6TL0B17171 19-15032

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I	Primary Crash Document # Agency Crash 19-15032					stigating Officer/Deputy PUTY I. HANSON				
71	Crash Date 12/07/2019	Crash Time 07:25 AM			Date Arrived		Time	Time Arrived				
171	Date Notified 12/07/2019	Time Notified 07:27 AM	Time Notified Total		Units		Tota	otal Injured Total Kille 0 00				
6TL0B	On Emergency	Hit and Run	Run Lane Closure		☐ Work Zone			Trailer or Towed		Reporti		
6T L	Government Active School Zone				School Bus Related NO			Tags				
	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR				RY				Second Cras			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location ——											
ł	ON STH23 EB					Latitude	Latitude Longitude					
	0.41 MI W					43.53346	8057		-89.899777641			
	OF COUNTY LAND FILL I					X Coordina	ato		Y Coordinate			
	IN THE TOWN OF EXCEL IN SAUK COUNTY	N THE TOWN OF EXCELSIOR N SAUK COUNTY				265693.6875				4824144		
						Structure Type						
(Crash Scene											
1	First Harmful Event					First Harm	ful Event L	ocation				
	NON DOMESTICATED AN	NIMAL (ALIVE)					ON ROADWAY					
	Manner of Collision					Light Condition						
	NO COLLISION W/VEHIC	I E IN TRANSPOR	т			Light Cond	aition					
		LE IN TRANSFOR	. 1			D	T4(-)					
	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				NO SPECIAL JURISDICTION							
	Tribal Land				Access Control Special Study							
į	Unit Summary ————————————————————————————————————											
	Unit Status Vehicle Operating As				ating As Cl	lassification		Unit Type				
	IN TRANSIT			D CLASS			АИТОМОВ		BILE			
	Vehicle Type							Operating As Endorsements				
01	PASSENGER CAR											
	Total Occs Train/Bus # Recorded Total # Citations Issue					Total Traile		lers Total Haz		Mat Tynes		
	1		0	ai # Oitatio	113 133464		0	.0.0	0	nat Typee		
	Insurance?	Direction Of Trave					_			Total Lanes		
	YES	EASTBOUND	"		rashTire		Ороса Еп		Total Lanc	,3		
UNIT	YES EASTBOUND Mark Most Harmful Event: Collision With Special Function							Emergency Motor Vehicle Use				
5	NON DOMESTICATED ANIMAL (ALIVE) NO SPECIAL FUNC							0.00				
	NON DOMESTICATED ANIMAE (ALIVE)						Traffic Control Inoperative/Missing					
	Traffic Way Traffic Control				ı			Traile Control moperative/ivitssing				
	Surface Type Road Curvature				ıre			Road Grade				
	, noda odivaturo											
	Truck Bus or HazMat											
	NO											
	Vehicle											

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		License Plate Number		Plate Type	St	Country of Issuance			
_		946ZGU	4	AUT - AUTOMOBILE WI		UNITED STATES			
	_	Vehicle Identification Number		Make	Year	Model			
5	01	1N4AL3AP1JC147443		NISSAN	2018	ALTIMA			
		Color		Body Style		Bus Use			
	VEHICLE	GRY - GRAY		SD - SEDAN NOT A BUS					
_		Initial Contact Point 12FRONT		Vehicle Damage					
L N		Extent Of Damage		1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 12FRONT					
-		FUNCTIONAL DAMAGE							
	>	Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
	щ								
		Driver Prior Action Other							
		Driver Actions							
.		NO CONTRIBUTING ACTION							
LNO	ᄓ								
5	VEHICLE								
	>								
		Owner Name		Owner Address					
		Owner Name		Owner Address					
6	01								
		L							
LIND		Policy Holder Insurance Company Individual							
5		SENTRY-CASUALTY-CO		Individual JENNIFER CLARK					
	,	Individual Driver		Citations Issued		Sex			
		JENNIFER DAWN CLARK		0		FEMALE			
	AL	(608) 963-3141		Date of Birth		Race			
_	INDIVIDUAL				WHITE				
	Ξ	Address		Driver License Number					
)	<u></u>	410 LA VALLE ST							
	=	REEDSBURG, WI 53959, US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	On Duty Crash			Safety Equipment					
	Safety Equipment								
	Seat Position		SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance					
		Tremet Use		Heimet Compilance					
		Eye Protection		Tint Compliance					
		,		The Compilation					
_	Ξ,	Injury Severity		Airbag					
6	90	Injury NO APPARENT							
		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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Crash Date 12/07/2019
Crash Time 07:25 AM

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