6TL0DCL4HZ 23-00865

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override 6TL0BGSFJ6	Primary Crash Document#	Agency 23-008	Crash Number 365		ing Officer/Deputy D. KROLIKOWSKI					
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1	Date Notified	Time Notified	TotalU	nits	Total Injured		Total Killed	i			
ا 5	01/26/2023	10:31 AM	01	T	00		00				
	On Emergency Hit	and Run Lane Clo		Work Zone	Trailer	or T	owed		eporting hreshold		
<u>-</u>	Government Property	Active School Zone	NO NO	Bus Related	Tags						
	Reportable	Crash Type DT4000 (STANDARD CRAS	SH)		Amendo	ed		S	econdary Crash		
	Description										
							itional Infor NE	mation			
}					l						
	☑ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	SLIDE OFF, NO DAMAGE.										
Ļ	топпол г паппо Чіттапі										
	NON-REPORTABLE CRASH INITIAL	LY NOT LABELED AS SUCH.									

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Crash Time 10:31 AM

Location										
ON WALNUT ST/ ST	H154	EB			Latitude			Longitud		
421 FT E			43.436000525			-90.065	5344143			
OF CRESCENT DR						X Coordinate		Y Coord	linate	
IN THE TOWN OF WESTFIELD IN SAUK COUNTY						251916.078125		481379		
						Type UCTURE				
Crash Scene										
First Harmful Event					FirstHarn	nful Event	Location			
DITCH					ROADSIDE					
Manner of Collision					Light Con	dition				
00 - NO COLLISION	W/VEH	HICLE IN TRANSPORT			DAYLIG	HT				
Road Surface Condition	n(s)				Roadway	Factor(s)				
SNOW	• /				·	, ,				
Environment Factor(s)					-					
NONE					NONE					
Weather Condition(s)					1					
SNOW										
Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD					
Crash Classification - Lo	ocation				Crash Classification - Jurisdiction					
PUBLIC PROPERTY	,				NO SPECIAL JURISDICTION					
Tribal Land					Access Control Special Study					
		NO CONTROL								
Within Interchange Area Junction Location NO NON-JUNCTION				Intersection Type NOT AN INTERSECTION						
Unit Summary										
Unit Status			I Vehicle On	erating As C	lassification	1	UnitType			
IN TRANSIT			I	Vehicle Operating As C		ila Stilloadoli.		AUTOMOBILE		
Vehicle Type			D CLASS					perating As Endorsements		
PASSENGER CAR		_					, ,			
Total Occs		Train/Bus#Recorded	I	tions Issued	ł	TotalTra	ailers	l .	Mat Types	
1			0			0		0		
Insurance?		Direction Of Travel	Pre CrashTir		Speed Li		imit	TotalLan	anes	
YES	EASTBOUND			Mark Mark		55		2		
MostHarmfulEvent: Co	llision V	Vith		Special Function NO SPECIAL FUNC		TION		Emergency Motor Vehicle Use NOT APPLICABLE		
Traffic Way TWO-WAY, NOT DIV	UDED		Traffic Control				Traffic Control Inoperative/Missing			
· ·	וטבט			NO CONTROL			NO Beed Out de			
1			I	Road Curvature Road Grade STRAIGHT LEVEL						
Truck Bus or HazMat										
NO Vehicle										
			I DI LI T			St	Country of Is			
License Plate Nur	ASC5436			Plate Type AUT - AUTOMOBIL Make		WI	1 -	STATES		
	Vehicle Identification Number 2GNAXTEV0L6218741			CHEVROLET		Year 2020	Model EQUINOX			
Color			1 .	Body Style			Bus Use			
	SIL - SILVER (ALUMINUM) Initial Contact Point		UT - SPC	ORT UTILI	TY VEHICLE					
00 - NON-COLL										

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	11	<u>[</u> ∨			Vehicle Damage					
INI	VEHICLE	Extent Of Damage NO DAMAGE			00 - NO DAMAGE			6 12 5 4 3 2 1		
		Towed Due To Damage NOT TOWED			Vehicle Removed By					
		What Driver Was Doing GOING STRAIGHT			Vehicle Factors					
		Driver Prior Action Other			NOT APPLICABLE					
UNIT	Driver Actions SPEED TOO FAST/COND									
5	10	Owner Name KIA JEAN ZIECH (608) 434-0605	KIA JEAN ZIECH E4042 FERN RD							
		Sequence Of Eve	лts							
	5	Event DITCH								
	8	Event								
	63	Event								
	8	Event								
_		Policy Holder	0.80(80(80)							
INN		Insurance Company Individual								
_		ALLSTATE-INS-CO KIA ZIECH								
		Individual								
		Driver KIA JEAN ZIECH (608) 434-0605 Address			Citations issued 0	Sex FEMALE				
	IDMDUAL				Date of Birth	Race WHITE				
Ž	ğ				Driver License Number					
_	9	E4042 FERN RD HILLPOINT, WI 53937 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	ਾ fety Equipment	n Duty Cr	ash	Safety Equipment					
		Row 01 - FRONT ROW		Seat Position	SHOULDER & LAI	P BELT				
		HelmetUse		Helmet Compliance						
		Eye Protection			Tint Compliance					
2	180	Injury N	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ej	ection Path OT EJECTED/NOT APP						
		Medical Transport			EMS Agency Identifie	9 ĭ	NOT TRAPPED EMS Run#			
		INOT TRANCOOPTER	1		1					
		NOT TRANSPORTED Hospital	,		Date of Death		Time of Death			

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		Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	M						
UNIT	INDIVIDUAL						
n							
		Action Other					To/From School
	I	Drug & Alcohol Suspected Alcohol C	Jse	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		
01	8	Drug Type	•				
		Individual Condition					
		APPEARED NORMAL					