### 6TL0C884FT 20-10436

# Wisconsin Motor Vehicle Crash Report

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

_																	
	Document Number Override Primary Cra-					ash Document # Agency Crash Number				r	Investigating Officer/Deputy						
								20-10436			DEPUTY T. SUTHERLAND						
ᆸ	Crash Date         Crash Time           08/24/2020         05:15 PM						Date Arrived			Time Arrived							
84	Date Notified Time Notified					ed		Total Units			Total Inj	ured		Killed			
8	08/25/2020 09:00 AM							01			00		00		1		
<b>6TL0C884FT</b>	On Emergency Hit an			and Run	Lane C	Closure Work 2			one	Trailer or To		Towed			Reporti Thresh		
eTI	Government Active Scho					School Zone	hool Zone School Bus Related NO				Tags						
	Reportable Crash Type NON-DOMESTICATE				MESTICATED A	NIMA	AL W/ NO	Amended				Seconda Crash					
I	Location																
		STH23 EB							Longitud						Access Control		
	236 I	FT S CTHGG SB					43.35041702					_T/ILT					
		HE TOWN O	F FRA	NKLIN			X Coordinate		Y Coord			n Roadway Link ID#		On Roadway Link Offset			
	IN S	AUK COUNT	ГΥ						480430		400004	60884		236			
							Override Tribal Lar			iiu	a			Structure Type NO STRUCTURE			
(	Cras	sh Scene								<u> </u>							
		Harmful Event					First	Harmful Eve	ent Location								
	NON	N DOMESTIC	CATED	ANIMA	AL (ALIVE)		-	ROADWA	Y								
		ner of Collision					Light Condition										
		NO COLLIS		/VEHIC	LE IN TRA	NSPORT				V							
	Road	Road Surface Condition(s)					Environment Factor(s)										
	Roadway Factor(s)						Weather Condition(s)										
	Animal Type DEER Crash Classification - Location					Relation To Trafficway											
						TRAFFICWAY - ON ROAD											
ŀ						Crash Classification - Jurisdiction											
	PUBLIC PROPERTY						NO SPECIAL JURISDICTION										
•	Tribal Land					Access Control			Spe	Special Study							
		Summar	y I							_							
							ng As Classification Unit Typ			pe MOBILE							
	IN TRANSIT D CLASS  Vehicle Type								_	perating As Endorsements							
6	PASSENGER CAR						Operatin				ing As Endoisements						
					Total # Citations	Issued	ssued Total 7		ers	Total H	Total HazMat Types						
	1			0		0			0		0	7 .					
UNIT					Pre Cras				nit	it Total Lanes							
5	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALI  Special Function NO SPECIAL					FUNCTION Emergen				ency Motor Vehicle Use APPLICABLE							
	Traffi	raffic Way Traffic Control				T				Traffic Control Inoperative/Missing							
	Surface Type Road Curvature				Road G				ad Grade								
7	Truck	Truck Bus or HazMat															
_						Citations In .					التائدة والما	ual To	_				
	Role DRIVER						Citations Issued				Use Driver Individu						

