

6TL0D5DXX4

21-05256

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON 615 STH33 317 FT W OF CTHBD (HOUSE/BUILDING 615) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.47476821	Longitude -89.770028526
	X Coordinate 275960.90625	Y Coordinate 4817267
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 04 - REAR TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 10	Total Lanes 1	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE 01	License Plate Number AGN9589	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
	Vehicle Identification Number JTMDFREY8HD214022	Make TOYOTA	Year 2017	Model RAV4		
	Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
	Initial Contact Point 06 - REAR	Vehicle Damage				
	Extent Of Damage MINOR DAMAGE	06 - REAR				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing BACKING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions UNSAFE BACKING		
01 01	Owner Name LINDA MARIE CASH (608) 343-4150	Owner Address 930 ROSEMARY LN BARABOO, WI 53913 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual LINDA CASH	
UNIT INDIVIDUAL	Individual		
	Driver LINDA MARIE CASH (608) 343-4150	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 930 ROSEMARY LN BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	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		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action		NOT DISTRACTED	

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UNIT INDIVIDUAL	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				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 10	Total Lanes 1	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02	Vehicle				
	License Plate Number FQ3635		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FTRX18W31NA07420		Make FORD	Year 2001	Model F150
	Color MUL - MULTICOLOR		Body Style PK - PICKUP		Bus Use
	Initial Contact Point 07 - LEFT REAR CORNER		Vehicle Damage 00 - NO DAMAGE		
	Extent Of Damage NO DAMAGE				
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		

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UNIT	VEHICLE	What Driver Was Doing BACKING	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
02	02	Driver Actions UNSAFE BACKING			
		Owner Name AMY D SCHULTZ (608) 692-1548	Owner Address S5795 POINT OF ROCKS RD BARABOO, WI 53913 , US		
Sequence Of Events					
UNIT	VEHICLE	01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
Policy Holder					
UNIT	VEHICLE	Insurance Company AMERICAN-FAMILY-INS-CO	Individual MARIE JOHNSON		
		Individual			
UNIT	INDIVIDUAL	Driver MARIE LOUISE JOHNSON (608) 692-2421	Citations Issued 0	Sex FEMALE	
		Address S5795 POINT OF ROCKS RD BARABOO, WI 53913 , US	Date of Birth [REDACTED]	Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
02	002	Safety Equipment		On Duty Crash	
				Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
02	002	Injury		Injury Severity	
				Airbag NON DEPLOYED	
		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		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action		NOT DISTRACTED			
Non Motorist		Striking Unit #	Location		

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UNIT	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			
	02	002		