

6TL0BFKDDM

20-14369

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0BFKDDM

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 CTHP WB 0.34 MI W OF BEAVER CREEK RD IN THE TOWN OF DELLONA 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

WISCONSIN MOTOR VEHICLE
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Truck Bus or HazMat				
Vehicle				
01 UNIT VEHICLE	License Plate Number	Plate Type	St	Country of Issuance
	AEN2445	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	1G1ZC5ST0HF129814	CHEVROLET	2017	MALIBU
	Color	Body Style	Bus Use	
	BLU - BLUE	4D - 4DR		
	Initial Contact Point	Vehicle Damage		
12 - FRONT	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
Extent Of Damage	FUNCTIONAL DAMAGE			
Towed Due To Damage	Vehicle Removed By			
NOT TOWED	OWNER			
What Driver Was Doing	Vehicle Factors			
Driver Prior Action Other				
Driver Actions	NO CONTRIBUTING ACTION			
Owner Name	Owner Address			
Policy Holder				
Insurance Company	Individual			
PROGRESSIVE-CLASSIC-INS-CO	ALLISON JACOBS			
Individual				
Driver	Citations Issued	Sex		
ALLISON ROSE MARIE JACOBS (408) 408-0703	0	FEMALE		
	Date of Birth	Race		
		WHITE		
Address	Driver License Number			
E8522 COUNTY ROAD P WISCONSIN DELLS, WI 53965 , US	STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment		On Duty Crash		
		Safety Equipment		
Row	Seat Position	SHOULDER & LAP BELT		
Helmet Use	Helmet Compliance			
Eye Protection	Tint Compliance			
Injury		Airbag		
Injury Severity		NO APPARENT INJURY		
Ejected	Ejection Path	Trapped/Extricated		
Medical Transport	EMS Agency Identifier	EMS Run #		
NOT TRANSPORTED				
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 Suspected Drug Use NO NO
	Alcohol Test Given	Alcohol Test Type Alcohol Test Results TEST NOT GIVEN
	Drug Test Given	Drug Test Type Drug Test Results TEST NOT GIVEN
	Drug Type	
Individual Condition APPEARED NORMAL		