

6TL0BNZM55  
23-01310

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 <b>23-01310</b>		Investigating Officer/Deputy <b>DEPUTY K. RENZ</b>	
Crash Date <b>02/08/2023</b>		Crash Time <b>07:21 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>02/08/2023</b>		Time Notified <b>07:26 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

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

**Location**

<b>ON STH33 WB 614 FT W OF ROCKY POINT RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY</b>	Latitude <b>43.474451409</b>	Longitude <b>-89.697637164</b>
	X Coordinate <b>281815</b>	Y Coordinate <b>4817039.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

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

**Unit Summary**

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

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		Truck Bus or HazMat				
01	UNIT	<b>Vehicle</b>				
		License Plate Number <b>FJC634</b>	Plate Type <b>AUT - AUTOMOBILE</b>			
		Vehicle Identification Number <b>2C4RDGCG9FR737239</b>	Make <b>DODGE</b>			
		Color <b>BLK - BLACK</b>	Year <b>2015</b>			
		Initial Contact Point <b>12 - FRONT</b>	Model <b>GRAND CARA</b>			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	Body Style <b>4D - 4DR</b>			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Bus Use			
		What Driver Was Doing	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
		Driver Prior Action Other	Vehicle Removed By <b>CRAIGS TOWING</b>			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Factors			
Owner Name	Owner Address					
01	UNIT	<b>Policy Holder</b>				
		Insurance Company <b>GRINNELL-MUTUAL-REINSURANCE-CO</b>	Individual <b>BROOK MIOTKE</b>			
		<b>Individual</b>				
01	UNIT	Driver <b>BROOK MIOTKE</b> <b>(608) 419-2601</b>	Citations Issued <b>0</b>			
		Sex <b>FEMALE</b>	Date of Birth			
		Race <b>WHITE</b>	Address <b>615 S MARKET ST # 18</b> <b>WESTFIELD, WI 53964 , US</b>			
		Driver License Number	<b>Safety Equipment</b>			
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Row	Seat Position	Helmet Use		
		Helmet Compliance	Eye Protection		Tint Compliance	
		Injury <b>NO APPARENT INJURY</b>	Injury Severity	Airbag		
		Ejected	Ejection Path	Trapped/Extricated		
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
Hospital	Date of Death	Time of Death				



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UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source					
		Distracted By Action							
		<b>Non Motorist</b>	Striking Unit #	Location					
			Prior Action						
		Action							
		Action Other				To/From School			
		01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
				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	
				Drug Type					
Individual Condition <b>APPEARED NORMAL</b>									