

6TL097RB5G

20-13441

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, Investigating Officer/Deputy, Crash Date, Crash Time, Date Arrived, Time Arrived, Date Notified, Time Notified, Total Units, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related, Tags, Reportable, Crash Type, Amended, Secondary Crash.

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

Location

ON STH136 WB, 929 FT W, OF N MAPLE ST/ CTHI NB, IN THE TOWN OF EXCELSIOR IN SAUK COUNTY, Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type.

Crash Scene

First Harmful Event, First Harmful Event Location, Manner of Collision, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type, Relation To Trafficway, Crash Classification - Location, Crash Classification - Jurisdiction, Tribal Land, Access Control, Special Study.

Unit Summary

Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Operating As Endorsements, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With, Special Function, Emergency Motor Vehicle Use, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade.

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Truck Bus or HazMat			
01 UNIT VEHICLE	Vehicle		
	License Plate Number 384DZM	Plate Type AUT - AUTOMOBILE	St WI
	Country of Issuance UNITED STATES	Vehicle Identification Number 5GAKVBKD8GJ228839	Make BUICK
	Year 2016	Model ENCLAVE	Bus Use
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Initial Contact Point 12 - FRONT
	Vehicle Damage 12 - FRONT	Extent Of Damage MINOR DAMAGE	Towed Due To Damage NOT TOWED
	Vehicle Removed By OPERATOR	What Driver Was Doing	Vehicle Factors
	Driver Prior Action Other	Driver Actions NO CONTRIBUTING ACTION	Owner Name
	Owner Address	Policy Holder	Insurance Company SECURA-INS-A-MUTUAL-CO
	Individual	Individual JAN VERTEIN	Driver JAN E VERTEIN (608) 434-5107
Citations Issued 0	Sex FEMALE	Date of Birth [REDACTED]	
Race WHITE	Address S5343 CAMP RD ROCK SPRINGS, WI 53961 , US	Driver License Number [REDACTED]	
STATE: WISCONSIN COUNTRY: UNITED STATES	Safety Equipment	On Duty Crash	
Safety Equipment SHOULDER & LAP BELT	Row	Seat Position	
Helmet Compliance	Helmet Use	Eye Protection	
Tint Compliance	Injury NO APPARENT INJURY	Injury Severity	
Airbag	Ejected	Ejection Path	
Trapped/Extricated	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	
EMS Run #	Hospital	Date of Death	
Time of Death			

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UNIT INDIVIDUAL 01 001	Distracted By Distracted By Source	
	Distracted By Action	
	Non Motorist	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	Drug & Alcohol	Suspected Alcohol Use NO
		Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type
Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
Drug Type		
Individual Condition APPEARED NORMAL		