

6TL0CBQ6P7

21-03561

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0CBQ6P7

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 CTHWD WB
1239 FT W
OF SKINNER RD
IN THE TOWN OF WINFIELD
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  
CRASH REPORT

Truck Bus or HazMat				
<b>Vehicle</b>				
01 UNIT VEHICLE	License Plate Number	Plate Type	St	Country of Issuance
	U6828L	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	2T3RFREV5JW833854	TOYOTA	2018	RAV4
	Color	Body Style	Bus Use	
	BLU - BLUE	UT - SPORT UTILITY VEHICLE		
	Initial Contact Point	Vehicle Damage		
01 - RIGHT FRONT CORNER	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT			
Extent Of Damage				
MINOR 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			
<b>Policy Holder</b>				
Insurance Company		Individual		
ALLSTATE-INS-CO		KAYLA PLOUFFE		
<b>Individual</b>				
01 UNIT INDIVIDUAL	Driver	Citations Issued	Sex	
	KAYLA RAIN PLOUFFE (608) 393-8301	0	FEMALE	
		Date of Birth	Race	
			WHITE	
Address	Driver License Number			
4155 9TH AVE WISCONSIN DELLS, WI 53965 , US	STATE: WISCONSIN COUNTRY: UNITED STATES			
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
Row	Seat Position	SHOULDER & LAP BELT		
Helmet Use	Helmet Compliance			
Eye Protection	Tint Compliance			
<b>Injury</b>		Injury Severity	Airbag	
		NO APPARENT INJURY		
Ejected	Ejection Path	Trapped/Extricated		
Medical Transport	EMS Agency Identifier		EMS Run#	
NOT TRANSPORTED				
Hospital	Date of Death		Time of Death	

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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