

6TL0F68VN2

23-11607

Wisconsin Motor Vehicle Crash Report

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

UNIT INDIVIDUAL	01	Last Name SNYDER		First Name SANDRA		Middle Initial KAY	Suffix	
	Street Address S3463B COUNTY ROAD A		Street Address 2		PO Box			
	City BARABOO		State WI	Zip Code 53913		Country of Residence UNITED STATES		
	DOB [REDACTED]	Sex F	Race W	Hair BLOND	Eyes BLUE	Height 508	Weight 200	Phone Number (608) 415-3460 EXT.
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2030			
	Equipment	On Duty Accident		Safety Equipment				
	Row	Seat Position		SHOULDER & LAP BELT				
	Helmet Use		Helmet Compliance					
	Eye Protection		Tint Compliance					
UNIT INDIVIDUAL	01	Injury	Injury Severity NO APPARENT INJURY		Airbag			
	Ejected		Ejection Path		Trapped/Extricated			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action							
	Distracted By Source		Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	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								
License Plate Number ASB8333			Plate Type		St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number 1C4PJMLB3KD374761					Year 2019	Make JEEP		
Model CHK		Body Style 4D - 4DR			Color WHI - WHITE			
Initial Contact Point 01 - RIGHT FRONT CORNER								

6TL0F68VN2
23-11607

Wisconsin Motor Vehicle Crash Report

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

01	01	Vehicle Damage			
		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
		Extent Of Damage FUNCTIONAL DAMAGE			
		Towed Due To Damage NOT TOWED			
UNIT VEHICLE	Vehicle Factors				
	Vehicle Removed By OPERATOR				
	What Driver Was Doing				
	Driver Prior Action Other	Bus Use			
	Driver Actions NO CONTRIBUTING ACTION				
	<input type="checkbox"/> Vehicle Owner Same As Operator	<input type="checkbox"/> Use Operator Address			
	Organization Type	Company Name			
	Last Name	First Name	Middle	Suffix	Date of Birth
	Street Address	Street Address2		PO Box	
	City	St	Zip Code	Country of Residence	
Telephone Number					
UNIT HOL 01	Insurance Company	Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver		
	ALLSTATE-INS-CO	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Organization Type	Last Name	First Name	Policy Holder Company		
INDIVIDUAL	SNYDER	SANDRA			

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank	Officer Last Name	Officer First Name	Officer Middle Name	Suffix
SGT	CLAUER	THOMAS	A	
DOT Officer ID	DNR Officer ID	Officer Badge Number		
10		10		
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction	Law Enforcement Agency type		
	SAUK	COUNTY SHERIFF		
Law Enforcement Agency Name		TAS Agency Name		
SAUK COUNTY SHERIFFS DEPARTMEN		SAUK COUNTY SHERIFF		
Law Enforcement Agency Street Address		Law Enforcement Agency Street Address2		
1300 LANGE COURT				
Law Enforcement Agency City	LEA State	Law Enforcement Agency Zip Code		
BARABOO	WI	53913		
Law Enforcement Agency Phone Number	ORI Number	BFUNC Agency	TraCS Agency Number	
(608) 356-4895 EXT.	WI0570000	5600	205	