6TL09XQZ36 21-06626

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/16/2021

Crash Time 10:03 PM

	Document Number Override	Primary Crash Document# Agency Crash No. 21-06626				stigating Officer/Deputy				
36	Crash Date Crash Time 07/16/2021 10:03 PM		Date Arrived		Time	Time Arrived				
6TL09XQZ36	Date Notified 07/16/2021	Time Notified 10:05 PM	, 5.2. 5.		nits To		al Injured Total Killed 00			
60	On Emergency Hit and Run		www.				railer or Towed		Reporting Threshold	
E	Government Property	Active School Zone	NO NO	Bus Relat	ed	Tags				
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ		Amended		Secondary Crash	
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location ———									
- {	ON USH14 WB				Latitude			Longitud	e	
	0.29 MI E				43.189840791		-90.10773276			
	OF BIG HOLLOW RD						Y Coordi			
	IN THE TOWN OF SPRING	REEN			X Coordin					
	IN SAUK COUNTY	>11.EE11		247467.0625				478658	6.5	
	IN SASK COSKII				Structure	Tyne				
					Structure Type NO STRUCTURE					
(Crash Scene									
1	First Harmful Event									
	NON DOMESTICATED ANIM	1A1 (A13)(E)			I		Cadors			
		IAL (ALIVE)			ON ROADWAY					
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
l	Road Surface Condition(s)				Roadway	Factor(s)	r(s)			
ŀ	Environment Factor(s)				1					
	2									
ŀ	Weather Condition(s)									
	Weather Condition(s)									
	AnimalType									
ŀ						Relation To Trafficway				
	AnimalType				·					
ļ	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location			I	ssification -					
	PUBLIC PROPERTY			Access Control						
	TribalLand							Special Study		
ĺ	Unit Summary									
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType			
				D CLASS		AUTOMOE);; E		
				D CLASS						
9	Vehicle Type				Operating As Endorsements			ments		
0	PASSENGER CAR Total Occs Train/Bus#Recorded Total # Citations Issued									
i	Total Occs	Total#Citations Issued 0		0		0		Mat Types		
	1									
ŀ	Insurance?	rance? Direction Of Travel Pro Crash						es		
_	YES	WESTBOUND	Pre CrashTire			, Jopanna		1		
LIND	Most Harmful Event. Collision With Special Function						 Emergency Motor Vehicle Use		icle I lee	
5	NON DOMESTICATED ANIM	NO SPECIAL FUNC		TION		NOT APPLICABLE				
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type	Road Curvature					Road Grade			

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I	Truck Bus or HazMat								
	HIGH BUS OF HIGHWIGH								
_		Vehicle License Plate Number 580ZRV Vehicle Identification Number		Plate Type AUT - AUTOMOBILE Make	St WI Year	Country of issuance UNITED STATES Model			
2	VEHICLE 01	JA32V2FW0HU001461		MITSUBISHI	2017	LANCER			
		Color WHI - WHITE		Body Style 4D - 4DR		Bus Use			
TINN		Initial Contact Point 12 - FRONT Extent Of Damage		Vehicle Damage					
		DISABLING DAMAGE							
		Towed Due To Damage TOWED DUE TO DISABLI	NG DAMAGE	Vehicle Removed By GEORGES AUTO BODY					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other		1					
⊨	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
IND	II)								
2	5	Owner Name		Owner Address					
_		Policy Holder							
N N		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		Individual GRESI KLITZKE					
	IDIVIDUAL	Individual							
		Driver GRESI KLITZKE (734) 790-4792		Citations Issued 0		Sex FEMALE			
				Date of Birth		Race			
TNO		LONE ROCK, WI 53556 , US On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
				Safety Equipment					
	Sai	Row Seat Position Helmet Use		SHOULDER & LAP BELT					
	001			Heimet Compliance					
		Eye Protection		TintCompliance					
2		Injury Severity		Airbag					
		Injury NO APPARENT INJURY Ejected Ejection Path				Trapped/Extricated			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#			
		Hospital		Date of Death		Time of Death			

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		Distracted By Source	æ					
		Distracted By Action						
		Non Motorist Striking Unit#	Location					
		Prior Action Prior Action						
		Action						
	7							
<u>.</u>	9							
UNIT	INDIWIDUAL							
	Ź.							
	Z							
	_							
		Action Other					To/From School	
		Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO						
	į	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		5		
		TEŠT NOT GIVEN			-			
_	~	Drug Type	1					
01	8	3 7.						
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						