### 6TL09H5JQ6 19-07359

# 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<br>19-07359     |                                       |              | Investigating Officer/Deputy DEPUTY S. MESSNER |                                |                     |  |
|------------|---|------------------------|--------------------------|-------------------------------------|-------------------------------------|---------------------------------------|--------------|--|--------------------------------|---------------------|--|
| <b>D</b> 6 | Crash Date Crash Time 06/19/2019 01:55 PM   |                        |                          | Date Arrived                        |                                     |                                       | Time         | Time Arrived                                   |                                |                     |  |
| 6TL09H5JQ  | Date Notified <b>06/19/2019</b>   | Time Notified 01:58 PM |                          |                                     | Total Units 01                      |                                       | Total        |  | Injured Total Killed <b>00</b> |                     |  |
| <u>-09</u> | On Emergency H  | it and Run             | Lane Closu               |                                     |                                     | rk Zone                               |              | Trailer or T                                   | owed                           | Reporting Threshold |  |
| 6TI        | Government Property   | hool Zone              | School Bus Related NO    |                                     |                                     | Tag                                   | S            |  |                                |                     |  |
|            | <b>✓</b> Reportable   | TICATED ANIM           | ATED 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. |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
|            | Location  |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
| ·          | ON USH12 WB   |                        |                          |                                     |                                     | Latitude                              |              | Long   |                                | ngitude             |  |
|            | 0.41 MI S   |                        |                          |                                     |                                     | 43.526476573                          |              |  | -89.787                        | 001773              |  |
|            | OF N REEDSBURG RD   |                        |                          |                                     |                                     | X Coordin                             | ate          |  | Y Coord                        | inate               |  |
|            | IN THE TOWN OF DELTON   |                        |                          | 274780.5                            |                                     |                                       |              | ,  |                                | 4823055.5           |  |
|            | IN SAUK COUNTY  |                        |                          |                                     |                                     | Structure 7                           | Tyne         |  |                                |                     |  |
|            |   |                        |                          |                                     |                                     | NO STR                                |              |  |                                |                     |  |
| (          | Crash Scene   |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
| Ī          | First Harmful Event   |                        |                          |                                     |                                     | First Harmful Event Location          |              |  |                                |                     |  |
|            | NON DOMESTICATED ANIMAL (ALIVE)   |                        |                          |                                     |                                     | ON ROADWAY                            |              |  |                                |                     |  |
| ŀ          | Manner of Collision   |                        |                          |                                     |                                     | Light Condition                       |              |  |                                |                     |  |
|            | NO COLLISION W/VEHICLE  | IN TRANSPOR            | Т                        |                                     |                                     |                                       |              |  |                                |                     |  |
| -          | Road Surface Condition(s)   |                        |                          |                                     |                                     | Roadway                               | Factor(s)    |  |                                |                     |  |
|            |   |                        |                          |                                     |                                     | -                                     |              |  |                                |                     |  |
|            |   |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
|            | Environment Factor(s)   |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
|            |   |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
|            |   |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
|            | Weather Condition(s)  |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
|            |   |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
|            | Animal Type   |                        |                          |                                     |                                     | Relation To Trafficway                |              |  |                                |                     |  |
|            | DEER  |                        |                          |                                     | TRAFFICWAY - ON ROAD                |                                       |              |  |                                |                     |  |
| -          |   |                        |                          |                                     | Crash Classification - Jurisdiction |                                       |              |  |                                |                     |  |
|            | Crash Classification - Location PUBLIC PROPERTY   |                        |                          |                                     | NO SPECIAL JURISDICTION             |                                       |              |  |                                |                     |  |
|            | Tribal Land   |                        |                          | Access Control                      |                                     |                                       |              | ISDICTION                                      | Special Study                  |                     |  |
|            | Tibal Land  |                        |                          |                                     |                                     | Access Co                             | Jillioi      |  |                                | Special Study       |  |
| Ĺ          |   |                        |                          |                                     |                                     | <u> </u>                              |              |  |                                | <u> </u>            |  |
|            | Unit Summary -  |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
|            |   |                        |                          | Vehicle Operating As Classification |                                     |                                       |              | Unit Type                                      |                                |                     |  |
|            |   |                        |                          |                                     | D CLASS                             |                                       |              | AUTOMOBILE                                     |                                |                     |  |
| 01         | Vehicle Type  |                        |                          |                                     |                                     |                                       |              | Operating .                                    | As Endorser                    | nents               |  |
| 0          | (SPORT) UTILITY VEHICLE   |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
|            | Total Occs Train/Bus # Recorded   |                        |                          | Total # Citations Issued            |                                     | Total Traile                          |              |  |                                | Mat Types           |  |
|            | 1   |                        |                          | 0                                   |                                     | 0                                     |              | 0  |                                |                     |  |
|            | Insurance?  | Direction Of Travel    |                          |                                     | Pre CrashTire                       |                                       | Speed Lim    |  | Total Lane                     | es                  |  |
| ╘          | YES WESTBOUND   |                        |                          | ☐ Mark                              |                                     |                                       |              |  |                                |                     |  |
| UNIT       | Most Harmful Event: Collision With  |                        |                          | cial Function                       |                                     | TION                                  |              | Emergency Motor Vehicle Use                    |                                |                     |  |
| _          | NON DOMESTICATED ANIMAL (ALIVE)   |                        |                          | NO SPECIAL FUNCTION                 |                                     |                                       |              | NOT APPLICABLE                                 |                                |                     |  |
|            | Traffic Way   |                        |                          | Traffic Control                     |                                     |                                       | Traffic Cont |  | rol Inoperative/Missing        |                     |  |
|            |   |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |
|            | Surface Type  |                        | Roa                      | d Curvatur                          | re                                  | · · · · · · · · · · · · · · · · · · · |              | Road Grad                                      | е                              |                     |  |
|            |   |                        |                          |                                     |                                     |                                       |              |  |                                |                     |  |

