

6TL0BFKDF1
21-02654

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 21-02654		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 03/29/2021		Crash Time 06:25 AM		Date Arrived 03/29/2021		Time Arrived 06:35 AM	
Date Notified 03/29/2021		Time Notified 06:33 AM		Total Units 01		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>Non-Reportable</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS TRAVELING NB ON USH 12. UNIT 1 STRUCK A PEICE OF METAL DEBRIS IN THE MIDDLE OF THE ROAD WAY. NON-REPORTABLE DAMAGE DONE TO VEHICLE.

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Location

ON USH12 WB 1012 FT S OF CTHW NB IN THE CITY OF BARABOO IN SAUK COUNTY	Latitude 43.457244485	Longitude -89.77792979
	X Coordinate 275256.84375	Y Coordinate 4815342
	Structure Type	

Crash Scene

First Harmful Event CARGO/EQUIPMENT LOSS OR SHIFT	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4
	Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat				

Vehicle

UNIT	VEHICLE	License Plate Number 692YXU	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1G1BE5SM3H7128994	Make CHEVROLET	Year 2017	Model CRUZ	
		Color RED - RED	Body Style 4D - 4DR		Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE	12 - FRONT, 14 - UNDERCARRIAGE			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name STEPHANIE CATHERINE SEILER		Owner Address 260 FOX RUN SAUK CITY, WI 53583 , US	
	Sequence Of Events			
01 02 03 04	Event CARGO/EQUIPMENT LOSS OR SHIFT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual STEPHANIE SEILER	
UNIT INDIVIDUAL	Individual			
	Driver STEPHANIE CATHERINE SEILER		Citations Issued 0	Sex FEMALE
	Address 260 FOX RUN SAUK CITY, WI 53583 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position SHOULDER & LAP BELT	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag NON DEPLOYED	
Injury		Injury Severity NO APPARENT INJURY		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED		
EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		
Time of Death		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT INDIVIDUAL 01 001	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		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					