6TL09PBQD2 20-01046

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 20-01046			Investigating Officer/Deputy DEPUTY B. STODDARD				
D 2	Crash Date 01/28/2020	Crash Time 07:13 AM			Date Arrived		Time	Time Arrived				
PBQ	Date Notified 01/28/2020	Time Notified 07:13 AM			Total Units 01		Tota 00		Injured Total Killed 00			
09	On Emergency	lit and Run	Lane Closu		Ш	rk Zone		Trailer or T	owed	Reporting Threshold		
6TL	Government Property	Active Sc	hool Zone	School B NO	us Relate	ed	Tag	S				
	Crash Type NON-DOMESTICATED			ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	Location											
F	ON CTHB EB					Latitude			Longitud	de		
	136 FT W					43.25663	80734	-89.9078		'889546		
	OF GUHL RD					X Coordin	ate	Y Coordinate		inate	_	
	IN THE TOWN OF TROY					263965.1875				4793420		
	IN SAUK COUNTY						Structure Type					
						Olluciale	турс					
L												
(Crash Scene											
	First Harmful Event					First Harmful Event Location						
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROADWAY						
	Manner of Collision					Light Condition						
	00 - NO COLLISION W/VEHICLE IN TRANSPORT											
	Road Surface Condition(s)					Roadway	Factor(s)					
	Environment Factor(s)											
	Wasther Condition(a)											
	Weather Condition(s)											
ŀ	Animal Type					Relation To Trafficway						
	DEER					TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction							
PUBLIC PROPERTY						NO SPECIAL JURISDICTION						
	Tribal Land					Access Control				Special Study		
)		
L	Line it Common and											
	Unit Summary		LV-h	:-l- O	: A - O	!6' 4'		I conse				
				Vehicle Operating As Classification				Unit Type				
					CLASS			AUTOMOBILE Operating As Endorsements				
01	Vehicle Type							Operating A	As Endorser	ments		
٦	(SPORT) UTILITY VEHICLE						Total Trailers Total HazMat Types					
	Total Occs Train/Bus # Recorded			Total # Citations Issued						Mat Types		
	1	0		0		0		0				
	Insurance? Direction Of Travel			Pre CrashTire		Speed Lin		nit Total Lanes		es		
╘	YES EASTBOUND			☐ Mark					15			
LINO	Most Harmful Event: Collision With			Special Function			TION		Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION				NOT APPLICABLE			_	
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade				

Crash Date 01/28/2020 1 of 3 Crash Time 07:13 AM

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	Truc	ruck Bus or HazMat							
		Vehicle							
		License Plate Number	Plate Type	St	Country of Issuance				
		476MXT	AUT - AUTOMOBILE	WI	UNITED STATES				
01	2	Vehicle Identification Number 1GKKVTKD3DJ205473	Make GENERAL MOTORS COR	Year 2013	Model ACADIA DEN				
	0	Color	Body Style	2013	Bus Use				
		RED - RED	UT - SPORT UTILITY VEHIC	LE	Bus Ose				
	ш	Initial Contact Point	Vehicle Damage						
╘	VEHICLI	11 - LEFT FRONT CORNER	— 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
UNIT		Extent Of Damage							
		FUNCTIONAL DAMAGE							
		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
			_						
		Driver Prior Action Other							
		Driver Actions							
	ш	NO CONTRIBUTING ACTION							
╘	VEHICLE								
LNO	Ĭ								
	8								
		Owner Name	Owner Address	Owner Address					
2	5								
		Deliev Helder							
LNO		Policy Holder Insurance Company	In all dates at						
5		PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual ASHLEY BUSSE						
		ndividual							
		Driver	Citations Issued		Sex				
		ASHLEY ARLENE BUSSE	0		FEMALE				
	¥	(608) 434-1217	Date of Birth		Race				
 	2				WHITE				
E S	DIVIDUA	Address	Driver License Number						
_		E4700 HICKORY RD PLAIN, WI 53577 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	=	PLAIN, WI 55577 , US							
	Sa	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
		Row Seat Position	OHOOLDER & LAI BEET						
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
10	00	Injury Severity Injury NO APPARENT INJURY	Airbag						
	J	NO APPARENT INJURY Ejected Ejection Path	Trapped/Extricated						
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED							
		Hospital	Date of Death		Time of Death				

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		Distracted By	Distracted By Source	1					
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	UAL								
LIND	INDIVIDUAL								
	N D								
		Action Other						To/From School	
		Action Other						TO/FIGHT SCHOOL	
	ı	Drug & Alcohol	Suspected Alcohol U NO	se	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			
10	00	Drug Type							
		Individual Condition							
		APPEARED NORI	MAL						