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5														
0	01	Last Name			First Name				Middle Ini	Middle Initial Suffix				
	0	MEIXELSPERGER	₹		CAROL			Α	A					
		Street Address		Street Address			PO Box	PO Box						
		1215 SAINT LUKE	S AVE											
		City			State Zip Code			!	Country of	f Reside	ence			
	ΑL	PLAIN			WI 53577				UNITED					
╘	JU	DOB	Sex	Race	Hair Eyes			Height	Weight		Number			
L	=	DOB	F	W	BLOND	BLU		<b>502</b>	<b>181</b>		546-3104 EXT.			
_	0	Dairente Lieuwe Norm			04-4-		1:		0	, ,				
	INDIVIDUAL	Driver's License Num	iber		State WI		STATE	Jursidiction		Country of Issuance UNITED STATES				
						License Status					<b>E</b> 3			
		License Type NON-CDL DRIVER	DIC LICENI	SE					DL Expire <b>2021</b>	e rear				
		NON-COL DRIVE			VALUE LIGENOE									
		Equipment	On Duty A	ccident	Safety Equipm									
				1										
		Row		Seat Position	SHOULDER	& LAF	BELT							
	01													
	0	Helmet Use			Helmet Compli	iance								
		Eye Protection			Tint Compliand	се								
			Injury Seve	erity	Airbag									
	- 1	Injury	ARENT INJURY											
	A	Ejected			Ejection Path Tra				apped/Extricated					
$\vdash$	חם													
LINO	<b>=</b>	MedicalTransport			EMS Agency Id		EMS	Run #	ın #					
_	INDIVIDUAL	NOT TRANSPORT	TED											
	Z	Hospital			Date of Death	Date of Death Time of D								
			Striking Un	it #	Location			To/Fr	omSchool					
		Non Motorist												
		Prior Action			Action									
	01	Distracted By Action												
		2.0												
		Distracted By Source			Action Other									
		Bioliacida By Godioc			Action Other									
			Individual (	Condition										
		Drug & Alcoh		ED NORMAL										
		Suspected Alcohol U			Suspected Dru	ın I İse								
	AL	NO			NO									
<b>—</b>	Ď.	Alcohol Test Given	-	Alcohol Test Type					Alcohol T	Alcohol Test Results				
LNO	/IC	TEST NOT GIVEN		7 Hoorion 1 ook 1 ypo					741001101 1	According rest results				
$\supset$	$\leq$	Drug Test Given					Drug Tes	Drug Test Results						
	INDIVIDUA	TEST NOT GIVEN		Drug Test Type					Diag res	Drug Test Results				
		Drug Type												
		Brug Typo												
		License Plate Numbe	Ar.		Diato Type		C+	Country of Ico	Country of Inguinnes					
		540BJG					Country of Issuance							
		Vehicle Identification	Number		Year M				UNITED STATES					
										Make				
		2G1WB5EK6A120	J033T		Dody Chile		2010		CHEVROLET					
		Model			Body Style			Color						
		IMPALA			4D - 4DR			RED - RED	ED - RED					
		Initial Contact Point												

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Crash Date 08/24/2020

Crash Time 05:15 PM

								Vehicle Damage							
		Extent Of Dama	1;	12 - FRONT											
5	9	MINOR DAM	"												
		Towed Due To Damage					Vehicle Factors								
		NOT TOWED													
		Vehicle Removed By													
		OPERATOR													
		What Driver Was Doing					Driver Prior Action Other					Bus Use			
Driver Actions NO CONTRIBUTING ACTION															
		Vehicle C	wner Same			Use Op	perate	or Address	5						
		Organization Type Company N				any Name	me								
		Last Name		First Name					Middle		Date of Birth				
		Street Address			Street	Address2	-			Box					
		City			St	Zip Code		Country of			of Residence				
		Telephone Number													
	_	Insurance Comp		Po	licy Holder										
╘╽	2	HANOVER-INS-CO,-THE					Same As Owner			Policy Holder Same As Driver					
L N D	НОГ	Organization Type Last Name INDIVIDUAL MEIXELSPE								Policy Hold	Policy Holder Company				
	Sigr	nature		·											
	<b>V</b>	I, a sworn law	enforcemen	t officer,	agree th	at I have n	ot adde	d any CJIS d	lata i	n this repo	rt.		_		
	Law	Enforcement Agency													
	Ager	ncy Space 10436													
	Offic	er Rank	Officer Last N			Officer Firs	er First Name		Officer Middle Na		me	Suffix			
		DOT Officer ID DNR Officer ID				cer ID	Officer Badge N				umber				
	Offic	Officer EMail											_		
	Loca	al Agency Numbe	gency Juriso					cement Agency type							
		Enforcement Age		TAS Agency Name SAUK COUNTY SHERIFF											
		Enforcement Age  0 LANGE COU		Law Enforcement Agency Street Address2											
		Enforcement Age	LEA State	9	I	Law Enforcement Age 53913			gency Zip Code						
		w Enforcement Agency Phone Number 8) 356-4895 EXT. ORI Number WI0570000						BFUNC Agency 5600			TraCS Agency Number 205				
											_				