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19-10142

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>19-10142</b>	Investigating Officer/Deputy <b>DEPUTY H. VOLZ</b>	
Crash Date <b>08/14/2019</b>		Crash Time <b>05:44 AM</b>	Date Arrived	Time Arrived	
Date Notified <b>08/14/2019</b>		Time Notified <b>05:58 AM</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 USH14 EB 207 FT W OF DONALD RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.190110157</b>	Longitude <b>-90.147381921</b>
	X Coordinate <b>244246.109375</b>	Y Coordinate <b>4786737</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

UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Train/Bus # Recorded			Operating As Endorsements	
	Total Occs <b>1</b>	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</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	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

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1300 LANGE COURT  
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01 UNIT VEHICLE	License Plate Number <b>AEE1168</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1C3CCCAB3FN721838</b>		Make <b>CHRYSLER</b>	Year <b>2015</b>	Model <b>200</b>	
	Color <b>RED - RED</b>		Body Style <b>SD - SEDAN</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>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 12--FRONT</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing		Vehicle Factors			
01 UNIT VEHICLE	Driver Prior Action Other					
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
01 UNIT VEHICLE	Owner Name		Owner Address			
	<b>Policy Holder</b>					
01 UNIT INDIVIDUAL	Insurance Company <b>STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO</b>		Individual <b>ADRIENNE JOHNSON</b>			
	<b>Individual</b>					
01 UNIT INDIVIDUAL	Driver <b>ADRIENNE A JOHNSON</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
	Address <b>130 S CHURCH ST # 1 RICHLAND CENTER, WI 53581 , US</b>		Date of Birth			
01 UNIT INDIVIDUAL	Driver License Number		Race			
	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
01 UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash			
	Seat Position		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag	
	Ejected	Ejection Path		Trapped/Extricated		
01 UNIT INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
01 UNIT INDIVIDUAL	<b>Distracted By</b>		Distracted By Source			
	Distracted By Action					
01 UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #		Location	

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	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>		
	<b>01</b>	<b>001</b>	