## 6TL09JDKZJ 20-06404

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|                  | Document Number Override  | Primary Crash D                      | - ·                   |                          | Agency Crash Number<br>20-06404 |                                     |                 | Investigating Officer/Deputy DEPUTY B. SCHLOUGH |                        |                     |  |
|------------------|---|--------------------------------------|-----------------------|--------------------------|---------------------------------|-------------------------------------|-----------------|---|------------------------|---------------------|--|
| Z                | Crash Date <b>07/02/2020</b>  | Crash Time<br>06:08 AM               |                       |                          | Date Arrived                    |                                     | Time            | Time Arrived                                    |                        |                     |  |
| JOK              | Date Notified <b>07/02/2020</b>   | Time Notified <b>06:11 AM</b>        |                       |                          | Total Units 01                  |                                     | Total <b>00</b> |   | njured Total Killed 00 |                     |  |
| <b>6TL09JDKZ</b> | On Emergency  | and Run Lane Clos                    |                       |                          | re Work Zone                    |                                     |                 | Trailer or Towed                                |                        | Reporting Threshold |  |
| 6TI              | Government Property   | hool Zone                            | School Bus Related NO |                          |                                 | Tags                                | Tags            |   |                        |                     |  |
|                  | <b>✓</b> Reportable   | TICATED ANIM                         | ANIMAL W/ NO INJUR    |                          |                                 | Amended                             |                 |   | Secondary Crash        |                     |  |
|                  | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
| Ī                | Location  |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
| ·                | ON CTHW EB  |                                      |                       |                          |                                 | Latitude Longitude                  |                 |   | le                     |                     |  |
|                  | 0.68 MI E   |                                      |                       |                          |                                 | <b>43.455718722</b> X Coordinate    |                 | -89.692<br>Y Coordi                             |                        | 2412233             |  |
|                  | OF NEUMAN RD  |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
|                  | IN THE TOWN OF GREENFI  | ELD                                  |                       | 28217                    |                                 |                                     | 82170.28125     |   |                        | 4814945             |  |
|                  | IN SAUK COUNTY  |                                      |                       |                          |                                 |                                     | Structure Type  |   |                        |                     |  |
|                  |   |                                      |                       |                          |                                 | NO STR                              |                 |   |                        |                     |  |
| L                | Crash Scene   |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
| ,                |   |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
|                  | First Harmful Event   | 4AL (ALD/E)                          |                       |                          |                                 | First Harmful Event Location        |                 |   |                        |                     |  |
|                  | NON DOMESTICATED ANIMAL (ALIVE)  Manner of Collision  |                                      |                       |                          |                                 | ON ROADWAY                          |                 |   |                        |                     |  |
|                  | 00 - NO COLLISION W/VEHI  | CLE IN TRANSE                        | OPT                   |                          |                                 | Light Condition                     |                 |   |                        |                     |  |
| -                | Road Surface Condition(s)   | CLE IN TRANSF                        | OKI                   |                          |                                 | Doodwoy                             | Footor(a)       |   |                        |                     |  |
|                  | Noad Surface Condition(s)   |                                      |                       |                          |                                 | Roadway Factor(s)                   |                 |   |                        |                     |  |
|                  |   |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
| ŀ                | Environment Factor(s)   |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
|                  |   |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
|                  | Wt 0 diti(-)  |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
|                  | Weather Condition(s)  |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
|                  |   |                                      |                       |                          |                                 | 1                                   |                 |   |                        |                     |  |
|                  | 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       |  |
|                  |   |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
| ı                | Unit Summary  |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
|                  | Unit Status Vehicle Operating A   |                                      |                       |                          | ating As C                      | lassification                       | <u>l</u>        | Unit Type                                       |                        |                     |  |
|                  | IN TRANSIT  |                                      |                       | D CLASS                  |                                 |                                     |                 | AUTOMOBILE                                      |                        |                     |  |
| _                | Vehicle Type  |                                      |                       |                          |                                 | Operating As Endorsements           |                 |   |                        |                     |  |
| 0                | PASSENGER VAN   |                                      |                       |                          |                                 |                                     |                 |   |                        |                     |  |
|                  | Total Occs Train/Bus # Recorded T   |                                      |                       | Total # Citations Issued |                                 |                                     |                 | ers   | Total Haz              | Mat Types           |  |
|                  | 1   |                                      |                       | 0                        |                                 | 0                                   |                 | 0   |                        |                     |  |
| _                | Insurance? YES  | Direction Of Travel <b>EASTBOUND</b> |                       | Pre CrashTire Mark       |                                 | Speed Lim                           |                 | it Total Lanes                                  |                        | es                  |  |
| LINO             | Most Harmful Event: Collision With  |                                      |                       | cial Functi              |                                 |                                     |                 | Emergency Motor Vehicle Use                     |                        |                     |  |
| ر ا              | NON DOMESTICATED ANIMAL (ALIVE)   |                                      |                       | NO SPECIAL FUNCT         |                                 |                                     | TION            |   | NOT APPLICABLE         |                     |  |
|                  | Traffic Way   |                                      |                       | Traffic Control          |                                 |                                     |                 | Traffic Control Inoperative/Missing             |                        |                     |  |
| -                | Surface Type  |                                      |                       | Road Curvature           |                                 |                                     | Road Grad       |   | de                     |                     |  |
|                  |   |                                      |                       | 1.0ad Ourvaluic          |                                 |                                     |                 |   |                        |                     |  |

