

6TL09XQZ5J

23-07464

# 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 <b>23-07464</b>	Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>07/14/2023</b>		Crash Time <b>12:49 PM</b>	Date Arrived <b>07/14/2023</b>	Time Arrived <b>01:09 PM</b>	
Date Notified <b>07/14/2023</b>		Time Notified <b>12:51 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 checked="" type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram	Reconstruction By
	Photos By <b>I.GALVAN</b>
	Additional Information <b>PHOTOS</b>
	<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT 1 TRAVELING SOUTHBOUND ON WILLOW ST BETWEEN LOCUST ST AND SHAW ST. UNIT 1 SWERVED TO MISS HITTING A CAT AND STUCK THE END OF A GUARD RAIL. NO INJURIES WERE REPORTED. UNIT 1 WAS TOWED BY CRIAGS TOWING.	



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b>			
01	Owner Name <b>EUGENIA STEINER (608) 963-8429</b>		Owner Address <b>219 W OAK ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		
	02	Event <b>GUARDRAIL END</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>		Individual <b>EUGENIA STEINER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>TREVA EWING (608) 434-0214</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>219 W OAK ST BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
			<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
001	<b>Injury</b>		Tint Compliance	
	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	
	Hospital		EMS Run #	
	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>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</b>	<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>					
		Passenger <b>CONNER EWING (608) 393-3963</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>219 W OAK ST BARABOO, WI 53913 , US</b>			Date of Birth	Race <b>WHITE</b>	
		Driver License Number			<b>STATE: WISCONSIN 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 Compliance				
Eye Protection		Tint Compliance					
<b>01</b>	<b>002</b>	<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			
		Distracted By Action					
<b>Non Motorist</b>		Striking Unit #	Location				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>01</b>	<b>002</b>				

### Property Owner

<b>PROP OWNER</b>	<b>01</b>	Government <b>VILLAGE OF WEST BARABOO</b> (608) 356-2516	Address <b>500 CEDAR ST</b> <b>BARABOO, WI 53913 , US</b>

### Fixed Objects Struck

<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>GUARDRAIL END</b>	Structure Number	Damage Tag Number <b>337892</b>