6TL09PBQD9

20-02434

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

-											
	Document Number Override	Primary Crash Document #		Agency Crash Number 20-02434			Investigating Officer/Deputy DEPUTY B. STODDARD				
ļ		l									
60	Crash Date 03/05/2020			Date Arrived			Time	Time Arrived			
Ø	Date Notified Time Notified			Total Ur	nits		Total	Injured	Total Killed	1	
m n	03/05/2020 06:04 AM			01			00	00			
6TL09PBQD9	On Emergency Hit and Run Lane C			osure Work Zone				Trailer or Towed Reporting Threshold			
6TL	Government Property		School Bus Related Ta			Tags	ıgs				
	✓ Reportable	NIMAL 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										
Ī	ON WALNUT ST/ STH154 EE	3				Latitude			Longitud	٩	
	613 FT E				43.436137158		•		4641896		
	OF CRESCENT DR					X Coordinate					
	IN THE TOWN OF WESTFIEI	LD				251973.4		Y Coord 481381			
	IN SAUK COUNTY								4013012		
						Structure 1	уре				
l											
(Crash Scene										
Ī	First Harmful Event					First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM				ON ROADWAY						
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT									
	Road Surface Condition(s)					Roadway I	Factor(s)				
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type	imal Type					Relation To Trafficway				
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location						assification - Jurisdiction				
	PUBLIC PROPERTY						NO SPECIAL JURISDICTION				
	Tribal Land					Access Control		I		Special Study	
L	Unit Summary								_	l	
	Jnit Status Vehicle Operating As C					assification		Unit Type			
	IN TRANSIT D CLASS										
	Vehicle Type					Operating As Endorsements					
6	PASSENGER CAR										
					ns Issued	Total Trail		ers Total HazMat Tyr		Mat Types	
	1		0	. 0110110			0		0		
		Direction Of Travel	-	D C			Speed Lim	it	Total Lane	25	
		EASTBOUND	Pre CrashTire								
	Most Harmful Event: Collision With			Special Function			I		Emergency Motor Vehicle Use		
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNC			TION		NOT APPLICABLE		
	Traffic Way										
	панс way			Traffic Control					Traffic Control Inoperative/Missing		
ļ	Surface Type			Dead Ourseture			Dood Out de		۵		
	Sunace Type			Road Curvature				Road Grade			
		1									

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	Truc	ick Bus or HazMat								
	Vehicle									
		License Plate Number AFY9101		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
5	6	Vehicle Identification Number 2D4GP44L95R490072		Make DODGE	Year 2005	Model GRAND CARA				
		Color RED - RED		Body Style VN - VAN		Bus Use				
	щ	Initial Contact Point		VN - VAN Vehicle Damage						
UNIT	<u>с</u>	12 - FRONT								
5	VEHICLE	Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other			-					
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
		Owner Name		Owner Address						
0	6									
E	l	Policy Holder								
UNIT		Insurance Company PEKIN-INS-CO		Individual JANET FRANKS						
	I	Individual								
	INDIVIDUAL	Driver JANET L FRANKS		Citations Issued		Sex FEMALE				
		(608) 201-2908		Date of Birth		Race				
UNIT		Address		Driver License Number						
5		601 1ST CENTER AVE BRODHEAD, WI 53520 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash		Safety Equipment						
	001	Row	Seat Position	SHOULDER & LAP BE	LT					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
6		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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		Distracted By Source								
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	JAL									
UNIT	INDIVIDUAL									
	INDI									
		Action Other						To/From School		
		Suspected Alcohol Use Drug & Alcohol NO			Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	I		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Resu		S			
6	001	Drug Type								
		Individual Condition								
		APPEARED NORI	MAL							