# **6TL09QKRDP** 19-07719

# 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 19-07719		DE	Investigating Officer/Deputy DEPUTY S. STACEY					
DP	Crash Date <b>06/26/2019</b>		Crash Time 09:38 PM		Date Arrived		Tim	Time Arrived				
QKR	Date Notified <b>06/26/2019</b>		Time Notified 09:39 PM		Total Units <b>01</b>			Total Injured <b>00</b>		Total Killed <b>00</b>		
)9Q	On Emergency			Lane Closure We		Wor			Trailer or 1	Towed	Reporting Threshold	
<b>6TL09</b>	Government Active School Zone				School Bus Related Tag							
•	Crash Type NON-DOMESTICATED ANIMAL N				AL W/ N	L 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 STH33 WB						Latitude Longitude					
	0.54 MI W						43.55242	4479		-90.061898865		
	OF TWIN PINE RD IN THE TOWN OF REEDSBURG										Y Coordinate 4826719.5	
	IN SAUK COUNTY						Structure Type NO STRUCTURE					
	Crash Scene											
ì	_						Circt Horse	ful Event I	a a a ti a m			
	First Harmful Event  NON DOMESTICATED ANIMAL (ALIVE)  Manner of Collision							First Harmful Event Location ON ROADWAY Light Condition				
	NO COLLISION W/VEH	IICI F I	N TRANSPOR	г			Light Condition					
	Road Surface Condition(s)		it manor on	•			Roadway Factor(s)					
	rioda Gariago Gorialido. (G)						. todatia, .	4010.(0)				
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type  DEER						Relation To Trafficway TRAFFICWAY - ON ROAD					
	Crash Classification - Location						Crash Classification - Jurisdiction					
	PUBLIC PROPERTY						NO SPECIAL JURISDICTION					
	Tribal Land						Access Control Special Study					
	Unit Summary											
	Unit Summary Unit Status			\/ah	icle Onera	ting As C	lassification		Unit Type			
	IN TRANSIT D CLAS					. •			AUTOMOBILE			
	Vehicle Type								ating As Endorsements			
01	PASSENGER CAR											
	Total Occs Train/Bus # Recorded			ded Tota	Total # Citations Issued		Total Trail		ailers Total Ha		Mat Types	
	1			0	0		0			0	0	
_	Insurance? YES		Direction Of Travel VESTBOUND			rashTire lark	iiiie   ·		eed Limit To		Total Lanes	
UNIT	Most Harmful Event: Collision With Special Function					on	Emergency Motor Vehicle Use					
ر	NON DOMESTICATED ANIMAL (ALIVE)  NO SPECIAL FUNC											
	Traffic Way Traffic Control							Traffic Control Inoperative/Missing				
	Surface Type Road Cu				d Curvatu	urvature			Road Grade			
	Truck Bus or HazMat  NO							1				
	Vehicle											

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		License Plate Number	Plate Type	St	Country of Issuance					
01		897XHY	AUT - AUTOMOBILE	WI	UNITED STATES					
	01	Vehicle Identification Number 3FAHP07169R139873	Make FORD	Year <b>2009</b>	Model FUSION SE					
	)	Color	Body Style	2009	Bus Use					
		BGE - BEIGE	4D - 4DR		NOT A BUS					
	щ	Initial Contact Point	Vehicle Damage		_ <b>L</b>					
╘	VEHICL	12FRONT								
UNIT	王	Extent Of Damage	11LEFT FRONT CORNER, 12FRONT							
	7	FUNCTIONAL DAMAGE								
		Towed Due To Damage	Vehicle Removed By							
		NOT TOWED	OWNER							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
		Driver Actions	<u> </u>							
	Щ	NO CONTRIBUTING ACTION								
LINO	101									
5	VEHICLE									
	>									
		Owner Name	Owner Address							
_	1									
5	01									
⊢	I	Policy Holder								
LINO		Insurance Company	Individual							
_		WEST-BEND-MUTUAL-INS-CO	LINDA CHAMPAGNE							
		ndividual	L Citatiana Iaawad							
		Driver LINDA M CHAMPAGNE	Citations Issued  0		Sex FEMALE					
	AL	(608) 844-3492	Date of Birth		Race					
_	INDIVIDUAL				WHITE					
	Σ	Address	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
_	N	206 E MAIN ST LA VALLE, WI 53941,US								
		On Duty Crash	Safety Equipment							
	Saf	fety Equipment	Carety Equipment	Carety Equipment						
		Seat Position	SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance							
		Helmet Use								
		Eye Protection								
		250 1 1010011011	This compliance							
7	5	Injury Severity	Airbag							
0	90	Injury NO APPARENT INJURY								
		Ejected Ejection Path			Trapped/Extricated					
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED								
		Hospital	Date of Death		Time of Death					
		Distracted By Source								
		Distracted By Action								
		Non Motorist Striking Unit # Location								

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Crash Date 06/26/2019

Crash Time 09:38 PM

ı		D. A.							
		Prior Action							
ļ									
		Action							
	\ <u></u>								
I∟	'n								
LNO	INDIVIDUAL								
5	2								
	9								
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ļ		A 1' OIL						T /5 0 1 1	
		Action Other						To/From School	
ļ									
	L	Drug & Alcohol NO			Suspected Drug Use NO				
İ		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
						-			
l	_	Drug Type	t			<u> </u>			
2	001	-5 71 -							
İ		Individual Condition							
		APPEARED NORM	ИAL						
l									