# 6TL096J8ZG 19-10961

# 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 19-10961			Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER						
G	Crash Date <b>09/01/2019</b>	Crash Time 10:54 PM		Date Arrived			Time Arrived						
096J8Z	Date Notified <b>09/01/2019</b>	Time Notified 10:56 PM		Total Units <b>01</b>			Tota	al Injured	Injured Total Killed <b>00</b>			_	
-096	On Emergency	Hit	and Run	Lane Clos		Ш	k Zone		Trailer or T	owed		Reporting Threshold	
6TL	Government Active School Zone				School Bus Related NO			Tag	Tags				
	Crash Type NON-DOMESTICATED ANIMAL W/ NO IN					IO INJUF	RY		Amended			Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.												
i	Location											_	
	ON STH113 NB 0.33 MI N						Latitude <b>43.45741</b>	2107		Longitude -89.715006881			_
	OF CTHW NB IN THE TOWN OF GREENFIELD					X Coordinate 280348.34375			Y Coordinate 4815192.5				
	IN SAUK COUNTY					Structure Type							
(	Crash Scene												_
]	First Harmful Event						First Harm	ful Event L	ocation				
	NON DOMESTICATED ANIMAL (ALIVE)  Manner of Collision						ON ROA						
	NO COLLISION W/VEH		N TDANSDOD	т									
	Road Surface Condition(s)	ICLE I	N IKANSPUK	!			Roadway I						_
	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 Status			l Veh	nicle Opera	ating As C	lassification		Unit Type				_
					CLASS	J			AUTOMOBILE				
	Vehicle Type				OLAGO					Operating As Endorsements			_
0	PASSENGER CAR						Operating 7.5 Endorsements						
	Total Occs Train/Bus # Recorded  1			Total # Citations Issued  0		Total Traile		lers Total Haz		Mat Types			
_	Insurance? YES		Direction Of Travel					Speed Lir			es		
UNIT	Most Harmful Event: Collision With Special Function					Emergency Motor Vehicle Use						_	
5	NON DOMESTICATED ANIMAL (ALIVE)  NO SPECIAL FUNC					TION		NOT APPLICABLE					
	Traffic Way Traffic Control							Traffic Control Inoperative/Missing			_		
	Surface Type Road Curvature				ıre			Road Grade					
	Truck Bus or HazMat  NO												
	Vehiele												_

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SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

		License Plate Number	Plate Type	St	Country of Issuance					
		482ZHE	AUT - AUTOMOBILE	WI	UNITED STATES					
5	2	Vehicle Identification Number	Make	Year	Model					
_	0	1FAFP34N77W330650	FORD	2007	FOCUS					
		Color BLU - BLUE	Body Style SD - SEDAN		Bus Use NOT A BUS					
	ш	Initial Contact Point	Vehicle Damage							
<b>-</b>	$\Xi$	12FRONT	Volliolo Balliago							
UNIT	¥	Extent Of Damage	1RIGHT FRONT CORNER, 12FRONT							
ر	VEHICL	DISABLING DAMAGE								
		Towed Due To Damage	Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE	BILLS TOWING							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
		Driver Actions								
	ш	NO CONTRIBUTING ACTION								
╘	겅									
LINO	VEHICLE									
	>									
		Owner Name	Owner Address							
5	6									
_		Policy Holder								
LINO		Insurance Company	Individual							
_		PROGRESSIVE-CLASSIC-INS-CO	NATASHA GARRELTS							
	ı	Individual								
		Driver	Citations Issued		Sex					
	Ļ	NATASHA KAY GARRELTS (608) 617-7503	0		FEMALE					
	INDIVIDUAL	(555) 517 7555	Date of Birth		Race WHITE					
	$\exists$	Address	Driver License Number							
5	₫	213 W ONEIDA ST	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Z	PORTAGE, WI 53901 , US								
	Sat	On Duty Crash Tety Equipment	Safety Equipment							
	Gai	Seat Position	OUGUI DED A LAD DEL T							
		Seat Fosition	SHOULDER & LAP BELT  Helmet Compliance							
		Helmet Use								
		Eye Protection	Tint Compliance							
		Unium Soverity	Airbag							
6	90	Injury Severity NO APPARENT INJURY	Alloay							
		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								
		Distracted By Action								
		Non Motorist Striking Unit # Location								

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Wisconsin Motor Vehicle Crash

Form DT4000

# **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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		Prior Action						
		Action						
		7. Calon						
	7							
<b>-</b>	Ď							
FNO	INDIVIDUAL							
_	ቯ							
	=							
		Action Other					To/From School	
				10				
	L	Orug & Alcohol NO	Use	Suspected Drug Use NO				
İ	Alcohol Test Given Alcohol Test T			•		Alcohol Test Results		
		TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Typ						
				Drug Test Rest		ults		
2	001	Drug Type	•					
	0							
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORMAL						