## 6TL09N3P88 20-03839

## **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

	Document Number Override	Primary Crash Document #		Agency Crash Number 20-03839			Investigating Officer/Deputy DEPUTY C. FRANK				
88	Crash Date <b>04/24/2020</b>	Crash Time 06:00 AM		Date Arrived		Time	Time Arrived				
ᇫ	Date Notified			Total Ur	nits		Tota	al Injured	Total Killed		
ž	04/24/2020			01		00		00			
L09N3P88	On Emergency	it and Run	Lane Closu		Ш	rk Zone		Trailer or T	owed	Reporting Threshold	
eTL)	Government Active School Zone  Crash Type			School Bus Related NO			Tag	Tags			
	✓ Reportable	CATED ANIM	ANIMAL W/ NO INJURY			Amended			Secondary Crash		
I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.								rt.			
Ī	Location	ocation									
f	ON STH58 SB					Latitude			Longitude		
	0.26 MI S	43.633		43.63381	816333		-90.124725975				
	OF LUCHT RD IN THE TOWN OF LA VALLE					X Coordinate			Y Coordi		
	IN SAUK COUNTY	-		247936.0			9375	375 48359		8.5	
						Structure Type					
						NO STRU	JCTURE				
(	Crash Scene										
Ī	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROADWAY					
	Manner of Collision				Light Condition						
	00 - NO COLLISION W/VEHI	CLE IN TRANSPO	DRT								
	Road Surface Condition(s)					Roadway I	Factor(s)				
	Environment Factor(s)					-					
	Zilviioiiiiioiii i dotoi(o)										
	Weather Condition(s)					1					
	Animal Type					Relation To Trafficway					
	DEER Crash Classification - Location PUBLIC PROPERTY					TRAFFICWAY - ON ROAD					
ŀ								rash Classification - Jurisdiction			
						NO SPECIAL JURISDICTION					
ŀ	Tribal Land					Access Control				Special Study	
										,	
l I	Unit Summary										
Ť	Unit Status		l Vehi	icle Opera	atina As C	lassification		Unit Type			
				D CLASS			AUTOMOB		BILE	BILE	
	Vehicle Type					Operating As Endorsements					
6	PASSENGER CAR										
	Total Occs	Train/Bus # Recorded Total			otal # Citations Issued		Total Trai	Trailers T		Mat Types	
	1		0				0		0		
_		Direction Of Travel SOUTHBOUND			rashTire lark		Speed Lir	nit	Total Lane	es	
L N O	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use		
<b>-</b>	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
ŀ	Traffic Way			Traffic Control			Tr		Fraffic Control Inoperative/Missing		
	Surface Type	Road	Road Curvature			Road Grade		е			

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Crash Date 04/24/2020 Crash Time 06:00 AM

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	Truc	uck Bus or HazMat								
	l i uc	200 St Fraction								
	,	Vahiala								
		Vehicle       License Plate Number     Plate Type     St     Country of Issuance								
		193XSR	AUT - AUTOMOBILE	WI	UNITED STATES					
		Vehicle Identification Number	Make	Year	Model					
01	2	2T1KR32EX3C122402	TOYOTA	2003	COROLLA/MA					
		Color	Body Style	2003	Bus Use					
		BLK - BLACK	4H - HATCHBACK 4 DO	OP	bus use					
	쁫	Initial Contact Point	Vehicle Damage							
_		12 - FRONT	18/10/0 Salitago							
UNIT	VEHICL	Extent Of Damage	O1 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT  Vehicle Removed By							
)	亩	DISABLING DAMAGE								
	>	Towed Due To Damage								
		NOT TOWED	OWNER							
		What Driver Was Doing	Vehicle Factors							
		Think Direct true Domig	Vernere i detere							
		Driver Prior Action Other								
		Driver Actions	L							
	ш	NO CONTRIBUTING ACTION								
╘	VEHICLE									
UNIT	Ĭ									
_	Ē									
		Owner Name	Owner Address	Owner Address						
_	_									
01	5									
_		Policy Holder								
LNO		Insurance Company Individual								
5		GEICO-ADVANTAGE-INSURANCE-CO	VANESSA PALFREY							
		Individual Driver	Citations Issued		Cov					
		VANESSA EILEEN PALFREY	0		Sex FEMALE					
	A L	(608) 475-1186	Date of Birth		Race					
١.	Ž		Date of Birtin		WHITE					
E S	DIVIDUAL	Address	Driver License Number							
5	ā	S360 MARTIN CRT	STATE: WISCONSIN COUNTRY: UNITED STATES							
		LAVALLE, WI 53941 , US								
		On Duty Crash	Safety Equipment	Safety Equipment						
	Sa	fety Equipment	Carety Equipment	y						
		Row Seat Position	SHOULDER & LAP BI	ELT						
		South collision								
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance  Airbag  Trapped/Extricated							
_	7	Injury Severity								
01	90	Injury NO APPARENT INJURY								
		Ejected Ejection Path								
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED								
		Hospital	Date of Death		Time of Death					

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		Distracted By	Distracted By Source	1				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	UAL							
LIND	INDIVIDUAL							
	N D							
		Action Other						To/From School
		Action Other						TO/FIGHT SCHOOL
	ı	Drug & Alcohol	Suspected Alcohol U NO	se	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		
10	00	Drug Type				1		
		Individual Condition						
		APPEARED NORI	MAL					