## 6TL0BC3B7G

23-10075

## WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

|      | Document Number Override  | Primary Crash Document #         | Primary Crash Document # Agency Crash Nur<br>23-10075 |                     |                                     | mber Investigating Officer/Deputy DEPUTY W. VERTEIN |                                     |                   |                         |  |
|------|---|----------------------------------|---|---------------------|-------------------------------------|---|-------------------------------------|-------------------|-------------------------|--|
| 7G   | Crash Date<br>09/14/2023  | Crash Time<br>05:05 AM           | Date  | Date Arrived        |                                     | Time  | Time Arrived                        |                   |                         |  |
| C3B7 | Date Notified<br>09/14/2023   | Time Notified<br>05:08 AM        | Tota<br><b>01</b>                                     | Total Units         |                                     | Tota<br><b>00</b>                                   | ,                                   |                   | otal Killed<br><b>0</b> |  |
| 0BC  |   | t and Run                        | Closure   | Wo                  | rk Zone                             |   | Trailer or T                        |                   | Reporting<br>Threshold  |  |
| 6TL  | Government<br>Property  | Active School Zone               | Sch<br>NO   | ool Bus Relat       | ed                                  | Tag   | 3                                   |                   |                         |  |
| •    | ✓ Reportable  | Crash Type<br>NON-DOMESTICATED A | NIMAL W   | // NO INJUF         | RY                                  |   | Amended                             |                   | Secondary<br>Crash      |  |
|      | ✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |                                  |   |                     |                                     |   |                                     |                   |                         |  |
|      | Location  |                                  |   |                     |                                     |   |                                     |                   |                         |  |
|      | ON STH33 EB   |                                  |   |                     | Latitude Longitude                  |   |                                     |                   |                         |  |
|      | 0.28 MI E<br>OF EMERALD DR  |                                  |   |                     | 43.56212154                         |   |                                     |                   | 1962193                 |  |
|      | IN THE TOWN OF LA VALLE   |                                  |   |                     |                                     |   |                                     | Y Coord<br>482783 | Coordinate              |  |
|      | IN SAUK COUNTY  |                                  |   |                     | Structure Type                      |   |                                     |                   | 4027000.0               |  |
|      |   |                                  |   | NO STRUCTURE        |                                     |   |                                     |                   |                         |  |
| (    | Crash Scene   |                                  |   |                     |                                     |   |                                     |                   |                         |  |
| I    | First Harmful Event   |                                  |   |                     | First Harm                          | ful Event Lo  | ocation                             |                   |                         |  |
|      | NON DOMESTICATED ANIM   |                                  |   | ON ROADWAY          |                                     |   |                                     |                   |                         |  |
|      | Manner of Collision   |                                  |   |                     | Light Condition                     |   |                                     |                   |                         |  |
|      | 00 - NO COLLISION W/VEHI  | CLE IN TRANSPORT                 |   |                     |                                     |   |                                     |                   |                         |  |
|      | Road Surface Condition(s)   |                                  |   |                     | Roadway Factor(s)                   |   |                                     |                   |                         |  |
|      |   |                                  |   |                     |                                     |   |                                     |                   |                         |  |
|      | Environment Factor(s)   |                                  |   |                     |                                     |   |                                     |                   |                         |  |
|      |   |                                  |   |                     |                                     |   |                                     |                   |                         |  |
|      | Weather Condition(s)  |                                  |   |                     |                                     |   |                                     |                   |                         |  |
|      |   |                                  |   |                     |                                     |   |                                     |                   |                         |  |
|      | Animal Type   |                                  |   |                     |                                     | Relation To Trafficway                              |                                     |                   |                         |  |
|      | DEER  |                                  |   |                     | TRAFFICWAY - ON ROAD                |   |                                     |                   |                         |  |
|      | Crash Classification - Location   |                                  |   |                     | Crash Classification - Jurisdiction |   |                                     |                   |                         |  |
|      | PUBLIC PROPERTY   |                                  |   |                     | NO SPECIAL JURISDICTION             |   |                                     |                   |                         |  |
|      | Tribal Land   |                                  |   |                     | Access Control Special Study        |   |                                     |                   |                         |  |
|      | Init Cummon   |                                  |   |                     |                                     |   |                                     |                   |                         |  |
|      | Unit Summary  | lassification                    |   | Unit Type           |                                     |   |                                     |                   |                         |  |
|      | IN TRANSIT D CLASS  |                                  |   | 1 0                 |                                     | AUTOMOBILE  |                                     |                   |                         |  |
| ~    | Vehicle Type  |                                  |   |                     |                                     |   | Operating A                         | As Endorser       | nents                   |  |
| 01   | (SPORT) UTILITY VEHICLE   |                                  |   |                     |                                     |   |                                     |                   |                         |  |
|      |   | Train/Bus # Recorded             |   | tations Issued      | ł                                   | Total Trail   | ers                                 |                   | Mat Types               |  |
|      | 1<br>Insurance?   | Direction Of Travel              | 0   | <u> </u>            |                                     | 0<br>Speed Lin                                      | nit                                 | 0<br>Total Lane   | 29                      |  |
| ⊢    |   | EASTBOUND                        |   | e CrashTire<br>Mark | )                                   | opood Em  |                                     | Total Early       |                         |  |
| UNIT | Most Harmful Event: Collision With  |                                  |   | Special Function    |                                     |   | с,<br>,                             |                   | / Motor Vehicle Use     |  |
| _ ر  | NON DOMESTICATED ANIMAL (ALIVE)   |                                  |   | NO SPECIAL FUNCTION |                                     |   | NOT APPLICABLE                      |                   |                         |  |
|      | Traffic Way   |                                  |   | Traffic Control     |                                     |   | Traffic Control Inoperative/Missing |                   |                         |  |
|      | Surface Type  |                                  |   | Road Curvature      |                                     |   | Road Grade                          |                   |                         |  |
|      |   |                                  |   |                     |                                     |   |                                     |                   |                         |  |

