6TL09KMM17 20-01369

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [Primary Crash Document #		Agency Crash Number 20-01369			Investigating Officer/Deputy DEPUTY S. FINNEGAN			
117	Crash Date 02/06/2020	Crash Time 06:47 AM			Date Arrived		Time	Time Arrived			
6TL09KMM1	Date Notified 02/06/2020	Time Notified 06:53 AM			Total Units 01		Tota 00		Injured Total Killed 00		
960	On Emergency	lit and Run	Lane Closu	ure	Wo	ork Zone		Trailer or T	owed	wed Reporting Threshold	
eTL	Government Active School Zone			School Bus Related NO			Tag	Tags			
	✓ Reportable	Crash Type NON-DOMES	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RY Amended				Secon Cras	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
ł	ON STH130 NB					Latitude Longitude					
	151 FT S				43.382026735		26735	•		187303231	
	OF DURST RD			-		X Coordinate			Y Coord		
	IN THE TOWN OF WASHINGTON IN SAUK COUNTY				241815.75 4808175						
					Structure Type NO STRUCTURE						
(Crash Scene										
ī	First Harmful Event					First Harm	nful Event L	ocation			
	NON DOMESTICATED ANI				ON ROADWAY						
ŀ	Manner of Collision										
	00 - NO COLLISION W/VEH	ICLE IN TRANS	DORT			Light Condition					
		ICLE IN TRANS	PORT			Dardon	C4(-)				
	Road Surface Condition(s)					Roadway	racior(s)				
ŀ	Environment Factor(s)										
	(4)										
İ	Weather Condition(s)										
ļ	Asimal Tuna						D. I. C. T. T. W.				
	Animal Type					Relation To Trafficway					
	DEER Crash Classification Legation					TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
ŀ	PUBLIC PROPERTY Tribal Land						ccess Control			Special Study	
	Thousand					Access Control					
Į.	U: 1. O										
	Unit Summary ===		LV					T			
				Vehicle Operating As Classification				Unit Type			
ļ	IN TRANSIT Vehicle Type				CLASS			AUTOMOBILE Operating As Endorsements			
01	Vehicle Type PASSENGER CAR							Operating I	as Endorser	ments	
_							Total Trailers Total			Mat Types	
	1 otal Occs	Halli/Bus # Recor	0	al # Citations Issued		0		ers Total Hazi		iviat Types	
	Insurance?	Direction Of Trave	· 0/T					d Limit Total Lane		es	
-	YES	NORTHBOUND			asn i ire ark						
LNO	Most Harmful Event: Collision With			cial Function	on	1		Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTI			TION		NOT APPLICABLE		
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Confess Time										
	Surface Type			Road Curvature				Road Grade			

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	Truck Bus or HazMat								
	,	Vehicle							
UNIT 01		License Plate Number AAS1926		Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES			
	5	Vehicle Identification Number 2G4WD552161290778		Make BUICK	Year 2006	Model LACROSSE C			
		Color GRY - GRAY		Body Style 4D - 4DR		Bus Use			
	VEHICLE	Initial Contact Point 12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					
		What Driver Was Doing		Vehicle Factors	Vehicle Factors				
	VEHICLE	Driver Prior Action Other							
TINO		Driver Actions NO CONTRIBUTING ACTION							
70	10	Owner Name		Owner Address					
⊨		Policy Holder							
L		Insurance Company PROGRESSIVE-CASUAL	TY-INS-CO	Individual JEANNE MUNZ					
		Individual							
		Driver JEANNE KAY MUNZ		Citations Issued 0		Sex FEMALE			
_	INDIVIDUAL	(608) 583-2850		Date of Birth		Race WHITE			
LIND		Address 27324 MUNZ DR LONE ROCK, WI 53556 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sa	On Duty fety Equipment	Crash	Safety Equipment					
		Row Seat Position		SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
10	00	Injury Severity NO APPARENT INJURY		Airbag					
		Ejected Ejection Path				Trapped/Extricated			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Agency Identifier EMS Run #				
		Hospital		Date of Death		Time of Death			

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Distracted By Source									
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	NAL								
UNIT	INDIVIDUAL								
	N N								
		Action Other						To/From School	
		Action Other						TO/FIOM 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	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							