

6TL09KMM0D  
19-07731

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<br><b>19-07731</b> | Investigating Officer/Deputy<br><b>DEPUTY S. FINNEGAN</b> |  |
| Crash Date<br><b>06/27/2019</b>                |   | Crash Time<br><b>06:52 AM</b>         | Date Arrived                           | Time Arrived  |  |
| Date Notified<br><b>06/27/2019</b>             |   | Time Notified<br><b>06:54 AM</b>      | Total Units<br><b>01</b>               | Total Injured<br><b>00</b>                                | Total Killed<br><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<br><b>NO</b>       |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable | Crash Type<br><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 EB<br/>143 FT N<br/>OF HERRITZ RD<br/>IN THE TOWN OF REEDSBURG<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.484200398</b>       | Longitude<br><b>-90.013890472</b> |
|   | X Coordinate<br><b>256274.421875</b>  | Y Coordinate<br><b>4819000</b>    |
|   | Structure Type<br><b>NO STRUCTURE</b> |                                   |

Crash Scene

|   |   |               |
|---|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b>     | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><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<br><b>DEER</b>  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>         | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land   | Access Control  | Special Study |

Unit Summary

|      |  |   |  |                                |  |  |
|------|--|---|--|--------------------------------|--|--|
| UNIT | Unit Status<br><b>IN TRANSIT</b>   | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b> |  |  |
|      | Vehicle Type<br><b>PASSENGER CAR</b>   | Train/Bus # Recorded                                  |  |                                | Operating As Endorsements                            |  |
|      | Total Occs<br><b>1</b>   | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b>                     | Total HazMat Types<br><b>0</b> |  |  |
|      | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>NORTHBOUND</b>              | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit                    | Total Lanes  |  |
|      | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> |                                | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|      | Traffic Way  |   | Traffic Control                                |                                | Traffic Control Inoperative/Missing                  |  |
|      | Surface Type   |   | Road Curvature                                 |                                | Road Grade   |  |
|      | Truck Bus or HazMat<br><b>NO</b>   |   |  |                                |  |  |

Vehicle

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|                          |   |               |   |                     |   |  |
|--------------------------|---|---------------|---|---------------------|---|--|
| 01<br>UNIT<br>VEHICLE    | License Plate Number<br><b>804VJA</b>                       |               | Plate Type<br><b>AUT - AUTOMOBILE</b>                                   | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |  |
|                          | Vehicle Identification Number<br><b>5Y2SP67859Z462341</b>   |               | Make<br><b>PONTIAC</b>  | Year<br><b>2009</b> | Model<br><b>VIBE</b>                        |  |
|                          | Color<br><b>BLU - BLUE</b>                                  |               | Body Style<br><b>4D - 4DR</b>   |                     | Bus Use<br><b>NOT A BUS</b>                 |  |
|                          | Initial Contact Point<br><b>NON-COLLISION</b>               |               | Vehicle Damage  |                     |   |  |
|                          | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                |               | <b>11--LEFT FRONT CORNER, 12--FRONT</b>                                 |                     |   |  |
|                          | Towed Due To Damage<br><b>NOT TOWED</b>                     |               | Vehicle Removed By<br><b>OPERATOR</b>                                   |                     |   |  |
|                          | What Driver Was Doing                                       |               | Vehicle Factors   |                     |   |  |
| 01<br>UNIT<br>VEHICLE    | Driver Prior Action Other                                   |               |   |                     |   |  |
|                          | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>             |               |   |                     |   |  |
| 01<br>UNIT<br>VEHICLE    | Owner Name  |               | Owner Address   |                     |   |  |
|                          |   |               |   |                     |   |  |
| 01<br>UNIT<br>INDIVIDUAL | <b>Policy Holder</b>  |               |   |                     |   |  |
|                          | Insurance Company<br><b>AMERICAN-AUTOMOBILE-INS-CO</b>      |               | Individual<br><b>SUSAN MAENPAA</b>                                      |                     |   |  |
| 01<br>UNIT<br>INDIVIDUAL | Driver<br><b>SUSAN JAYNE MAENPAA<br/>(608) 415-2145</b>     |               | Citations Issued<br><b>0</b>  |                     | Sex<br><b>FEMALE</b>                        |  |
|                          |   |               | Date of Birth   |                     | Race<br><b>WHITE</b>                        |  |
|                          | Address<br><b>1475 21ST ST<br/>REEDSBURG, WI 53959 , US</b> |               | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                     |   |  |
|                          |   |               |   |                     |   |  |
| 01<br>UNIT<br>INDIVIDUAL | <b>Safety Equipment</b>                                     |               | On Duty Crash   |                     |   |  |
|                          | Seat Position   |               | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                      |                     |   |  |
|                          | Helmet Use  |               | Helmet Compliance   |                     |   |  |
|                          | Eye Protection  |               | Tint Compliance   |                     |   |  |
| 01<br>UNIT<br>INDIVIDUAL | <b>Injury</b>   |               | Injury Severity<br><b>NO APPARENT INJURY</b>                            |                     | Airbag                                      |  |
|                          | Ejected   | Ejection Path |   | Trapped/Extricated  |   |  |
|                          | Medical Transport<br><b>NOT TRANSPORTED</b>                 |               | EMS Agency Identifier   |                     | EMS Run #                                   |  |
|                          | Hospital  |               | Date of Death   |                     | Time of Death                               |  |
| 01<br>UNIT<br>INDIVIDUAL | <b>Distracted By</b>  |               | Distracted By Source  |                     |   |  |
|                          | Distracted By Action  |               |   |                     |   |  |
| 01<br>UNIT<br>INDIVIDUAL | <b>Non Motorist</b>   |               | Striking Unit #   |                     | Location                                    |  |
|                          |   |               |   |                     |   |  |

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|-------------|--|------------------------------------|---------------------------------|--|
| <b>UNIT</b> | Prior Action                                   |                                    |                                 |  |
|             | Action   |                                    |                                 |  |
|             | Action Other                                   |                                    | To/From School                  |  |
|             | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |  |
|             | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |  |
|             | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |  |
|             | Drug Type                                      |                                    |                                 |  |
|             | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |  |
|             | <b>01</b>                                      | <b>001</b>                         |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |
|             |  |                                    |                                 |  |