

6TL0BGSFG3

21-06313

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0BGSFG3

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 RIVER ST/ CTDD SB
413 FT N
OF SCHANKE RD
IN THE TOWN OF FREEDOM
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			
01 UNIT VEHICLE	Vehicle		
	License Plate Number 584VRL	Plate Type AUT - AUTOMOBILE	St WI
	Country of Issuance UNITED STATES	Vehicle Identification Number 1G1ZE5ST0HF256752	Make CHEVROLET
	Year 2017	Model MALIBU	Bus Use
	Color WHI - WHITE	Body Style SD - SEDAN	Vehicle Damage 12 - FRONT
	Initial Contact Point 12 - FRONT	Extent Of Damage FUNCTIONAL DAMAGE	Towed Due To Damage NOT TOWED
	Vehicle Removed By	What Driver Was Doing	Vehicle Factors
	Driver Prior Action Other	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name	Owner Address	
	01 UNIT POLICY HOLDER	Policy Holder	
Insurance Company STATE-FARM-GENERAL-INS-CO		Individual LACEY RUSSELL	
01 UNIT INDIVIDUAL	Individual		
	Driver LACEY DAWN RUSSELL (608) 495-2226	Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]	Race	
	Address 626 N OAK ST REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 UNIT SAFETY EQUIPMENT	On Duty Crash		Safety Equipment
	Row	Seat Position	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury Severity NO APPARENT INJURY		Airbag
	Ejected	Ejection Path	Trapped/Extricated
01 UNIT MEDICAL TRANSPORT	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		