6TL0C9H5K3 20-13216

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/18/2020

Crash Time 04:57 AM

	Document Number Override Primary Crash Document#			Agency Crash Number 20-13216		I	Investigating Officer/Deputy DEPUTY M. TATE			
.0C9H5K3	Crash Date Crash Time 11/18/2020 04:57 AM		Date	Date Arrived		Time	Time Arrived			
<u>2</u>	Date Notified Time Notified			ıl Units		Tota	Injured	Total Killed	1	
동	11/18/2020 04:58 AM		01			00		00		
ပ	On Emergency Hit and Run Lane Clos		ne Closure	sure Work Zone		\$			Reporting Threshold	
eTL	Government Active School Zone			School Bus Related NO		Tags	Tags			
	Crash Type NON-DOMESTICATED A			/ NO INJUI	₹Y		Amended		Secondary Crash	
	i, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ī	Location ———									
ī	ON STH33 WB				Latitude			Langitus	i.	
	0.25 MI E				1	OOOE	Longitude			
					43.474619095		-89.7139		980151	
	OF TAFT AVE/ CTHT NB IN THE CITY OF BARABOO				X Coordinate 280493.71875			I	Y Coordinate 4817101	
	IN SAUK COUNTY				Structure 1			1		
					NO STR	UCTURE				
(Crash Scene 🛚 💳									
1	First Harmful Event				Eiret Warm	ıful Event Lo	cation			
		AL (ALD)(E)			ON ROA		readors			
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA	DVVAT				
	Manner of Collision				Light Cond	Light Condition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway	Factor(s)				
	Environment Factor(s)									
	Weather Condition(s)	Weather Condition(s)								
İ	Animal Type			Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD					
ľ	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			NO SPECIAL JURIS						
	Tribal Land				Access Control			Special Study		
l I	Jnit Summary									
			I Valaiala O		N:6:6		1			
				Vehicle Operating As Classification			UnitType			
	1			D CLASS				AUTOMOBILE		
_ [Vehicle Type					Operating As Endorsements				
9	PASSENGER CAR									
İ	Total Occs Train/Bus#Recorded			Total#Citations Issued		Total Trai		TotalHaz	MatTypes	
	1		0			0	0			
. [Direction Of Travel WESTBOUND	Pro	Pre CrashTire		, Speed Lin		TotalLanes		
LIND	Most Harmful Event: Collision Wit		Special Fi	Mark Special Function				 Emergency Motor Vehicle Use		
ן ב	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing		
	Surface Type			Pood Curreture			Road Grade			
	Surrado Apo			Road Curvature			, and order			

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	Truc	ck Bus or HazMat								
	30000000 30000000000000000000000000000	Vehicle	pratraprapraprapramamonsorsorsors	1501501501501501501501501501501501501501	150150150150150150					
UNIT 01		License Plate Number		Plate Type St		Country of issuance				
		778CTM		AUT - AUTOMOBILE	Wi	UNITED STATES				
	5	Vehicle Identification Numb 4S4WX90D694401602	er	Make SUBARU	Year 2009	Model TRIBECA				
		Color MAR - MAROON (BURGUNDY)		Body Style UT - SPORT UTILITY VE	HICLE	Bus Use				
	#	Initial Contact Point		Vehicle Damage						
	VEHICLE	12 - FRONT Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage TOWED DUE TO DISAE	BLING DAMAGE	Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions Control of the Contro								
l⊨	E E	NO CONTRIBUTING ACTION								
IND	VEHICL									
2	5	Owner Name Owner Address								
⊢		PolicyHolder								
l S		Insurance Company		Individual		THE CONTROL OF THE CO				
-		AMERICAN-FAMILY-IN		AARON EPPINGER						
		Driver AARON JAMES EPPING	GER	Citations Issued 0	Sex MALE					
	DIVIDUA	(920) 647-6922		Date of Birth		Race WHITE				
ş	Ī	Address		Driver License Number						
_ ا	2	516 W PLEASANT ST PORTAGE, WI 53901 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On D	On Duty Crash ty Equipment		Safety Equipment					
		Row	SeatPosition	SHOULDER & LAP BE	LT					
10		HelmetUse		Helmet Compliance	Helmet Compliance					
		Eye Protection		TintCompliance						
	5	Injury Severity		Airbag						
	9	MJUTY NO /	APPARENT INJURY	Trapped/Extricated						
		_,0000	Electric en			s reppetu Entricetta				
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED				T: 52 4				
		Hospital		D=45D#	Date of Death Time of Death					

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		Distracted By Source							
		Distracted By Action							
		Non Motorist Striking	g Unit#	Location					
		Prior Action							
LIND	INDIVIDUAL	Action Action Other						To/From School	
	<u> </u>	Drug & Alcohol NO			Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	lTestResults	
		Drug Test Given TEST NOT GIVEN Drug Test Type		Drug Test Type	Drug Test Result		5		
2	001	Drug Type	•						
		Individual Condition APPEARED NORMAL							
0									