

6TL0D94282
21-07457

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0D94282

Document Number Override		Primary Crash Document#		Agency Crash Number 21-07457		Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 08/08/2021		Crash Time 02:23 PM		Date Arrived 08/08/2021		Time Arrived 02:47 PM	
Date Notified 08/08/2021		Time Notified 02:26 PM		Total Units 04		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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram 	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.

ALL UNITS WERE TRAVELING EAST BOUND. UNIT #2 REPORTED THE TRAFFIC CAME TO A STOP QUICKLY AND SHE ABLE TO BREAK IN TIME BUT WAS REAR ENDED. UNITS #3 AND #4 REPORTED BEING REAR ENDED. UNIT #1 SAID HE WAS EAST BOUND, TRAFFIC CAME TO A STOP AS HE LOOKED AT A CAMPER AND TRUCK THAT WERE PARKED ON THE SIDE OF THE ROAD. UNIT #1 WAS NOT ABLE TO STOP IN TIME AND REAR ENDED UNIT #4 PUSHING HIM AND THE OTHERS FORWARD INTO EACH OTHER.

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Location

ON IH90 EB 0.28 MI W OF VAN HOOSER RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.548582382	Longitude -89.669930426
	X Coordinate 284320.34375	Y Coordinate 4825200.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) BACKUP DUE TO REGULAR CONGESTION	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY, RAIN		
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 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 03	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 70	Total Lanes 04
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	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 NO				

Vehicle

UNIT VEHICLE 01	License Plate Number AJH7601	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNEK13R0VJ422486	Make CHEVROLET	Year 1997	Model TAHOE
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions OTHER CONTRIBUTING ACTION			
01 01	Owner Name GAGE ROBERT HEINSON (262) 902-7540	Owner Address 8425 STATE ROAD 38 CALEDONIA, WI 53108 , US		
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U	Individual GAGE HEINSON		
UNIT INDIVIDUAL	Individual			
	Driver GAGE ROBERT HEINSON	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 8425 STATE ROAD 38 CALEDONIA, WI 53108 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	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		
01	001	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	INDIVIDUAL	Individual				
				Passenger SARA ELIZABETH KUBISZEWSKI		Citations Issued 0	Sex FEMALE	
				Date of Birth [REDACTED]		Race WHITE		
				Address 10055 S MCGRAW DR OAK CREEK, WI 53154 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	002	Safety Equipment		On Duty Crash		
Safety Equipment SHOULDER & LAP BELT								
Row 01 - FRONT ROW	Seat Position 09 - RIGHT							
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						
Distracted By Action								
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location			

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UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
01 002	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		
	Individual		
UNIT INDIVIDUAL	Passenger JORDON J KERNAN ERICKSON (715) 225-7656	Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]	Race WHITE	
	Address 1608 BEVERLY HILLS DR EAU CLAIRE, WI 54701 , US	Driver License Number	
01 003	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	
	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		
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			

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UNIT INDIVIDUAL	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		
	01	003	

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 04	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 70	Total Lanes 04	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 NO					

Vehicle

UNIT VEHICLE 02	License Plate Number CK53090	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES		
	Vehicle Identification Number 5LM5J7XC8MGL10138	Make LINCOLN	Year 2021	Model AVIATOR		
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
	Initial Contact Point 06 - REAR	Vehicle Damage 06 - REAR				
	Extent Of Damage MINOR DAMAGE					
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR				
	What Driver Was Doing GOING STRAIGHT					

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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02	Owner Name STACEY A ORZEL (219) 742-2951	Owner Address 32854 WEATHERVANE LN LAKEMOOR, IL 60051 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company ALLSTATE-INS-CO	Individual STACEY ORZEL	
UNIT INDIVIDUAL	Individual		
	Driver SAMANTHA J SALATO (708) 214-7228	Citations Issued 0 Sex FEMALE	
	Date of Birth [REDACTED]	Race	
02	Address 2337 TRAILSIDE LN WAUCONDA, IL 60084 , US	Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES	
	Safety Equipment		
004	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
02	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)	
02	Distracted By Action NOT DISTRACTED		
	Non Motorist	Striking Unit#	Location

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
02	004	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	INDIVIDUAL	Individual	
		Passenger STACEY A ORZEL (219) 742-2951	Citations Issued 0
			Sex FEMALE
		Date of Birth [REDACTED]	Race
Address 32854 WEATHERVANE LN LAKEMOOR, IL 60051 , US		Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES	
02	005	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT
		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	
Distracted By Action			
Non Motorist		Striking Unit #	Location
Prior Action			

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UNIT	INDIVIDUAL	Action					
		Action Other		To/From School			
02	005	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	INDIVIDUAL	Individual			
				Passenger KAHRSTEN A GEARY (708) 214-7228	Citations Issued 0	Sex FEMALE	
					Date of Birth [REDACTED]	Race WHITE	
				Address 2337 TRAILSIDE LN WAUCONDA, IL 60084 , US	Driver License Number		
				Safety Equipment		On Duty Crash	Safety Equipment
Row 02 - SECOND ROW	Seat Position 07 - LEFT			SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
02	006			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					
		Distracted By Action					
		Non Motorist					
		Striking Unit #		Location			
		Prior Action					