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|      | Truc       | ck Bus or HazMat                                       |   |  |                                   |  |  |  |  |
|------|------------|--|---|--|-----------------------------------|--|--|--|--|
|      | ,          | Vehicle  |   |  |                                   |  |  |  |  |
| 01   |            | License Plate Number 837ZWC                            | Plate Type AUT - AUTOMOBILE               | St WI  | Country of Issuance UNITED STATES |  |  |  |  |
|      | 2          | Vehicle Identification Number 5TDYK3DC8DS402418        | Make<br>TOYOTA                            | Year <b>2013</b>   | Model<br>SIENNA                   |  |  |  |  |
|      |            | Color<br>WHI - WHITE                                   | Body Style VN - VAN                       |  | Bus Use                           |  |  |  |  |
| ţ    | VEHICLE    | Initial Contact Point 12 - FRONT                       | Vehicle Damage                            | Vehicle Damage   |                                   |  |  |  |  |
| UNIT |            | Extent Of Damage DISABLING DAMAGE                      | 12 - FRONT                                |  |                                   |  |  |  |  |
|      |            | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE      | CRAIGS TOWING                             |  |                                   |  |  |  |  |
|      |            | What Driver Was Doing                                  | Vehicle Factors                           | Vehicle Factors  |                                   |  |  |  |  |
|      |            | Driver Prior Action Other                              |   |  |                                   |  |  |  |  |
| UNIT | VEHICLE    | Driver Actions NO CONTRIBUTING ACTION                  |   |  |                                   |  |  |  |  |
|      | VE.        |  |   |  |                                   |  |  |  |  |
| 70   | 5          | Owner Name   | Owner Address                             |  |                                   |  |  |  |  |
|      |            |  |   |  |                                   |  |  |  |  |
| LIND | I          | Policy Holder Insurance Company                        |   |  |                                   |  |  |  |  |
| 5    |            | AMERICAN-FAMILY-INS-CO                                 | Individual MARLENA WENGER                 |  |                                   |  |  |  |  |
|      | ļ          | Individual   |   |  |                                   |  |  |  |  |
|      | _          | Driver MARLENA ANN WENGER                              | Citations Issued  0                       |  | Sex FEMALE                        |  |  |  |  |
| E    | INDIVIDUAL | (715) 712-4366   | Date of Birth                             | Race<br>WHITE  |                                   |  |  |  |  |
| TINO |            | Address 3111 31ST ST S WISCONSIN RAPIDS, WI 54494 , US | Driver License Number  STATE: WISCONSIN C | Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES |                                   |  |  |  |  |
|      | Sai        | On Duty Crash  fety Equipment                          | Safety Equipment                          | Safety Equipment   |                                   |  |  |  |  |
|      |            | Row Seat Position                                      | SHOULDER & LAP BE                         | ELT  |                                   |  |  |  |  |
|      |            | Helmet Use   | Helmet Compliance                         | Helmet Compliance  |                                   |  |  |  |  |
|      |            | Eye Protection   |   | Tint Compliance  |                                   |  |  |  |  |
| 2    | 001        | Injury Severity NO APPARENT INJURY                     | Airbag                                    |  |                                   |  |  |  |  |
|      |            | Ejection Path  |   |  | Trapped/Extricated                |  |  |  |  |
|      |            | Medical Transport NOT TRANSPORTED                      | EMS Agency Identifier                     |  | EMS Run #                         |  |  |  |  |
|      |            | Hospital   | Date of Death                             |  | Time of Death                     |  |  |  |  |

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| Distracted By Source |            |                                   |                           |                   |                       |                   |                      |                |  |
|----------------------|------------|-----------------------------------|---------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|--|
|                      |            | Distracted By Action              |                           |                   |                       |                   |                      |                |  |
|                      | ,          | Non Motorist                      | Striking Unit #           | Location          |                       |                   |                      |                |  |
|                      |            | Prior Action                      |                           |                   |                       |                   |                      |                |  |
|                      |            | Action                            |                           |                   |                       |                   |                      |                |  |
| _                    | UAL        |                                   |                           |                   |                       |                   |                      |                |  |
| UNIT                 | INDIVIDUAL |                                   |                           |                   |                       |                   |                      |                |  |
|                      | IND        |                                   |                           |                   |                       |                   |                      |                |  |
|                      |            | Action Other                      |                           |                   |                       |                   |                      | To/From School |  |
|                      |            | Action other                      |                           |                   |                       |                   |                      | TO/TTOM GGMGGI |  |
|                      | L          | Drug & Alcohol                    | Suspected Alcohol U<br>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 | 1                    |                |  |
| 2                    | 001        | Drug Type                         |                           |                   |                       |                   |                      |                |  |
|                      |            | Individual Condition              |                           |                   |                       |                   |                      |                |  |
|                      |            | APPEARED NORI                     | MAL                       |                   |                       |                   |                      |                |  |
|                      |            |                                   |                           |                   |                       |                   |                      |                |  |