6TL0BNZLZN 19-05560

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash D | Primary Crash Document # | | Agency Crash Number 19-05560 | | | Investigating Officer/Deputy DEPUTY A. BREUNIG | | | |
|----------------|---|--------------------------------|--------------------------|------------------------------------|---------------------------------|--|---------------|--|-------------------------------------|---------------------|--|
| N | Crash Date 05/14/2019 | Crash Time 11:45 AM | | | Date Arrived | | Time | Time Arrived | | | |
| OBNZLZN | Date Notified Time Notified 12:56 PM | | | Total Units 01 | | Total 00 | | Injured | Injured Total Killed 00 | | |
| OB | On Emergency | lit and Run | Lane Closu | ure | Wo | rk Zone | | Trailer or T | owed | Reporting Threshold | |
| eTL | Government Active School Zone | | | School Bus Related NO | | | Tags | Tags | | | |
| | Reportable Crash Type NON-DOMESTICATED A | | | ANIMAL W/ NO INJURY | | | | Amended | | Secondary Crash | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | |
| i | Location | | | | | | | | | | |
| ł | ON USH12 WB | | | | | Latitude Longitude | | | le | | |
| | 1176 FT N | | | | | 43.343464411 X Coordinate 276394.53125 | | | | 3696805 dinate | |
| | OF USHCRO WB | | | | | | | | | | |
| | IN THE TOWN OF SUMPTE | R | | | | | | | | | |
| | IN SAUK COUNTY | | | | | Structure ⁻ | | | 4002000.0 | | |
| | | | | | | Oli dolaic | Турс | | | | |
| Į | | | | | | | | | | | |
| (| Crash Scene | | | | | | | | | | |
| Ī | First Harmful Event | | | | | First Harm | ıful Event Lo | cation | | | |
| | NON DOMESTICATED ANIM | | | | ON ROA | DWAY | | | | | |
| İ | Manner of Collision | | | | | Light Condition | | | | | |
| | NO COLLISION W/VEHICLE | IN TRANSPORT | Γ | | | | | | | | |
| İ | Road Surface Condition(s) | | | | | Roadway | Factor(s) | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| ŀ | Weather Condition(s) | | | | | | | | | | |
| | Weather Condition(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| ŀ | Animal Type | | | | | Relation To Trafficway | | | | | |
| | DEER | | | | | TRAFFICWAY - ON ROAD | | | | | |
| ŀ | Crash Classification - Location | | | | | Crash Classification - Jurisdiction | | | | | |
| | PUBLIC PROPERTY Tribal Land | | | | | | | ISDICTION | | | |
| ŀ | | | | | | Access Control | | | | Special Study | |
| | | | | | | | | | | | |
| l | In: Commence | | | | | | | | | | |
| | Unit Summary | | 1.1/-1- | :-I- O | 4i A - O | !f!+! | | | | | |
| | | | | ehicle Operating As Classification | | | Unit Type | | | | |
| | | | | | D CLASS | | | AUTOMOBILE Operating As Endorsements | | | |
| 0 | Vehicle Type | | | | | | Operating / | As Endorser | nents | | |
| ١ | PASSENGER CAR | | | | | | | ilers Total HazMat | | | |
| _ | | | | Total # Citations Issued | | | Total Traile | ers | | Mat Types | |
| | 1 | B: // 0/= : | | 0 | | 0 | | 0 | | | |
| | Insurance? UNKNOWN | Direction Of Travel NORTHBOUND | | Pre CrashTire | | Speed Lim | | it Total Lanes | | es | |
| L | Most Harmful Event: Collision With | | | Special Function | | | <u> </u> | | Emergency Motor Vehicle Use | | |
| \supset | NON DOMESTICATED ANIMAL (ALIVE) | | | NO SPECIAL FUNCTION | | | | | NOT APPLICABLE | | |
| ŀ | Traffic Way | | | Traffic Control | | | | | Traffic Control Inoperative/Missing | | |
| | 7 | | | Traine Control | | | | | | | |
| - | Surface Type | | | Road Curvature | | | | Road Grade | | | |
| | 7. | | | Tions Ourvaluio | | | | | | | |

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| | Truc | ck Bus or HazMat | | | | | | | |
|------|------------|--|--|-------------------|-----------------------------------|--|--|--|--|
| | NO | 10 | | | | | | | |
| | , | Vehicle | | | | | | | |
| | | License Plate Number AEE2192 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | | | | |
| 5 | VEHICLE 01 | Vehicle Identification Number WVWAK73C78P061152 | Make VOLKSWAGEN | Year 2008 | Model PASSAT | | | | |
| | | Color BLK - BLACK | Body Style SD - SEDAN | | NOT A BUS | | | | |
| LINO | | Initial Contact Point 10LEFT SIDE FRONT Extent Of Damage DISABLING DAMAGE | 9LEFT SIDE MIDDLE, 10LEFT SIDE FRONT, TOP | | | | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By CRAIGS TOWING | | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | | |
| | | Driver Prior Action Other | | | | | | | |
| LINO | VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | | | |
| | | Owner Name | Owner Address | | | | | | |
| 6 | 6 | | | | | | | | |
| | ı | Individual | | | | | | | |
| | INDIVIDUAL | Driver DANIELLE DESTINY MILLER (608) 403-6791 | Citations Issued 0 | | Sex FEMALE | | | | |
| ⊨ | | (000) 403-0731 | Date of Birth | | Race WHITE | | | | |
| LINO | | Address 1484 EVERGREEN CT ADAMS, WI 53910 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | Sai | On Duty Crash fety Equipment | Safety Equipment | Safety Equipment | | | | | |
| | 001 | Seat Position | SHOULDER & LAP BELT | | | | | | |
| | | Helmet Use | Helmet Compliance | Helmet Compliance | | | | | |
| | | Eye Protection | Tint Compliance | | | | | | |
| 5 | | Injury Severity NO APPARENT INJURY | Airbag | | | | | | |
| | | Ejection Path | | | Trapped/Extricated | | | | |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | | EMS Run # | | | | |
| | | Hospital | Date of Death | | Time of Death | | | | |
| | | Distracted By Distracted By Source | | | | | | | |

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Crash Date 05/14/2019

Crash Time 11:45 AM

| | | Non Motorist Striking Unit # | Location | | | | |
|-----|------------|---|-------------------|-----------------------|-------------------|----------------------|----------------|
| | | Prior Action | • | | | | |
| | | Action | | | | | |
| | ب | | | | | | |
| ı | INDIVIDUAL | | | | | | |
| LNO | ₹ | | | | | | |
| | N | | | | | | |
| | | | | | | | |
| | | Action Other | | | | | To/From School |
| | | | | | | | |
| | 1 | Drug & Alcohol NO | Use | Suspected Drug Use NO | | | |
| | | Alcohol Test Given | Alcohol Test Type | уре | | Alcohol Test Results | |
| | | TEST NOT GIVEN | Drug Test Type | | To = | | |
| | | Drug Test Given TEST NOT GIVEN Drug Test T | | | Drug Test Results | | |
| 10 | 001 | Drug Type | 1 | | l | | |
| | 0 | | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |
| | | | | | | | |