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UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
02	006	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	INDIVIDUAL	Individual	
		Passenger KORHYN V GEARY (708) 214-7228	Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
		Race WHITE	
	Address 2337 TRAILSIDE LN WAUCONDA, IL 60084 , US	Driver License Number	
02	007	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT
		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	
	Distracted By Action		
	Non Motorist	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
02	007	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	03	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR	Operating As Endorsements				
UNIT	03	Total Occs 02	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 70	Total Lanes 04	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 NO					

Vehicle

UNIT	VEHICLE	03	03	License Plate Number BRS173	Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES	
				Vehicle Identification Number 1G1ZB5E17BF344143	Make CHEVROLET	Year 2011	Model MALIBU	
				Color GRY - GRAY	Body Style SD - SEDAN	Bus Use		
				Initial Contact Point 06 - REAR	Vehicle Damage			
				Extent Of Damage MINOR DAMAGE	06 - REAR, 12 - FRONT			
				Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR			
				What Driver Was Doing GOING STRAIGHT	Vehicle Factors			
				Driver Prior Action Other	NOT APPLICABLE			

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UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name TESS ALEXANDRA VOSSEN	Owner Address 15832 COBBLECREST DR KIMBALL, MN 55353 9650, US
UNIT 03	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT
	02	Event
	03	Event
UNIT 04	Event	
	Policy Holder	
UNIT 03	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual TESS VOSSEN
	Individual	
UNIT INDIVIDUAL	Driver ALEXANDER PHILIP HARTER	Citations Issued 0
		Sex MALE
UNIT INDIVIDUAL	Date of Birth [REDACTED]	Race
	Address 6880 MEADOWBROOK BLVD APT 447 SAINT LOUIS PARK, MN 55426 4639, US	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES
UNIT 03	Safety Equipment	On Duty Crash
		Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	Helmet Use	Helmet Compliance
UNIT 008	Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY
UNIT 008	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
UNIT 008	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
UNIT 008	EMS Run #	
	Hospital	Date of Death
UNIT 008	Time of Death	
	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)
UNIT 008	Distracted By Action NOT DISTRACTED	
	Non Motorist	Striking Unit #
UNIT 008	Location	
	Prior Action	

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UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
03	008	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	INDIVIDUAL	Individual	
		Passenger TESS ALEXANDRA VOSSEN	Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
			Race
	Address 15832 COBBLECREST DR KIMBALL, MN 55353 9650, US	Driver License Number [REDACTED]	STATE: MINNESOTA COUNTRY: UNITED STATES
03	009	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT
		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	
	Distracted By Action		
	Non Motorist	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action	
		Action Other	
03	009	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	04	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR		Operating As Endorsements			
		Total Occs 05	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 70	Total Lanes 04	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 NO					

Vehicle

UNIT	04	VEHICLE	04	License Plate Number CQ89519		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
				Vehicle Identification Number 5NPDH4AE1DH234667		Make HYUNDAI	Year 2013	Model SONATA
				Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use
				Initial Contact Point 06 - REAR		Vehicle Damage 06 - REAR, 12 - FRONT		
				Extent Of Damage MINOR DAMAGE				
				Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
				What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE		
				Driver Prior Action Other				

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UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name COURTNEY M MILLER (815) 681-8799	Owner Address 618 S MASON ST SHEFFIELD, IL 61361 , US
UNIT 04	Sequence Of Events	
	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
UNIT 04	Policy Holder	
	Insurance Company COUNTRY-PREFERRED-INSURANCE-CO	Individual COURTNEY MILLER
UNIT INDIVIDUAL	Individual	
	Driver COURTNEY M MILLER (815) 681-8799	Citations Issued 0
	Date of Birth [REDACTED]	Sex FEMALE
Address 618 S MASON ST SHEFFIELD, IL 61361 , US	Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES	
UNIT 04	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
UNIT 04	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
	Hospital	EMS Run#
	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	
Prior Action		

6TL0D94282

21-07457

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL	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		
	Individual		
	Passenger ADDELYNN C MILLER (815) 681-8799	Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]	Race WHITE	
Address 618 S MASON ST SHEFFIELD, IL 61361 , US	Driver License Number		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
	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	
	Distracted By Action		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location
	Prior Action		

6TL0D94282

21-07457

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL	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		
	Individual		
	Passenger WARREN A MILLER (815) 681-8799	Citations Issued 0	Sex MALE
	Address 618 S MASON ST SHEFFIELD, IL 61361 , US	Date of Birth [REDACTED]	Race WHITE
	Driver License Number		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	
	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	
	Distracted By Action		
Non Motorist	Striking Unit #	Location	
Prior Action			

6TL0D94282

21-07457

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL	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		
	Individual		
	Passenger WESTON S MILLER (815) 681-8799	Citations Issued 0	Sex MALE
	Address 618 S MASON ST SHEFFIELD, IL 61361 , US	Date of Birth [REDACTED]	
	Race WHITE		
	Driver License Number		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	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
	Hospital		EMS Run#
			Date of Death
			Time of Death
UNIT INDIVIDUAL	Distracted By		
	Distracted By Source		
	Distracted By Action		
	Non Motorist		
	Striking Unit#	Location	
Prior Action			

6TL0D94282

21-07457

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL	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			
	Individual			
	Passenger WAYLON C MILLER (815) 681-8799	Citations Issued 0	Sex MALE	
	Address 618 S MASON ST SHEFFIELD, IL 61361 , US	Date of Birth [REDACTED]	Race WHITE	
Driver License Number				
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	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		
	Distracted By Action			
Non Motorist	Striking Unit #	Location		
Prior Action				

6TL0D94282

21-07457

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL 04 014	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		