### 6TL09T1TPF 20-03463

### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

	Document Number Override	Primary Crash [	Primary Crash Document #		Agency Crash Number 20-03463			Investigating Officer/Deputy DEPUTY C. GALLAGHER			
F	Crash Date <b>04/08/2020</b>	Crash Time 04:40 PM			Date Arrived		Tim	Time Arrived			
T1TP	Date Notified <b>04/08/2020</b>	Time Notified 04:48 PM			Total Units <b>01</b>		Tota 00		Total Killed 00		
-09T1	On Emergency	On Emergency Hit and Run Lane Closure Work Z		rk Zone		Trailer or Towed Reporting Threshold			eporting nreshold		
6TL	Government Active School Zone			School Bus Related NO			Tag	Tags			
	<b>✓</b> Reportable	Crash Type NON-DOMES	TICATED ANIM	IAL W/ NO	O INJUF	RY		Amended		S	econdary Crash
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
j	Location										
·	ON STH113 NB					Latitude Longitude					
	678 FT N					43.43332699		-89.69		7257271	
	OF TOWER RD					X Coordin	ate		Y Coordinate		
	IN THE TOWN OF GREENI IN SAUK COUNTY	IELD				281697.71875 48			481247	l812471	
	IN SAUK COUNTT					Structure Type					
(	Crash Scene										
	First Harmful Event					First Harm	nful Event L	ocation			
	NON DOMESTICATED AN	MAL (ALIVE)				ON ROA	DWAY				
İ	Manner of Collision					Light Cond	dition				
	00 - NO COLLISION W/VEH	IICLE IN TRANS	PORT								
İ	Road Surface Condition(s)					Roadway	Factor(s)				
ļ	5 : (5 ( / )										
	Environment Factor(s)										
ŀ	Weather Condition(s)										
İ	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
İ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land				Access Control Special Study						
						<u> </u>				<u> </u>	
	Unit Summary							_			
				Vehicle Operating As Classification				Unit Type			
	IN TRANSIT	DC	D CLASS			AUTOMOE					
5	Vehicle Type						Operating .	As Endorser	nents		
0	PASSENGER CAR					Total Trailers Total HazMat Types					
	Total Occs			Total # Citations Issued			Total Trai	lers		Mat Types	
	Insurance?	Direction Of Trave		0		O Spec				0 Total Lanes	
_	YES	NORTHBOUND			Pre CrashTire  Mark		Speed Limit		Total Lattes		
UNIT	Most Harmful Event: Collision With			cial Function			Emergency	   Emergency Motor Vehicle Use			
$\supset$	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION							
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grad	е		

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	Truc	ick Bus or HazMat								
	,	Vehicle								
		License Plate Number	Plate Type	St	Country of Issuance					
		AFX5215	AUT - AUTOMOBILE	WI	UNITED STATES					
01	2	Vehicle Identification Number 1ZVBP8AN4A5137845	Make FORD	Year	Model MUSTANG					
	0	12VBP8AN4A5137845 Color	Body Style	2010	Bus Use					
		BLU - BLUE	CP - COUPE		Bus Use					
	ш	Initial Contact Point	Vehicle Damage							
UNIT		11 - LEFT FRONT CORNER	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT							
	Ĭ	Extent Of Damage								
	VEHICL	FUNCTIONAL DAMAGE								
		Towed Due To Damage	Vehicle Removed By							
		NOT TOWED	OWNER							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
		Driver Actions								
		NO CONTRIBUTING ACTION								
_	VEHICLE	THE CONTINUE FROM								
LIND	우									
⊃	亩									
	>									
		Owner Name	Owner Address	Owner Address						
_	_									
2	2									
<b> </b> _		Policy Holder								
LIND		Insurance Company	Individual							
⊃		STATE-FARM-GENERAL-INS-CO	DANIELLE UPTAGRA	W						
		ndividual								
		Driver	Citations Issued		Sex					
	_	DANIELLE SUE UPTAGRAW	0		FEMALE					
	A	(608) 393-6736	Date of Birth		Race					
╘	DIVIDUA				WHITE					
E S	$\geq$	Address E12394 STATE ROAD 33	Driver License Number							
		BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED							
		, ,	STATES							
		On Duty Crash	Safety Equipment	Safety Equipment						
	Sai	fety Equipment	Carety Equipment	Calcity Equipment						
		Row Seat Position	SHOULDER & LAP B	ELT						
		Coat Coate								
		Helmet Use	Helmet Compliance							
01										
		Eye Protection	Tint Compliance							
	90	Injury Severity Injury NO APPARENT INJURY	Airbag							
	0	INJURY NO APPARENT INJURY Ejected Ejection Path	Trapped/Extricated							
		Ljeotion Fatii			Trappod/Extributed					
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED								
		Hospital	Date of Death		Time of Death					

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		Distracted By Dis	stracted By Source							
		Distracted By Action								
		Non Motorist Str	iking Unit #	Location						
		Prior Action								
		Action								
L	NAL									
LIND	INDIVIDUAL									
	N D									
		Action Other						To/From School		
								To/From School		
	Drug & Alcohol 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				
5	001	Drug Type	I							
		Individual Condition								
		APPEARED NORMAL	L							