

6TL0B3P3G3  
20-02216

Wisconsin Motor Vehicle  
Crash Report

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

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Document Number Override		Primary Crash Document #		Agency Crash Number 20-02216		Investigating Officer/Deputy DEPUTY S. PARKHURST	
Crash Date 02/27/2020		Crash Time 06:09 PM		Date Arrived		Time Arrived	
Date Notified 02/27/2020		Time Notified 06:11 PM		Total Units 01		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Location ON CTHK SB 0.37 MI S OF GAVIN RD IN THE TOWN OF WINFIELD IN SAUK COUNTY				Latitude 43.61506716	Longitude -89.9926163	Lat/LongSource TLT/ILT	Access Control
				X Coordinate 258518.4218	Y Coordinate 4833473	On Roadway Link ID# 4560095	On Roadway Link Offset 2163
				Override <input type="checkbox"/>	Tribal Land		Structure Type

Crash Scene		First Harmful Event Location ON ROADWAY	
First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)		Light Condition	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Environment Factor(s)	
Road Surface Condition(s)		Weather Condition(s)	
Roadway Factor(s)		Relation To Trafficway TRAFFICWAY - ON ROAD	
Animal Type DEER		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Crash Classification - Location PUBLIC PROPERTY		Access Control	
Tribal Land		Special Study	

Unit Summary		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
Unit Status IN TRANSIT		Vehicle Type PASSENGER CAR		Operating As Endorsements	
Total Occs. 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIV		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade UPHILL	
Truck Bus or HazMat NO		Citations Issued 0		<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL

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01 UNIT	INDIVIDUAL 01	Last Name <b>ROSE</b>		First Name <b>CHERYL</b>		Middle Initial <b>ANN</b>	Suffix
		Street Address <b>1440 INVERNESS CT</b>		Street Address 2		PO Box	
01 UNIT	INDIVIDUAL 01	City <b>REEDSBURG</b>		State <b>WI</b>	Zip Code <b>53959</b>	Country of Residence <b>UNITED STATES</b>	
		DOB	Sex <b>F</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>BLUE</b>	Height <b>501</b>
01 UNIT	INDIVIDUAL 01	Driver's License Number		State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>	
		License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2020</b>	
01 UNIT	INDIVIDUAL 01	<b>Equipment</b> On Duty Accident		Safety Equipment			
		Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>			
01 UNIT	INDIVIDUAL 01	Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
01 UNIT	INDIVIDUAL 01	<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>		Airbag			
		Ejected		Ejection Path	Trapped/Extricated		
01 UNIT	INDIVIDUAL 01	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
01 UNIT	INDIVIDUAL 01	<b>Non Motorist</b> Striking Unit #		Location		To/From School	
		Prior Action		Action			
01 UNIT	INDIVIDUAL 01	Distracted By Action					
		Distracted By Source		Action Other			
01 UNIT	INDIVIDUAL 01	<b>Drug &amp; Alcohol</b> Individual Condition <b>APPEARED NORMAL</b>					
		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>			
01 UNIT	INDIVIDUAL 01	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type			Drug Test Results	
01 UNIT	INDIVIDUAL 01	Drug Type					
		License Plate Number <b>AH5318</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
01 UNIT	INDIVIDUAL 01	Vehicle Identification Number <b>2GCEK13T351396951</b>		Year <b>2005</b>	Make <b>CHEVROLET</b>		
		Model <b>SILVERADO</b>		Body Style <b>PK - PICKUP</b>		Color <b>RED - RED</b>	
01 UNIT	INDIVIDUAL 01	Initial Contact Point <b>12 - FRONT</b>					

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UNIT	VEHICLE	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage 12 - FRONT			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors			
		Vehicle Removed By <b>STEVES AUTO SERVICE</b>					
		What Driver Was Doing		Driver Prior Action Other	Bus Use		
UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
		<input type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address			
		Organization Type	Company Name				
		Last Name	First Name	Middle	Suffix	Date of Birth	
		Street Address	Street Address 2		PO Box		
		City	St	Zip Code	County/Residence		
		Telephone Number					
		UNIT	HOL	Insurance Company <b>ERIE-INS-CO</b>		<input type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
				Organization Type <b>INDIVIDUAL</b>	Last Name <b>ROSE</b>	First Name <b>CHERYL</b>	Policy Holder Company

Signature

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Law Enforcement Agency

Agency Space				
Officer Rank <b>DEP</b>	Officer Last Name <b>PARKHURST</b>	Officer First Name <b>SCOTT</b>	Officer Middle Name	Suffix
DOT Officer ID <b>9116</b>		DNR Officer ID	Officer Badge Number <b>9116</b>	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPARTMEN</b>		TAS Agency Name <b>SAUK COUNTY SHERIFF</b>		
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>		Law Enforcement Agency Street Address2		
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>		
Law Enforcement Agency Phone Number <b>(608) 356-4895 EXT.</b>	ORI Number <b>WI0570000</b>	BFUNC Agency <b>5600</b>	TraCS Agency Number <b>205</b>	