

6TL09B7DBC

19-07134

# 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>19-07134</b>		Investigating Officer/Deputy <b>DEPUTY A. MEEKER</b>	
Crash Date <b>06/14/2019</b>		Crash Time <b>09:53 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>06/14/2019</b>		Time Notified <b>09:55 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 STH23 WB 927 FT S OF HACKBARTH RD IN THE TOWN OF REEDSBURG IN SAUK COUNTY</b>	Latitude <b>43.490622187</b>	Longitude <b>-90.013849863</b>
	X Coordinate <b>256303.546875</b>	Y Coordinate <b>4819713</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>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

01       UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>NORTHBOUND</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 NO							
01	UNIT	01	VEHICLE	<b>Vehicle</b>					
				License Plate Number <b>ADH3423</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
				Vehicle Identification Number <b>2A4GM68456R902259</b>	Make <b>CHRYSLER</b>	Year <b>2006</b>	Model <b>PACIFICA</b>		
				Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>			
				Initial Contact Point <b>12--FRONT</b>	Vehicle Damage				
				Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>12--FRONT</b>				
				Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>STEVES AUTO SERVICE</b>				
				What Driver Was Doing	Vehicle Factors				
				Driver Prior Action Other					
				01	UNIT	01	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name		Owner Address							
<b>Individual</b>									
Driver <b>JESSICA JEAN JANUSIAK (608) 732-5555</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>						
		Date of Birth	Race <b>WHITE</b>						
Address <b>822 E MAIN ST REEDSBURG, WI 53959 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>							
01	UNIT	001	INJURY					<b>Safety Equipment</b>	
								On Duty Crash	Safety Equipment
								Seat Position	<b>SHOULDER &amp; LAP BELT</b>
				Helmet Use	Helmet Compliance				
				Eye Protection	Tint Compliance				
				<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag			
					Ejected	Ejection Path	Trapped/Extricated		
				Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
				Hospital		Date of Death	Time of Death		
				<b>Distracted By</b>		Distracted By Source			

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UNIT INDIVIDUAL           01 001	Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		
	Action		
	Action Other		To/From School
	<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>			