6TL09B7DCS 20-04067

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 20-04067			Investigating Officer/Deputy DEPUTY A. MEEKER				
CS	Crash Date 05/02/2020	Crash Time 12:41 AM		Date Arrived		Time	Time Arrived					
B7D	Date Notified 05/02/2020	Time Notified 12:43 AM			Total Units 01		Tota 00		Injured Total Killed 00			
<u>-09</u>	On Emergency	it and Run	Lane Closu		Ш	rk Zone		Trailer or T	owed	Rep Thre	orting eshold	
eTL09	Government Active School Zone			School Bus Related NO			Tags	Tags				
	Reportable Crash Type NON-DOMESTICATED A			ANIMAL W/ NO INJURY				Amended			ondary Frash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	Location											
ł	ON STH78 SB					Latitude			Longitud	le		
	1027 FT N					43.40868	88963		-89.600765487			
	OF OWLS HEAD RD					X Coordina	ate		Y Coordinate			
	IN THE TOWN OF CALEDO	NIA				289422.15625			II .	4809486		
	IN COLUMBIA COUNTY					Structure 7	Type					
						NO STRUCTURE						
	Crash Scene											
ī	First Harmful Event					First Harm	ıful Event Lo	ncation				
	NON DOMESTICATED ANIMAL (ALIVE) Manner of Collision					ON ROADWAY						
ŀ						Light Condition						
	00 - NO COLLISION W/VEH	ICLE IN TRANSI	PORT									
ŀ	Road Surface Condition(s)					Roadway	Factor(s)					
	• •											
	Environment Factor(s)											
ŀ	Weather Condition(s)											
	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							
Į												
Į	Unit Summary											
				•	cle Operating As Classification			Unit Type				
					D CLASS			AUTOMOBILE				
5	Vehicle Type					Operating As Endorsements						
0	(SPORT) UTILITY VEHICLE											
	Total Occs Train/Bus # Recorded			Total # Citations Issued						Mat Types		
	01		0				0	0		tall and		
	Insurance?	Direction Of Travel			Pre CrashTire		Speed Lim		it Total Lane			
LINO	YES SOUTHBOUND				ark			Emergency Motor Vehicle Use				
5	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION			TION		NOT APPLICABLE			
	NON DOMESTICATED ANIMAL (ALIVE)											
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing				
ŀ	Surface Type			Road Curvature				Road Grade				
	. 21.			Trodu Ourvaluic								

Crash Date 05/02/2020 1 of 3 Crash Time 12:41 AM

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	Truc	ck Bus or HazMat							
	,	Vehicle							
		License Plate Number ABE1376	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
2	5	Vehicle Identification Number 2GNAXUEVXK6199376	Make CHEVROLET	Year 2019	Model EQUINOX				
	VEHICLE	Color BLU - BLUE	Body Style UT - SPORT UTILITY VE	HICLE	Bus Use				
╘		Initial Contact Point 12 - FRONT	Vehicle Damage						
LIND		Extent Of Damage FUNCTIONAL DAMAGE	12 - FRONT						
		Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG What Driver Was Doing	Vehicle Removed By EVERETTS TOWING						
		Driver Prior Action Other	Vehicle Factors						
		Driver Actions							
≒	VEHICLE	NO CONTRIBUTING ACTION							
UNIT	VEH								
		Owner Name	Owner Address						
9	5								
LIND	ı	Policy Holder Insurance Company Individual							
5		WISCONSIN-AUTOMOBILE-INS-PLAN	JESSICA REO						
		Individual							
	با	Driver JESSICA KARMEN REO	Citations Issued 0	Sex FEMALE					
ţ	INDIVIDUAL		Date of Birth		Race WHITE				
LIND		Address S7610B ALLBRITE DR MERRIMAC, WI 53561, US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
01	001	Injury Severity NO APPARENT INJURY	Airbag						
		Ejection Path	15110		Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Agency Identifier EMS Run # Date of Death Time of Death					
		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					