6TL096J8Z7 19-05861

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #			Agency Crash Number 19-05861			Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER				
22	Crash Date 05/20/2019		Crash Time 10:04 PM		Date Arrived		Tim	Time Arrived				
096J8Z7	Date Notified 05/20/2019		Time Notified 10:06 PM		Total Units 01			Total 00		Injured Total Killed 00		
60 	On Emergency	Hit	and Run	Lane Clo		ш	ork Zone		Trailer or 1	owed	Reporting Threshold	
6TL	Government Active School Zone				School Bus Related NO			Tag	Tags			
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR				URY	Amended Seconda Crash			Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location —											
Ŧ	ON STH23 WB					Latitude	Latitude Longitude					
	818 FT E						43.54745	54276	-89.883976547			
	OF SIMPSON RD						X Coordin	ato		Y Coord	inate	
	IN THE TOWN OF EXC	ELSIO	R					267024.40625 4825653				
	IN SAUK COUNTY									4023033		
							Structure '	туре				
(Crash Scene											
ī	First Harmful Event						First Harm	ıful Event I	ocation			
	NON DOMESTICATED	A NIIM A	AL (ALIVE)					First Harmful Event Location ON ROADWAY				
ŀ	Manner of Collision	WIAIIAI	AL (ALIVL)									
		IOI E I	N TO ANCOOD	-			Light Cond	Light Condition				
	NO COLLISION W/VEH	ICLE I	N IRANSPOR									
	Road Surface Condition(s)						Roadway	Factor(s)				
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type						Relation T	Relation To Trafficway				
	DEER						TRAFFICWAY - ON ROAD					
	Crash Classification - Location							Crash Classification - Jurisdiction				
	PUBLIC PROPERTY						NO SPECIAL JURISDICTION					
	Tribal Land				Access Contro			ontrol			Special Study	
I	Unit Summary											
i	Unit Status			l Ve	ehicle Opera	ating As	Classification		Unit Type			
					D CLASS				AUTOMO	BII F		
ŀ	Vehicle Type						Operating As Endorsements					
6	PASSENGER CAR							Operating	AS LIIUUISEI	Helits		
							Total Trai		ailers Total HazMat Type			
				' '	Total # Citations Issued		ea	0			wat Types	
	lnauranaa?	Direction Of Travel			0			Speed Lir	0		00	
.	Insurance? Direction Of Travel NO WESTBOUND					rashTi	re) Speed Lilli		Total Lan		
LNO	Most Harmful Event: Collision With				N pecial Funct	lark ion				Emergency Motor Vehicle Use		
5	NON DOMESTICATED ANIMAL (ALIVE)				O SPECIA		NCTION	TION		NOT APPLICABLE		
ŀ	Traffic Way				Traffic Control					Traffic Control Inoperative/Missing		
	Traine tray			''	Hallic Control					Traine Control moperative/ivilsomy		
	Surface Type			Ro	Road Curvature				Road Grade			
					Trodu Ourvaluie							

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Crash Date 05/20/2019

Crash Time 10:04 PM

	Truc	uck Bus or HazMat								
	NO									
	,	Vehicle								
		License Plate Number 358VNW	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
5	VEHICLE 01	Vehicle Identification Number 2C4GP54L05R198121	Make CHRYSLER	Year 2005	Model TOWN &					
		Color SIL - SILVER (ALUMINUM)	Body Style VN - VAN		NOT A BUS					
LIND		Initial Contact Point 12FRONT	Vehicle Damage 12FRONT							
5		Extent Of Damage DISABLING DAMAGE								
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
	ш	Driver Actions NO CONTRIBUTING ACTION								
LINO	VEHICLE									
	X									
_		Owner Name	Owner Address	Owner Address						
5	5									
		Individual								
	INDIVIDUAL	Driver TANYA MARIE CARROLL (608) 495-0860	Citations Issued 0		Sex FEMALE					
⊨			Date of Birth	WHITE						
L N	≧	Address 441 S WALNUT ST	Driver License Number							
	Z	REEDSBURG, WI 53959 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sa	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment						
	001	Seat Position	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							
5		Injury Severity NO APPARENT INJURY	Airbag							
		Ejected Ejection Path			Trapped/Extricated					
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#					
		Hospital	Date of Death	Date of Death Time of Death						
		Distracted By Source								

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		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
TINO	INDIVIDUAL	Action							
		Action Other						To/From School	
	1	Drug & Alcohol NO		Jse	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
10	001	Drug Type				1			
		APPEARED NORM	MAL						