6TL0D6N01F 21-08138

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

The state of the s		21-08	~ ,			ng Officer/Deputy B. STODDARD		
Crash Date 08/28/2021	Crash Time 04:00 AM		Date Arrived 08/28/2021		Time Arrived 07:35 AM			
Date Notified 08/28/2021	Time Notified 06:58 AM		Total U	nits	Total Injured		Total Killed	
On Emergency Hit	t and Run	Lane Closu	ure	☐ Work Zone	Trailer	or Tow	ed	Reporting Threshold
Government Property	Active School Zone			Bus Related	Tags			
▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Ameno	led		Secondary Crash
Description Diagram					•			
				\$		Photos B STO	By DDARD	
						Addition NONE,	nal Inform , PHOTO	ation S
C ⁻	TH W							
		whenever are	~~~~~~~~		Andrew Andrews			
(TAREN TON)					^			
9737 	263 632	Contact Section						
				vay of E12311 ulvert undernea				
Not to Scale				1				
	I W. UNIT 1 ENTE IE DRIVEWAY OF	RED THE SOUTH DE 12311 CTH W. UI	DITCH. U NIT 1 RAI	NIT 1 TRAVELED THE SOME	OUTH DITCH FOR T, LOSING ITS BI	JMPER A	ND DAMA	GING THE

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Location

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LINO	Initial Contact Point 12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE		FRONT, 10 - LEF	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT			7 8 9 10 11 6 12 5 4 3 2 1		
	Color GRY - GRAY	Body Style UT - SPORT UTIL	Body Style UT - SPORT UTILITY VEHICLE						
5	License Plate Number AGE1210 Vehicle Identification Number 1FMCU9EG3BKB10698		Plate Type AUT - AUTOMOB Make FORD	BILE V	St WI Year 2011	UNITED STATES Model ESCAPE			
	Vehicle		I Digita Turas		:	Country of las	uanco.		
	Truck Bus or HazMat					I.			
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT				Road Grade LEVEL			
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL				Traffic Control Inoperative/Missing		
	MostHarmful Event: Collision W CULVERT	Special Function NO SPECIAL FUN				Emergency Motor Vehicle Use NOT APPLICABLE			
.	Insurance?	urance? Direction Of Travel Pre C		Tire Speed Lir		imit Total Lanes		es	
	Total Occs	Total # Citations Issue		Total Trailers		Total HazMat Types			
5	Vehicle Type (SPORT) UTILITY VEHICLE	••				Operating As Endorsements			
	Unit Status IN TRANSIT		Vehicle Operating As D CLASS	Classification		Unit Type AUTOMOE	BILE		
	Unit Summary ===		I						
	· · · · · · · · · · · · · · · · · · ·	Junction Location NON-JUNCTION		tion Type N INTERSEC	TION				
	Tribal Land			1	Access Control NO CONTROL			Special Study	
	Crash Classification - Location PUBLIC PROPERTY			1	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
	Animal Type DEER			I	Relation To Trafficway TRAFFICWAY - ON ROAD				
	Weather Condition(s) CLEAR								
	ANIMAL (S) IN ROADWAY			NONE	NONE				
	DRY Environment Factor(s)			4					
	Road Surface Condition(s)				Roadway Factor(s)				
	Manner of Collision 00 - NO COLLISION W/VEH	ICLE IN TRANSPORT		Light Condit					
	FirstHarmful Event CULVERT			First Harmfu SHOULDE					
	Crash Scene			1					
	IN THE TOWN OF GREENF IN SAUK COUNTY	FIRE	Structure Type FIRE						
	(FIRE E12311)	280743.71	280743.71875			.7.5			
	ON E12311 CTHW EB 1307 FT W OF NEUMAN RD			Latitude 43.452623 X Coordinat			Longitud	905718	

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		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR						
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors						
		Driver Prior Action Other		NOT APPLICABLE						
TINO	VEHICLE	Driver Actions RAN OFF ROADWAY								
٦	10	OwnerName NICOLE ANN MABIN (608) 635-5781		Owner Address W10921 ARBOR VALLEY RD LODI, WI 53555 , US						
	5	Event CULVERT								
	8	Event								
	03	Event								
	48	Event								
_		Policy Holder								
IN N		Insurance Company PROGRESSIVE-CASUAL		Individual NICOLE MABIN	Individu al					
		Individual								
		Driver NICOLE ANN MABIN		Citations sued Sex						
	4	(608) 635-5781		1	FEMALE Race					
⊨	ď			Date of Birth	WHITE					
TIND	INDIVIDUA	Address W10921 ARBOR VALLEY LODI, WI 53555 , US	' RD	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	ety Equipment	y Crash	Safety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
		HelmetUse	'	Helmet Compliance						
		Eye Protection		Tint Compliance						
۶	8	Injury S	Severity PPARENT INJURY	Airbag						
		Ejected	Ejection Path	NON DEPLOYED		Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT A				NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifie			EMS Run#			
		Hospital		Date of Death Time of Death						
		Distracted By	rted By Source			1				
		Distracted By Action UNKNOWN								

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		Non Motor	Striking Unit#	Location					
		Prior Action							
:		Action							
	IAL								
UNIT	d								
<u> </u>	INDIVIDUAL								
		Action Other						To/From School	
	I E)rug & Alcoh	Suspected Alco	hol Use	Suspected Drug Use				
	-	Alcohol Test Give		Alcohol Test Type	Alcohol Test Type		Alcohol Test Results		
		TEST NOT GIV	EN						
		Drug Test Given TEST NOT GIV	EN	Drug Test Type		Drug Test Results			
0	9	Drug Type							
		Individual Condition	n						
		NOT OBSERVE	D						
	•	/iolations	& & & & & & & & & & & & & & & & & & &			**************			
	5	UTC Number BG110698	Issue To?	Statute Number 346.70(1)	Description FAILURE OF OPERA	ATOR TO NOTIF	Y POLICE OF ACCIDI	ENT	
	Pro	perty Owne	r						
F 01	Gove SAU (608	ernment IK COUNTY) 455-4855			Address 620 STH 136 BARABOO, WI 53913	, US			
PROP OWNER									
	Fixe	d Objects St		<u> </u>			**********		
	9		Struck Object CULVERT					Damage Tag Number 3 22871	