6TL09KMM11 20-00190

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	-		Agency Crash Number 20-00190			Investigating Officer/Deputy DEPUTY S. FINNEGAN			
6TL09KMM11	Crash Date 01/05/2020	Crash Time 02:42 PM			Date Arrived		Time	Time Arrived			
	Date Notified Time Notified			Total Ur	nits			l Injured	Total Killed	I	
X	01/05/2020	02:47 PM		01			00		00	T	
.09	On Emergency H	it and Run	t and Run Lane Close		ure Work Zone			Trailer or Towed		Reporting Threshold	
eTL	Government Active School Zone			School Bus Related NO			Tags	Tags			
	Reportable Crash Type NON-DOMESTICATED A			IAL W/ N	O INJUF	Y Amended			Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
	ON CTHPF WB				Latitude			Longitud			
	0.61 MI W OF ORCHARD RD					43.391184041			-89.931634919		
	IN THE TOWN OF FREEDOM IN SAUK COUNTY							Y Coord 480843			
	IN SACK COOK!				Structure NO STR						
	Crash Scene										
1	First Harmful Event					First Harm	nful Event L	ocation			
	NON DOMESTICATED ANIM	IAL (ALIVE)				First Harmful Event Location ON ROADWAY					
	Manner of Collision						Light Condition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSI	PORT								
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	LIMIOIIIIeiit i actor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURIS					
	Tribal Land					Access Control Special Study					
	Unit Summary										
	Unit Status		Veh	icle Opera	ating As C	lassification	1	Unit Type			
	IN TRANSIT D CLASS				SS			AUTOMOBILE			
7	Vehicle Type							Operating .	As Endorser	nents	
01	PASSENGER CAR					Total Trailers Total HazMat Types					
	Total Occs	Train/Bus # Record		otal # Citations Issued						Mat Types	
	1 Insurance?	Direction Of Trave		0		O Speed L		mit Total Lane		26	
╘	YES	WESTBOUND		Pre CrashTir Mark		e Opeeu					
UNIT	Most Harmful Event: Collision With			cial Funct		TION		Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTIO					NOT APPLICABLE		
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade			

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l	Truo	ruck Bus or HazMat								
	Tiuc	A Dus of Flaziviat								
		.,								
		Photo Fire Plant Number St. Country of Incurred								
10		License Plate Number		Plate Type	St	Country of Issuance				
		330VVU		AUT - AUTOMOBILE	WI	UNITED STATES				
	2	Vehicle Identification Number		Make	Year	Model				
	0	JN8AF5MV3HT754434		NISSAN	2017	JUKE				
		Color		Body Style	EUICI E	Bus Use				
		YEL - YELLOW Initial Contact Point		UT - SPORT UTILITY VEHICLE						
UNIT	쁘	12 - FRONT		Vehicle Damage						
	VEHICL	Extent Of Damage		01 - RIGHT FRONT CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 -						
	亩	DISABLING DAMAGE		UNDERCARRIAGE Vehicle Removed By						
	>	Towed Due To Damage								
		TOWED DUE TO DISABL	ING DAMAGE	STEVES AUTO SERVICE						
		What Driver Was Doing	ING DAWAGE	Vehicle Factors						
		What briver was boing		veriicie i actors	Venicle Factors					
		Driver Prior Action Other								
		Briver i noi Action Ciner								
		Driver Actions								
	ш	NO CONTRIBUTING ACTION								
 	VEHICLE									
LNO	¥									
)	Ē									
	>									
		Owner Name		Owner Address						
6	2									
١.		Policy Holder								
LNO		Insurance Company Individual								
5		GERMANTOWN-MUTUAL-INS-CO		BRENDA LARSON						
				BILLIDA EAROON						
		Individual		10%		12				
		Driver BRENDA M LARSON		Citations Issued		Sex				
	7	(608) 485-3875		0		FEMALE				
	Ž	(****)		Date of Birth		Race WHITE				
늘	₽	A 11		D: 1: N 1		*******				
EN S	E	Address 112 DESSA RAIN DR REEDSBURG, WI 53959 , US		Driver License Number						
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES						
				Safety Equipment						
	Sa	fety Equipment	Salety Equipment	Salety Equipment						
			Cont Donition	SHOULDER & LAP B	EIT					
		Row	Seat Position	SHOOLDER & LAI B						
		Helmet Use		Helmet Compliance						
		Tromot Ode		Tomes Compilation						
		Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path		Tint Compliance Airbag						
_	_									
2	90									
				<u> </u>		Trapped/Extricated				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				

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		Distracted By	Distracted By Source						
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	N N								
		Action Other						To/From School	
		Action Other						TO/FIOM SCHOOL	
	ı	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results				
10	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							