6TL0BC3B3H

19-12323

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [Primary Crash Document # Agency 0					estigating Officer/Deputy PUTY W. VERTEIN				
3H	Crash Date 10/04/2019	Crash Time 07:16 AM			Date Arrived		Time	Time Arrived				
СЗВЗН	Date Notified 10/04/2019	Time Notified 07:19 AM			Total Units 01		Tota	Total Injured Total Killer		I		
0B	On Emergency	Hit and Run	Lane Closu	ıre	Work Zone			Trailer or Towed		Reporting Threshold		
6TL	Government Active School Zon			School Bus Related NO			Tag	Tags				
	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR				RY	Amended			Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location —											
	ON CTHT WB 0.36 MI E					Latitude Longitude 43.519384054 -89.698449084						
	OF BUMP RD IN THE TOWN OF FAIRFIELD					X Coordinate 281911.21875				Y Coordinate 4822032		
	IN SAUK COUNTY				Structure Type							
(Crash Scene											
1	First Harmful Event					First Harmful Event Location						
	NON DOMESTICATED ANIMAL (ALIVE) Manner of Collision						ON ROADWAY					
						Light Condition						
	NO COLLISION W/VEHIC	CLE IN TRANSPOR	T									
	Road Surface Condition(s)				Roadway Factor(s)							
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type				Relation To Trafficway							
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION Access Control Special Study						
						7.00000 00	711101			Openial Glady		
į	Unit Summary											
	Unit Status			Vehicle Operating As Classification			Unit Type					
	IN TRANSIT			D CLASS			AUTOMOBILI					
01	Vehicle Type				Operating As Endorsements							
0	(SPORT) UTILITY VEHICLE											
	Total Occs	Train/Bus # Recor		al # Citatio	ns Issued		Total Trail	ers		Mat Types		
	2	Direction Of Trave	0				0			Total Lanes		
	Insurance?	WESTBOUND	"		iasiiiie		Speed Lin	GGG LIIIIIL		I Ulai Lailes		
UNIT	NO WESTBOUND Mark Most Harmful Event: Collision With Special Function						Emergency Motor Vehicle Use		de lise			
5	NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL FUNC				CTION		NOT APPLICABLE					
	Traffic Way Traffic Control				I			Traffic Control Inoperative/Missing				
	Surface Type Road Curvature				ire			Road Grade				
	Truck Bus or HazMat						1					
	NO	Sec. Control										
	Vehicle											

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			Di (T						
		License Plate Number	Plate Type	St	Country of Issuance				
		555ZDN	AUT - AUTOMOBILE	WI	UNITED STATES				
5	2	Vehicle Identification Number 1FMCU9G91EUD20322	Make	Year	Model				
	0	Color	FORD 2014 ESCAPE Body Style Bus Use		Bus Use				
		SIL - SILVER (ALUMINUM)	UT - SPORT UTILITY VE	HICLE	NOT A BUS				
	щ	Initial Contact Point	Vehicle Damage 9LEFT SIDE MIDDLE, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER, 12FRONT						
LIND	C	11LEFT FRONT CORNER							
3	VEHICL	Extent Of Damage							
_		DISABLING DAMAGE							
		Towed Due To Damage	Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE	CRAIGS TOWING						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions NO CONTRIBUTING ACTION							
<u> </u>	Ë	NO CONTRIBUTING ACTION							
LINO	=								
⊃	VEHICLE								
	>								
		Owner Name	Owner Address						
_									
2	01								
		Individual							
		Driver	Citations Issued		Sex				
	_	KATIE M WELLER	0		FEMALE				
	NΑ	(608) 477-9150	Date of Birth		Race				
⊑ا	<u>ا</u>				WHITE				
	2	Address E13949A HEIN RD	Driver License Number						
	INDIVIDUAL	BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment						
	ļ	On Duty Crash							
	Saf	fety Equipment							
		Seat Position	SHOULDER & LAP BE	SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance						
	-								
		Eye Protection	Tint Compliance						
_	_	Injury Severity	Airbag						
2	00	<i>Injury</i> 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							
		Distracted By Action							
	Striking Unit # Location								
	Non Motorist								
	Prior Action								

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		Action					
		Action					
	4						
_	^						
Ę	₽						
UNIT	≥						
_	INDIVIDUAL						
	Z						
		Action Other		To/From School			
	Į.	Suspected Alcohol U					
	L	Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO					
		Alcohol Test Given	Alcohol Test Type				
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
_	_	Drug Type					
6	001						
		Individual Condition					
		APPEARED NORMAL					