6TL0BFKDC3 19-14279

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash			Agency Crash Number 19-14279			Investigating Officer/Deputy DEPUTY H. VOLZ				
င္ပ	Crash Date 11/17/2019	Crash Time 05:20 PM			Date Arrived		Time	Time Arrived				
FKD	Date Notified 11/17/2019	Time Notified 05:26 PM	l		Total Units 01		Tota	Total Injured Total Kille 00 00		I		_
OBF	On Emergency	Hit and Run	t and Run Lane Close		re Work Zone			Trailer or Towed			Reporting Threshold	
6TL0B	Government Property	chool Zone	School Bus Related NO			Tag	Tags					
	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR					Y Amended					Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	Location											
·	ON STH23 EB 245 FT S					Latitude 43.46009	2171		Longitude -90.033526566			_
	OF SAND HILL RD IN THE TOWN OF WESTFIELD				X Coordinate 254588.796875			Y Coordinate 4816380			_	
	IN SAUK COUNTY					Structure 7			1401000			_
(Crash Scene							_				
1	First Harmful Event					First Harm	ful Event L	ncation				-
	NON DOMESTICATED A	ANIMAL (ALIVE)	IAL (ALIVE)				First Harmful Event Location ON ROADWAY					
						Light Cond	ition					
	NO COLLISION W/VEHI	CLE IN TRANSPOR	₹T									
	Road Surface Condition(s)					Roadway F	Factor(s)					
	Environment Factor(s) Weather Condition(s)											
	Animal Type						Relation To Trafficway					
	• •						TRAFFICWAY - ON ROAD					
	DEER											
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION						
	Tribal Land					Access Control Special Study						
Į.	Unit Summary Unit Status		l Veh	icle Opera	ating As C	lassification		Unit Type				
				D CLASS				AUTOMO	RIIF			
	Vehicle Type			DCLAGG					Operating As Endorsements			_
01						Operating As Endorsements						
	(SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded Total # Citations Issued								1=			_
	Total Occs 2		0	al # Citatio	0.10.10.10.10.10.10.10.10.10.10.10.10.10		0			Total HazMat Types 0		
⊨	Insurance? YES	NORTHBOUNI	D 🗆	Mark		Speed Lin			Lanes			
UNIT	Most Harmful Event: Collision With Special Function					Emergency Motor Vehicle Use						
_	NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL FUNCTION				TION		NOT APPLICABLE					
	Traffic Way Traffic Control						Traffic Control Inoperative/Missing					
	Surface Type Road C				Curvature			Road Grade				
	Truck Bus or HazMat		<u> </u>					<u> </u>				_
	Vahiala											ī

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

		License Plate Number		te Type	St	Country of Issuance				
		935ZLV		T - AUTOMOBILE	WI	UNITED STATES				
2	01	Vehicle Identification Number		ke	Year	Model				
	0	JA4AZ3A33GZ027973 Color		TSUBISHI dy Style	2016	OUTLANDER Bus Use				
		RED - RED		- SPORT UTILITY VEI	HICLE	NOT A BUS				
⊨	Ш	Initial Contact Point		nicle Damage						
	CL	12FRONT		-						
LNO	VEHICLE	Extent Of Damage		1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT						
		FUNCTIONAL DAMAGE								
		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing	Vel	Vehicle Factors						
		Driver Prior Action Other								
		Diver i noi Action Other								
		Driver Actions								
	Щ	NO CONTRIBUTING ACTION								
╘	CL									
L	VEHICLE									
	VE									
		Owner Name		O A dalan -						
		Owner Name		Owner Address						
6	01									
_		Policy Holder								
LNO		Insurance Company		Individual						
>		LIBERTY-MUTUAL-FIRE-INS-CO	1	ROBERT ZANON						
	ı	Individual								
		Driver	10	Citations Issued		Sex				
	INDIVIDUAL	ROBERT G ZANON (608) 448-3951)		MALE				
		(666) 446 6561	1	Date of Birth		Race WHITE				
	Ν	Address		Oriver License Number						
5	D	406 E BROADWAY								
	Z	ROCK SPRINGS, WI 53961, US	[;	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Safety Equipment On Duty Crash			Safety Equipment						
		Seat Position	[]	SHOULDER & LAP BELT Helmet Compliance Tint Compliance						
		Helmet Use								
		Tiomic Goo								
		Eye Protection	-							
		Laine C. Ti								
5	9	Injury Severity	DV.	Airbag						
	٥	Injury NO APPARENT INJURY Ejected Ejection Path				Trapped/Extricated				
		Medical Transport	I	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital	1	Date of Death		Time of Death				
		District A Div Co.								
		Distracted By Source								
		Distracted By Action								
		Striking Unit # Loc	cation							
		Non Motorist								

2 of 3

Crash Date 11/17/2019 Crash Time 05:20 PM

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I		Prior Action						
		THOI NOTION						
 		Action						
		ACTION						
	- 1							
	Ζ							
l⊨	\supset							
LNO	INDIVIDUAL							
_								
	Z							
1								
		Action Other					To/From School	
	,	Orug & Alcohol NO	nol Use	Suspected Drug Use				
				NO				
ĺ		Alcohol Test Given Alcohol Tes				Alcohol Test Results		
		TEST NOT GIVEN						
İ	Drug Test Given TEST NOT GIVEN Drug Test Type		Drug Test Type		Drug Test Results	,		
		TEST NOT GIVEN						
_	7	Drug Type	•					
2	001							
l								
		Individual Condition						
		APPEARED NORMAL						