

6TL0BC3B6Q

Document Number Override		Primary Crash Document #		Agency Crash Number 23-00158		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 01/05/2023		Crash Time 08:30 AM		Date Arrived 01/05/2023		Time Arrived 09:09 AM	
Date Notified 01/05/2023		Time Notified 08:45 AM		Total Units 01		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency		<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold		<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		School Bus Related NO		Tags	
<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash					

Description

Diagram		Reconstruction By	
		Photos By	
		Additional Information NONE	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING EASTBOUND. THE OPERATOR OF UNIT 1 WAS UNABLE TO STOP AT A STOP SIGN. UNIT 1 SLID THROUGH THE INTERSECTION WHERE IT STRUCK A MAILBOX AND STREET SIGN POST ON THE OPPOSITE SIDE OF THE STREET. THE OPERATOR STATED SHE RECEIVED AN EMAIL HER ANTI-LOCK BRAKES DIDN'T FUNCTION PROPERLY. NO REPORTED INJURIES.

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors		
	Driver Prior Action Other		BRAKES		
	Driver Actions SPEED TOO FAST/COND				
01	01	Owner Name ASHLEY GERMAIN (608) 393-1456		Owner Address 120 ASH ST APT 5 SAUK CITY, WI 53583 , US	
		Sequence Of Events			
UNIT	01	Event RUN OFF ROADWAY LEFT			
		Event MAILBOX			
		Event OTHER POST, POLE OR SUPPORT			
		Event			
UNIT	01	Policy Holder			
		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual ASHLEY GERMAIN		
UNIT	01	Individual			
		Driver ASHLEY GERMAIN (608) 393-1456		Citations Issued 0	Sex FEMALE
		Address 120 ASH ST APT 5 SAUK CITY, WI 53583 , US		Date of Birth	Race WHITE
				Driver License Number	
UNIT	01	Safety Equipment			
		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
UNIT	001	Injury			
		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
UNIT	01	Distracted By			
		Distracted By Source			
Distracted By Action UNKNOWN					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition APPEARED NORMAL					
		UNIT	INDIVIDUAL	Individual			
Passenger ARABELLA LENERZ				Citations Issued 0	Sex FEMALE		
				Date of Birth	Race WHITE		
Address 120 ASH ST APT 5 SAUK CITY, WI 53583 , US				Driver License Number			
Safety Equipment				On Duty Crash	Safety Equipment		
Row 02 - SECOND ROW	Seat Position 07 - LEFT			SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
				Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Distracted By		Distracted By Source			
		Distracted By Action					
		Non Motorist		Striking Unit #	Location		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Prior Action		
	Action		
	Action Other		To/From School
01	Drug & Alcohol		
	Suspected Alcohol Use NO		Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		
	Individual		
	Passenger THEO LENERZ	Citations Issued 0	Sex MALE
	Address 120 ASH ST APT 5 SAUK CITY, WI 53583 , US		Date of Birth WHITE
	Driver License Number		
01	Safety Equipment		
	On Duty Crash		Safety Equipment BOOSTER SEAT
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		
	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
Distracted By			
Distracted By Source			
Distracted By Action			
Non Motorist			
Striking Unit #		Location	
Prior Action			

UNIT	INDIVIDUAL	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		
01	003	Drug Type		
		Individual Condition		
		APPEARED NORMAL		

Property Owner

PROP OWNER	01	Individual	Address
		JOHN SCHUEMAN (608) 576-4100	111 DARWIN DR MERRIMAC, WI 53561 , US

Fixed Objects Struck

PROP OWNER	01	Striking Unit	Struck Object	Structure Number	Damage Tag Number
		01	MAILBOX		NA

Property Owner

PROP OWNER	02	Government	Address
		VILLAGE OF MERRIMAC (608) 493-2122	100 COOK ST PO BOX 26 MERRIMAC, WI 53561 , US

Fixed Objects Struck

PROP OWNER	02	Striking Unit	Struck Object	Structure Number	Damage Tag Number
		01	OTHER POST, POLE OR SUPPORT		NA