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|      | Truc<br><b>NO</b> | k Bus or HazMat  |   |                  |                                   |  |  |  |
|------|-------------------|--|---|------------------|-----------------------------------|--|--|--|
|      | ,                 | Vehicle  |   |                  |                                   |  |  |  |
|      |                   | License Plate Number 766PAC  | Plate Type AUT - AUTOMOBILE                                     | St<br>FL         | Country of Issuance UNITED STATES |  |  |  |
| 10   | VEHICLE 01        | Vehicle Identification Number 1FM5K8GT2FGC22081                                | Make<br>FORD  | Year <b>2015</b> | Model EXPLORER                    |  |  |  |
|      |                   | Color<br>GRY - GRAY  | Body Style<br>4D - 4DR  |                  | NOT A BUS                         |  |  |  |
| LIND |                   | Initial Contact Point  1RIGHT FRONT CORNER  Extent Of Damage  DISABLING DAMAGE | Vehicle Damage  1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 12FRONT |                  |                                   |  |  |  |
|      |                   | Towed Due To Damage NOT TOWED  | Vehicle Removed By CRAIGS TOWING                                |                  |                                   |  |  |  |
|      |                   | What Driver Was Doing  | Vehicle Factors   |                  |                                   |  |  |  |
|      |                   | Driver Prior Action Other  |   |                  |                                   |  |  |  |
| UNIT | VEHICLE           | Driver Actions NO CONTRIBUTING ACTION  |   |                  |                                   |  |  |  |
|      |                   | Owner Name   | Owner Address   |                  |                                   |  |  |  |
| 01   | 2                 |  |   |                  |                                   |  |  |  |
| LINO | ı                 | Policy Holder Insurance Company  |   |                  |                                   |  |  |  |
| 5    |                   | ALLSTATE-INS-CO  | JUDITH PERSCH   |                  |                                   |  |  |  |
|      |                   | Individual   | Citations Issued  |                  |                                   |  |  |  |
|      |                   | Driver JUDITH A PERSCH   | 0   |                  | Sex FEMALE                        |  |  |  |
| _    | DIVIDUAL          | (239) 980-0324   | Date of Birth   |                  | Race<br>WHITE                     |  |  |  |
| LINO |                   |  | Driver License Number  STATE: FLORIDA COUNTRY: UNITED STATES    |                  |                                   |  |  |  |
|      | Sai               | On Duty Crash  fety Equipment  | Safety Equipment  |                  |                                   |  |  |  |
|      |                   | Seat Position  | SHOULDER & LAP BELT   |                  |                                   |  |  |  |
|      |                   | Helmet Use   | Helmet Compliance   |                  |                                   |  |  |  |
|      |                   | Eye Protection   | Tint Compliance   |                  |                                   |  |  |  |
| 01   | 00                | Injury Severity NO APPARENT INJURY   | Airbag  |                  |                                   |  |  |  |
|      |                   | 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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Crash Date 06/19/2019

Crash Time 01:55 PM

| I        |                       |                                    | Distracted By Source | <u> </u>          |                    |                   |                      |                |
|----------|-----------------------|------------------------------------|----------------------|-------------------|--------------------|-------------------|----------------------|----------------|
|          |                       | Distracted By                      | Distracted by Course | ,                 |                    |                   |                      |                |
|          |                       | Distracted By Action               |                      |                   |                    |                   |                      |                |
|          |                       |                                    |                      |                   |                    |                   |                      |                |
|          |                       | Non Motorist                       | Striking Unit #      | Location          |                    |                   |                      |                |
|          |                       | Prior Action                       |                      |                   |                    |                   |                      |                |
| İ        |                       | Action                             |                      |                   |                    |                   |                      |                |
|          |                       |                                    |                      |                   |                    |                   |                      |                |
|          | A                     |                                    |                      |                   |                    |                   |                      |                |
| <b> </b> | Š                     |                                    |                      |                   |                    |                   |                      |                |
| LIND     | ₹                     |                                    |                      |                   |                    |                   |                      |                |
| >        | INDIVIDUAL            |                                    |                      |                   |                    |                   |                      |                |
|          | Z                     |                                    |                      |                   |                    |                   |                      |                |
|          |                       |                                    |                      |                   |                    |                   |                      |                |
|          |                       | 1 1 01                             |                      |                   |                    |                   |                      | T = 15 0 1 1   |
|          |                       | Action Other                       |                      |                   |                    |                   |                      | To/From School |
| ŀ        | Suspected Alcohol Use |                                    |                      | se                | Suspected Drug Use |                   | <u> </u>             |                |
|          | Drug & Alcohol NO     |                                    |                      |                   | NO                 |                   |                      |                |
|          |                       | Alcohol Test Given                 | •                    | Alcohol Test Type | •                  |                   | Alcohol Test Results |                |
|          |                       | TEST NOT GIVEN                     |                      |                   |                    |                   |                      |                |
|          |                       | Drug Test Given                    |                      | Drug Test Type    |                    | Drug Test Results |                      |                |
|          |                       | TEST NOT GIVEN                     |                      |                   |                    |                   |                      |                |
| 10       | 001                   | Drug Type                          |                      |                   |                    |                   |                      |                |
| 0        | <b>6</b>              |                                    |                      |                   |                    |                   |                      |                |
|          |                       |                                    |                      |                   |                    |                   |                      |                |
|          |                       | Individual Condition               |                      |                   |                    |                   |                      |                |
|          |                       | Individual Condition               |                      |                   |                    |                   |                      |                |
|          |                       | Individual Condition  APPEARED NOR | MAL                  |                   |                    |                   |                      |                |