

6TL09H5JQX

19-14969

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 19-14969, Investigating Officer/Deputy DEPUTY S. MESSNER, Crash Date 12/05/2019, Crash Time 04:15 PM, Date Arrived, Time Arrived, Date Notified 12/05/2019, Time Notified 04:23 PM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY, Amended, Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

ON ABLEMAN RD
1115 FT N
OF SCHNEIDER RD
IN THE TOWN OF EXCELSIOR
IN SAUK COUNTY
Latitude 43.505011098, Longitude -89.916794635, X Coordinate 264207.75, Y Coordinate 4821031.5, Structure Type NO STRUCTURE

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE), First Harmful Event Location ON ROADWAY, Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type DEER, Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location PUBLIC PROPERTY, Crash Classification - Jurisdiction NO SPECIAL JURISDICTION, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type (SPORT) UTILITY VEHICLE, Operating As Endorsements, Total Occs 1, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel SOUTHBOUND, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

NO

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Truck Bus or HazMat
Vehicle
01 01
License Plate Number: 931CNG, Plate Type: AUT - AUTOMOBILE, St: WI, Country of Issuance: UNITED STATES
Vehicle Identification Number: 1C4NJDBB4ED842039, Make: JEEP, Year: 2014, Model: COMPASS SP
Color: BLU - BLUE, Body Style: UT - SPORT UTILITY VEHICLE, Bus Use: NOT A BUS
Initial Contact Point: 12--FRONT, Vehicle Damage: 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE
Extent Of Damage: DISABLING DAMAGE
Towed Due To Damage: TOWED DUE TO DISABLING DAMAGE, Vehicle Removed By: STEVES AUTO SERVICE
What Driver Was Doing, Driver Prior Action Other, Driver Actions: NO CONTRIBUTING ACTION
Owner Name, Owner Address
Policy Holder
Insurance Company: AMERICAN-FAMILY-INS-CO, Individual: MICHELLE MEARS
Individual
Driver: MICHELLE MARIE MEARS (608) 495-0058, Citations Issued: 0, Sex: FEMALE
Date of Birth, Race: WHITE
Address: 414 W BROADWAY ROCK SPRINGS, WI 53961, US, Driver License Number: STATE: WISCONSIN COUNTRY: UNITED STATES
Safety Equipment
On Duty Crash, Safety Equipment: SHOULDER & LAP BELT
Seat Position, Helmet Use, Eye Protection, Tint Compliance
Injury
Injury Severity: NO APPARENT INJURY, Airbag
Ejected, Ejection Path, Trapped/Extricated
Medical Transport: NOT TRANSPORTED, EMS Agency Identifier, EMS Run #
Hospital, Date of Death, Time of Death

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<b>UNIT</b>	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action				
	<b>Non Motorist</b>		Striking Unit #	Location	
	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				
<b>01</b>	<b>001</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			