

6TL0B7D6S5  
20-00431

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>20-00431</b>	Investigating Officer/Deputy <b>DEPUTY A. SUKOWATEY</b>	
Crash Date <b>01/10/2020</b>		Crash Time <b>08:07 PM</b>	Date Arrived <b>01/10/2020</b>	Time Arrived <b>08:19 PM</b>	
Date Notified <b>01/10/2020</b>		Time Notified <b>08:07 PM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

THE OPERATOR OF UNIT ONE WAS TRAVELING WESTBOUND ON HWY 33 WHEN A PICKUP TRUCK (UNKNOWN MAKE/MODEL OR COLOR) WAS TRAVELING EASTBOUND ON HWY WHICH CROSSED THE CENTER LINE AND SIDE SWIPED HER VEHICLE. HER INJURIES INCLUDED PAIN TO HER SIDE. VEHICLE WAS DRIVEABLE AND OPERATOR REFUSED TRANSPORT BY EMS.

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**Location**

ON STH33 WB 0.60 MI E OF JOHNSON RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude <b>43.47421979</b>	Longitude <b>-89.658656565</b>
	X Coordinate <b>284967.03125</b>	Y Coordinate <b>4816912</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>06 - SIDESWIPE/OPPOSITE DIRECTION</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW, ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>  <b>01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	<b>UNIT</b>  <b>01</b>  <b>VEHICLE</b>	<b>Vehicle</b>					
		License Plate Number <b>143JCV</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1G1BE5SM6G7267323</b>		Make <b>CHEVROLET</b>	Year <b>2016</b>	Model <b>CRUZE</b>			
Color <b>BLU - BLUE</b>		Body Style <b>SD - SEDAN</b>		Bus Use			
Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>					
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>							

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>RONALD E FELDMAN JR (608) 434-8355</b>		Owner Address <b>E13490A STATE ROAD 33 BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>PAMELA FELDMANN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>PAMELA JANE FELDMANN (608) 434-8355</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>E13490A STATE ROAD 33 BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	INDIVIDUAL	<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	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					

**Unit Summary**

UNIT	02	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER CAR</b>					Operating As Endorsements	
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>UNKNOWN</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>UNKNOWN</b>		Emergency Motor Vehicle Use <b>UNKNOWN</b>	
		Traffic Way <b>UNKNOWN</b>			Traffic Control <b>UNKNOWN</b>		Traffic Control Inoperative/Missing <b>UNKNOWN</b>	
		Surface Type <b>UNKNOWN</b>			Road Curvature <b>UNKNOWN</b>		Road Grade <b>UNKNOWN</b>	
		Truck Bus or HazMat <b>NO</b>						

UNIT	VEHICLE	<b>Vehicle</b>					
		License Plate Number		Plate Type	St	Country of Issuance	
		Vehicle Identification Number		Make	Year	Model	
		Color		Body Style		Bus Use	
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage			
		Extent Of Damage <b>VEHICLE NOT AT SCENE</b>		<b>16 - VEHICLE NOT AT SCENE</b>			
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>					

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UNIT	VEHICLE	What Driver Was Doing <b>UNKNOWN</b>		Vehicle Factors		
		Driver Prior Action Other		<b>UNKNOWN</b>		
02	02	Driver Actions <b>UNKNOWN</b>				
		Owner Name		Owner Address		
<b>Sequence Of Events</b>						
UNIT	VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event <b>CROSS CENTERLINE</b>			
		03	Event			
		04	Event			
<b>Individual</b>						
UNIT	INDIVIDUAL	Driver <b>UNKNOWN UNKNOWN</b>		Citations Issued <b>0</b>	Sex	
		Address		Date of Birth	Race	
		Driver License Number				
02	002	<b>Safety Equipment</b>		On Duty Crash		
		Row <b>99 - UNKNOWN</b>		Seat Position	<b>NONE USED - VEHICLE OCCUPANT</b>	
		Helmet Use		Safety Equipment		
		Eye Protection		Helmet Compliance		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
		Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death			
<b>Distracted By</b>		Distracted By Source				
		Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location			
Prior Action						

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use	
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>NOT OBSERVED</b>			