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|      | Iruc                         | ruck Bus or HazMat   |                                 |                                |  |                     |  |  |  |  |
|------|------------------------------|--|---------------------------------|--------------------------------|--|---------------------|--|--|--|--|
|      |                              | Vehicle  |                                 |                                |  |                     |  |  |  |  |
|      | License Plate Number AKV7765 |  |                                 | Plate Type<br>AUT - AUTOMOBILE | St<br>WI   | Country of Issuance |  |  |  |  |
| 6    | VEHICLE 01                   | Vehicle Identification Number<br>2GNALBEK7E6326045                                       |                                 | Make<br>CHEVROLET              | Year<br><b>2014</b>  | Model<br>EQUINOX    |  |  |  |  |
| UNIT |                              | Color<br>BLU - BLUE  |                                 | Body Style UT - SPORT UTILITY  | Body Style Bus Use UT - SPORT UTILITY VEHICLE  |                     |  |  |  |  |
|      |                              | Initial Contact Point<br>11 - LEFT FRONT CORNER<br>Extent Of Damage<br>FUNCTIONAL DAMAGE |                                 |                                | Vehicle Damage<br>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 -<br>LEFT FRONT CORNER, 12 - FRONT |                     |  |  |  |  |
|      |                              | Towed Due To Damage NOT TOWED  |                                 | Vehicle Removed By OPERATOR    |  |                     |  |  |  |  |
|      |                              | What Driver Was Doing  |                                 | Vehicle Factors                | Vehicle Factors  |                     |  |  |  |  |
|      |                              | Driver Prior Action Other  | r                               |                                |  |                     |  |  |  |  |
| UNIT | VEHICLE                      | Driver Actions NO CONTRIBUTING ACTION  |                                 |                                |  |                     |  |  |  |  |
| 01   | 01                           | Owner Name   |                                 | Owner Address                  |  |                     |  |  |  |  |
|      | I                            | Individual   |                                 |                                |  |                     |  |  |  |  |
|      | INDIVIDUAL                   | Driver<br>RITA FESSEY<br>(608) 415-1170  |                                 | Citations Issued<br>0          | 0 FEMALE   |                     |  |  |  |  |
| Ę    |                              |  |                                 | Date of Birth                  | WHITE  |                     |  |  |  |  |
| UNIT |                              | Address<br>W7851 FESSEY RD<br>WONEWOC, WI 53968 , US                                     |                                 | Driver License Number          | STATE: WISCONSIN COUNTRY: UNITED STATES  |                     |  |  |  |  |
|      | Sat                          | fety Equipment   | n Duty Crash                    | Safety Equipment               | Safety Equipment   |                     |  |  |  |  |
|      |                              | Row Seat Position  |                                 | SHOULDER & LAP                 | SHOULDER & LAP BELT  |                     |  |  |  |  |
|      |                              | Helmet Use   |                                 | Helmet Compliance              |  |                     |  |  |  |  |
|      |                              | Eye Protection   |                                 | Tint Compliance                |  |                     |  |  |  |  |
| 6    | 001                          | Injury <sub>N</sub>  | Jury Severity O APPARENT INJURY | Airbag                         |  |                     |  |  |  |  |
| 1    |                              | Ejected Ejection Path  |                                 |                                | Trapped/Extricated   |                     |  |  |  |  |
|      |                              | Medical Transport NOT TRANSPORTED  |                                 | EMS Agency Identifier          |  | EMS Run #           |  |  |  |  |
|      |                              | Hospital   |                                 | Date of Death                  |  | Time of Death       |  |  |  |  |
|      |                              | Distracted By  | istracted By Source             |                                |  |                     |  |  |  |  |

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|      |            | Distracted By Action                          |                           |                   |                    |                   |                      |                |
|------|------------|---|---------------------------|-------------------|--------------------|-------------------|----------------------|----------------|
|      |            | Non Motorist                                  | Striking Unit #           | Location          |                    |                   |                      |                |
|      |            | Prior Action                                  |                           |                   |                    |                   |                      |                |
| F    | DUAL       | Action  |                           |                   |                    |                   |                      |                |
| UNIT | INDIVIDUAL |   |                           |                   |                    |                   |                      |                |
|      |            | Action Other                                  |                           |                   |                    |                   |                      | To/From School |
|      | L          | Drug & Alcohol                                | Suspected Alcohol L<br>NO | Jse               | Suspected Drug Use |                   |                      | l              |
|      |            | Alcohol Test Given<br>TEST NOT GIVEN          |                           | Alcohol Test Type |                    |                   | Alcohol Test Results |                |
|      |            | Drug Test Given Drug Test Type TEST NOT GIVEN |                           | Drug Test Type    |                    | Drug Test Results |                      |                |
| 0    | 001        | Drug Type                                     |                           |                   |                    |                   |                      |                |
|      |            | Individual Condition                          |                           |                   |                    |                   |                      |                |
|      |            |   | MAL                       |                   |                    |                   |                      |                |