## 6TL09H5JR7

20-01991

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash E	rimary Crash Document # Agency Crash Nui 20-01991				stigating Officer/Deputy						
۲۲	Crash Date 02/21/2020		Crash Time 06:00 PM		Date Arrived		Time	Time Arrived					
ЪБ	Date Notified		Time Notified		Total Units			Tota	Total Injured T		Total Killed		
H5	02/21/2020 06:04 PM			01			00		· · · J-· · · ·				
-09H5JR	On Emergency	Hit	and Run	Lane Clo			rk Zone		Trailer or T	owed	Reporting Threshold		
6TL	Government Property Active School Zone				School Bus Related NO			Tage	Tags				
	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.												
l	Location												
	ON CTHDL EB 0.42 MI W					Latitude 43.409341038			Longitude -89.638988949				
	OF BLUFF RD IN THE TOWN OF MERRIMAC					X Coordinate 286329.4375			Y Coordinate 4809656				
	IN SAUK COUNTY						Structure Type			400000			
								NO STRUCTURE					
(	Crash Scene												
	First Harmful Event						First Harmful Event Location						
	NON DOMESTICATED	ANIM	AL (ALIVE)				ON ROADWAY						
	Manner of Collision 00 - NO COLLISION W			DODT			Light Condition						
	Road Surface Condition(s)	VENIC	LE IN TRANSI	PORT			Roadway Factor(s)						
	Environment Factor(s)												
	2												
	Marthae Organitized (s)						-						
	Weather Condition(s)												
	Animal Type DEER					Relation To Trafficway TRAFFICWAY - ON ROAD							
	DEER Crash Classification - Location					Crash Classification - Jurisdiction							
	PUBLIC PROPERTY						NO SPECIAL JURISDICTION						
	Tribal Land					Access Control Special Study							
	Unit Status Vehicle Operating As C								Unit Type				
	IN TRANSIT D CLASS					lassification							
_	Vehicle Type					Operating As Endorsements							
UNIT 01	PASSENGER VAN												
	Total Occs	Т	rain/Bus # Recor		Total # Citations Issued			Total Trail	ers		Mat Types		
	2 Insurance?		Direction Of Trave		0 Pre CrashTire						0 Total Lanes		
	YES	E				Mark	ark						
	Most Harmful Event: Collision With				Special Function NO SPECIAL FUNCTION						Motor Vehicle Use		
	NON DOMESTICATED ANIMAL (ALIVE) Traffic Way				Traffic Control					rol Inoperative/Missing			
					Hanic Control								
	Surface Type			R	Road Curvature				Road Grade				

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	Truck Bus or HazMat										
		Vehicle									
		License Plate Number		Plate Type	St	Country of Issuance					
		403TXL		AUT - AUTOMOBILE	WI	UNITED STATES					
2	-	Vehicle Identification Number		Make	Year	Model					
0	VEHICLE 01	1A4GJ45R77B245770		CHRYSLER	2007	TOWN & AMP					
		Color RED - RED	Body Style VN - VAN	Body Style Bus Use							
-		Initial Contact Point	VN - VAN Vehicle Damage								
⊢		01 - RIGHT FRONT CORNEL	2	venice Damaye							
UNIT		Extent Of Damage	-	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE							
		MINOR DAMAGE		MIDDLE							
1		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing	Vehicle Factors								
		Driver Prior Action Other									
		Driver Actions									
	щ	NO CONTRIBUTING ACTION									
E	VEHICLE										
UNIT	Ξ										
	2										
ļ											
		Owner Name		Owner Address	Owner Address						
2	6										
۱.	⊢ Policy Holder										
UNIT		Insurance Company		Individual							
		PROGRESSIVE-UNIVERSA	L-INSURANCE-COMP	CINDY RENDERMAN							
		ndividual									
	Ļ	Driver	Citations Issued								
		CINDY MCDEE RENDERMA (608) 370-3245	0		FEMALE						
	Ŋ	(000) 37 0-32 +3		Date of Birth		Race WHITE					
UNIT	DIVIDUAL	Address		Driver License Number							
5	δ	Address S7175 BLUFF RD # 8	STATE: WISCONSIN COUNTRY: UNITED STATES								
	Z	MERRIMAC, WI 53561, US									
ľ	6.	On Duty Ci	Safety Equipment								
	Sa	fety Equipment									
		Row	Seat Position	SHOULDER & LAP B	ELT						
		Helmet Use									
		Heimel Use	Helmet Compliance								
		Eye Protection	Tint Compliance								
2	001	Injury Seve	Airbag								
0	õ	Injury NO APPA	Transder								
		Ejected Ej	Trapped/Extricated								
		Medical Transport	EMS Agency Identifier EMS Pun #								
		NOT TRANSPORTED	Enter Agency Identifier	EMS Agency Identifier EMS Kun #							
		Hospital	Date of Death	Time of Death							
			EMS Agency Identifier Date of Death								

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			Distracted By Source	9						
		Distracted By								
		Distracted By Action								
			Otalisia a Linit #	Lestin						
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	INDIVIDUAL									
F	Ы									
UNIT	Σ									
	Ę									
	=									
		Action Other						To/From School		
			Suspected Alcohol U	lse	Suspected Drug Use					
	L	Drug & Alcohol	NO		NO					
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
2	001	Drug Type								
-	0									
		Individual Condition								
		APPEARED NOR	MAL							