6TL096J8ZV

20-01223

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Document #			Agency Crash Number 20-01223				DEPUTY J. SOLCHENBERGER			
	Crash Date	Crash Time			Date Arrived			Time Arrived			
Ñ	02/02/2020 02:43 AM										
096J8ZV	Date NotifiedTime Notified02/02/202002:48 AM		Total Units 01		nits	Tot 00		Injured	Total Killed 00		
-096	On Emergency	it and Run	Lane Clos	ure	Wo	k Zone		Trailer or 1	owed	Reporting Threshold	
6TL	Government Property Active School Zon			School Bus Related			Tags	Tags			
	✓ Reportable		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.										
ļ	Location					-			-		
	ON CTHW WB 378 FT W					Latitude	0040				
	OF NEUMAN RD					43.45258			-89.706401548 Y Coordinate		
	IN THE TOWN OF GREENFI	ELD				X Coordinate Y Coordina 281027.09375 4814633					
	IN SAUK COUNTY					Structure 1	Гуре				
						··· · · · · · · · · · · · · · · · · ·					
(Crash Scene										
I	First Harmful Event					First Harm	ful Event Lo	ocation			
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI Road Surface Condition(s)	CLE IN TRANS	PORT								
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
	Tribal Land			Access C		Access Co	introl			Special Study	
l	Unit Summary										
	Unit Status Vehicle Operating As C					assification		Unit Type			
	IN TRANSIT D CLASS							AUTOMOBILE			
01	Vehicle Type							Operating	As Endorser	ments	
0	PASSENGER VAN Total Occs Train/Bus # Recorded Total # Citation				d Total Trailers Total HazMat Types						
	Total Occs	I rain/Bus # Recor		ed Total # Citations Issu 0			Total Trail 0	ers	l otal Haz	Mat Types	
		Direction Of Trave	-			-			otal Lanes		
⊢		WESTBOUND		Pre CrashTire							
UNIT	Most Harmful Event: Collision With			Special Function							
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION							
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			

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	Truc	uck Bus or HazMat								
		Vehicle								
		License Plate Number 299YNW		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
0	-	Vehicle Identification Number		Make	Year	Model				
	6	2C4GP64L65R123770		CHRYSLER	2005	TOWN & AMP				
		Color BLU - BLUE		Body Style VN - VAN		Bus Use				
	щ	Initial Contact Point		Vehicle Damage						
⊨	VEHICL	11 - LEFT FRONT CORNER		11 - LEFT FRONT CORNER						
UNIT		Extent Of Damage MINOR DAMAGE								
		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other		_						
		Driver Phor Action Other								
		Driver Actions								
L	Щ	NO CONTRIBUTING ACTIO	Ν							
UNIT	Ę									
	VEHICLE									
	-									
		Owner Name	Owner Address							
6	0									
E		Policy Holder								
UNIT		Insurance Company NATIONAL-INDEMNITY-CO	Organization/Company	Organization/Company BAR BUDDIES						
		Individual								
	NDIVIDUAL	Driver		Citations Issued		Sex				
		DELORES ANN MEADOR		0	FEMALE					
		(608) 477-7423		Date of Birth		Race WHITE				
UNIT		Address		Driver License Number						
	Ī	545 QUARRY ST BARABOO, WI 53913 , US								
	=			STATE: WISCONSIN COUNTRY: UNITED STATES						
				Safety Equipment						
	Sa	fety Equipment								
		Row	Seat Position	SHOULDER & LAP BE	LT					
		Helmet Use		Helmet Compliance						
	_									
		Eye Protection Injury Severity NO APPARENT INJURY		Tint Compliance Airbag						
6	001									
		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 Source	9						
		Distracted By								
		Distracted By Action								
			Striking Unit #	Location						
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	_									
_	INDIVIDUAL									
UNIT	ē									
5	N									
	ž									
		Action Other						To/From School		
		Suspected Alcohol Use			Suspected Drug Use		. <u> </u>			
		Drug & Alcohol No			NO					
		Alcohol Test Given Alcohol Test Ty					Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results				
		TEST NOT GIVEN		Diag rear type			2			
2	001	Drug Type								
0	õ									
		Individual Condition	Individual Condition							
		APPEARED NOR	MAL							