6TL0B655PP 20-01290

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 20-01290			Investigating Officer/Deputy DEPUTY W. NEUBAUER			
ЪР	Crash Date 02/04/2020		Crash Time 04:09 AM		Date Arrived		Tim	Time Arrived				
.0B655PP	Date Notified 02/04/2020		Time Notified 04:09 AM		Total Units 01			Total		Injured Total Killed 00		
-0B	On Emergency Hit		and Run Lane Clos			e Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Active School Zone				School Bus Related NO			Та	Tags			
	✓ Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			JRY	Amended			Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location —											
- 1	ON STH33 EB						Latitude	Latitude Longitude			de	
	119 FT E						43.51454	17673	-89.7882			
	OF WEBSTER LN						X Coordin	ato	Y Coordinate		linate	
	IN THE TOWN OF DELTON						274636.6			4821734		
	IN SAUK COUNTY									4021734		
							Structure Type					
	Crash Scene											
,							1					
	First Harmful Event						First Harm					
	NON DOMESTICATED	ANIMA	AL (ALIVE)				ON ROA	ON ROADWAY				
	Manner of Collision						Light Condition					
	00 - NO COLLISION W/	VEHIC	LE IN TRANSF	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 Clas	Crash Classification - Jurisdiction				
	PUBLIC PROPERTY					NO SPE	NO SPECIAL JURISDICTION					
	Tribal Land				Access Conf			ontrol			Special Study	
	Unit Summary ■											
						ehicle Operating As Classification			Unit Type			
	IN TRANSIT				CLASS					AUTOMOBILE		
_	Vehicle Type							Operating As Endorsements				
0	PASSENGER CAR											
	Total Occs Train/Bus # Recorded			ded To	tal # Citatio	ed	Total Traile		Total Haz	Mat Types		
	1			0	0			0		0		
	Insurance?		irection Of Travel		Pre C	rashTi	re	Speed Lim		Total Lan	es	
╘	YES	VESTBOUND	ESTBOUND Mark Special Function						Emorgonov Motor Vohiola Llas			
UNIT	Most Harmful Event: Collision With				ecial Funct O SPECI<i>l</i>		ICTION	TION		Emergency Motor Vehicle Use NOT APPLICABLE		
	NON DOMESTICATED ANIMAL (ALIVE) Traffic Way									Traffic Control Inoperative/Missing		
	Traine way			116	Traffic Control			Trailic Control II				
	Surface Type			Ro	Road Curvature				Road Grade			

This report does not include any CJ 1 of 3 Crash Date 02/04/2020
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	Truck Bus or HazMat								
	Vehicle								
		License Plate Number	Plate Type	St	Country of Issuance				
10		899YEC	AUT - AUTOMOBILE	WI	UNITED STATES				
	2	Vehicle Identification Number KNDPM3AC8L7641518	Make KIA MOTORS CORPORA	Year 2020	Model SPORTAGE				
•		Color	Body Style		Bus Use				
		GRY - GRAY	UT - SPORT UTILITY VEHICLE						
L	VEHICLE	Initial Contact Point 08 - LEFT SIDE REAR	Vehicle Damage	Venicle Damage					
L	읔	Extent Of Damage	08 - LEFT SIDE REAR						
⊃	中	MINOR DAMAGE	OU LEI I GIBE KEAK						
•		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other	-						
İ		Driver Actions NO CONTRIBUTING ACTION							
 -	VEHICLE	NO CONTRIBUTING ACTION							
LNS	呈								
⊃	Ā								
		Owner Name	Owner Address	Owner Address					
6	6								
 -		Policy Holder							
LNO		Insurance Company	Individual						
_		STATE-FARM-GENERAL-INS-CO	TAMARA EDEN						
		Individual	Citations Issued		Sex				
		Driver TAMARA ANN EDEN		0 FEMALE					
	Ι	(608) 524-0270	Date of Birth		Race				
⊨	DIVIDUAL			WHITE					
L N S	\geq	Address E7806 VIRGINIA CT	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Ξ								
İ	Sa	On Duty Crash	Safety Equipment	Safety Equipment					
	Safety Equipment		SHOULDER & LAP BELT						
		Row Seat Position	SHOULDER & LAP BELT						
•		Helmet Use	Helmet Compliance						
			Tint Compliance						
		Eye Protection							
5	00	Injury Severity	Airbag						
	ō	Injury NO APPARENT INJURY Ejected Ejection Path	Trapped/Extricated						
		Ljedeu Ejection Patri	парреи/схинален						
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	2 (2 (2						
		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								
_	UAL									
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								