



6TL0B7D6WP  
23-01968

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON USH12 WB 0.55 MI N OF GROTH RD IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude <b>43.388026877</b>	Longitude <b>-89.767424701</b>
	X Coordinate <b>275851.34375</b>	Y Coordinate <b>4807626</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>4</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>AMK9192</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5NPET46C09H493782</b>	Make <b>HYUNDAI</b>	Year <b>2009</b>	Model <b>SONATA</b>
	Color <b>GLD - GOLD</b>	Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage <b>08 - LEFT SIDE REAR</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>ARNESON SERVICE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>ASHA URBEN (608) 402-5763</b>		Owner Address <b>S7559 US HIGHWAY 12 # G-7 NORTH FREEDOM, WI 53951 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>ASHA URBEN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ASHA URBEN (608) 402-5763</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>S7559 US HIGHWAY 12 # G-7 NORTH FREEDOM, WI 53951 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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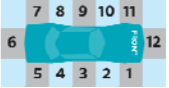
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UNIT           01  001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				

**Unit Summary**

UNIT           02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT           02  VEHICLE	<b>Vehicle</b>					
	License Plate Number <b>PACK96</b>		Plate Type	St <b>MN</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FMCU9J91DUA91647</b>		Make <b>FORD</b>	Year <b>2013</b>	Model <b>ESCAPE</b>	
	Color <b>GRY - GRAY</b>		Body Style		Bus Use	
	Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>		Vehicle Damage <b>02 - RIGHT SIDE FRONT</b>			
	Extent Of Damage <b>MINOR DAMAGE</b>		Vehicle Removed By <b>OPERATOR</b>			
Towed Due To Damage <b>NOT TOWED</b>						

WISCONSIN MOTOR VEHICLE CRASH REPORT

Form containing sections: UNIT VEHICLE (What Driver Was Doing, Driver Prior Action Other, Driver Actions, Owner Name, Owner Address), Sequence Of Events (Event 01-04), UNIT INDIVIDUAL (Policy Holder, Individual info), Safety Equipment (On Duty Crash, Safety Equipment, Row, Seat Position, Helmet Use, Eye Protection), Injury (Injury Severity, Airbag), Ejected (Ejected, Ejection Path, Trapped/Extricated), Medical Transport (Medical Transport, EMS Agency Identifier, EMS Run #), Hospital (Hospital, Date of Death, Time of Death), Distracted By (Distracted By Source, Distracted By Action), Non Motorist (Striking Unit #, Location).

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		UNIT	INDIVIDUAL	Passenger <b>LAURA LEE DWYER</b> <b>(507) 259-5594</b>	Citations Issued <b>0</b>
Date of Birth				Race	
Address <b>1111 JUNIPER ST</b> <b>LA CRESCENT, MN 55947 1430, US</b>				Driver License Number <b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>	On Duty Crash			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			Helmet Use	
Helmet Compliance				Eye Protection	
Tint Compliance				Airbag <b>NON DEPLOYED</b>	
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>			Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
Ejected <b>NOT EJECTED</b>	Trapped/Extricated <b>NOT TRAPPED</b>			Medical Transport <b>NOT TRANSPORTED</b>	
EMS Agency Identifier				EMS Run #	
Hospital		Date of Death	Time of Death		
02	002	<b>Distracted By</b>			
		Distracted By Source			
		Distracted By Action			
		<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			

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UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		02	003				