating Officer/Deputy LIEUTENANT S. SCHRAM				
SBS	Crash Date Crash Time 11/29/2022 06:02 PM		Date Arrived		Time	Time Arrived					
BTWRB	Date Notified Time Notified 11/29/2022 06:02 PM		Total Units 01			1 1		Total Killed	Total Killed 00		
OBT	On Emergency	it and Run Lane (Closure	Wo	rk Zone	-	Trailer or T	owed	Reporting Threshold		
etl.	Government Property	School NO	I I		Tags	gs					
\mathbf{e}	▼ Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ		Amended		Secondary Crash		
	i, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location ——										
Ī	ON CTHB WB				Latitude			Longitud	la		
	21 FT E				43.254840431		-89.902				
	OF WINKIE RD										
	IN THE TOWN OF TROY				X Coordin		Y Coordi 479320				
	IN SAUK COUNTY				264404.2	28125			6		
	IN SAGN COON I				Structure 1	Type					
					0.000.00	Chaosare Type					
l											
(Crash Scene 💮 💳										
1	First Harmful Event				First Harm	ıful Event Lo	cation				
	NON DOMESTICATED ANIM	TAL (ALEVE)			ON ROA						
		TAE (AEIVE)			Light Condition						
	Manner of Collision										
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT									
	Road Surface Condition(s)				Roadway	Factor(s)					
l	Environment Factor(s)				1						
l	Weather Condition(s)				-						
	• •										
ŀ	AnimalType					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction						
	Crash Classification - Location			ı							
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control							
	TribalLand							Special Study			
ĺ	Unit Summary 💳										
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType				
				LASS			AUTOMOBILE				
5	Vehicle Type				Operating As Endorsements						
0	(SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded Total # Citations Issued										
i	Total Occs	Total # Citations Issued O Pre CrashTire		0		0		Mat Types			
	02										
	Insurance?							25			
,	Insurance? Direction Of Travel YES WESTBOUND			Pre Crash Fire Mark		,			-		
LND							Emergency Motor Vehicle Hse		iclo l leo		
5	Most Harmful Event: Collision Wit	Special Function NO SPECIAL FUNCT		TION		Emergency Motor Vehicle Use NOT APPLICABLE					
	HOR DOWLD HOATED ARRIVAL (ALIVE)										
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing					
	Surface Type	Road Curvature				Road Grade					

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	Truc	ck Bus or HazMat								
		Vehicle	TREE SELECTION OF THE S		0150180190180180180180180	NESS PRESENTANTES PRESENTANTES PRESENTANTES PRESENTANTES PRESENTANTES PRESENTANTES PRESENTANTES PRESENTANTES P				
01		License Plate Number		Plate Type	St	Country of issuance				
		AHN4034 Vehicle Identification Number		AUT - AUTOMOBILE	WI Year	Model Model				
	5	JF1GG63627G809391		SUBARU	2007	IMPREZA				
		Color		Body Style		Bus Use	Bus Use			
	VEHICLE	BLK - BLACK Initial Contact Point		SW - STATIONWAGON Vehicle Damage						
l⊨		01 - RIGHT FRONT CORNER Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE 7 8 9 10 11						
UNIT										
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLI	NG DAMAGE	EVERETTS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions	Driver Actions							
_	Щ	NO CONTRIBUTING ACTION								
	VEHICL									
_	3									
		Owner Name Owner Address								
2	5									
<u> </u>		Policy Holder								
\ N		Insurance Company USAA-CASUALTY-INS-CO		Individual JENNIFER MCFARL						
		Driver JENNIFER ANN MCFARLANE (303) 358-4831		Citations Issued	Citations issued Sex					
	_			0						
_	DIVIDUA	()		Date of Birth	Race WHITE					
ş	S	Address		Driver License Number						
-	Z	E4828A ROLLING RIDGE RD SPRING GREEN, WI 53588 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment		Safety Equipment						
		Row	Seat Position	SHOULDER & LAP BELT						
		Liebeekijee		1 to inset Commission						
		HelmetUse		Heimet Compliance						
		Eye Protection		TintCompliance						
5	100	Injury Severity		Airbag						
		Injury NO APPARENT INJURY Ejected 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 Source	•				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
_	TAL						
UNIT	INDIVIDUAL						
	1						
		Action Other					To/From School
	1	Drug & Alcohol Suspected Alcoh	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	lcoholTestType AlcoholTestResu			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
01	100	Drug Type					
	, T.						
		Individual Condition					
		APPEARED NORMAL					
	walannalii%						