6TL0B7D6SP

20-05458

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Ī	Document Number Override	Primary Crash			Agency Crash Number 20-05458			Investigating Officer/Deputy DEPUTY A. SUKOWATEY			
SP	Crash Date 06/09/2020	Crash Time 03:07 AM			Date Arrived		Tim	Time Arrived			
90	Date Notified Time Not			Total U	nits				Total Killed		
2	06/09/2020	03:07 AM	1	01			00		00		
_0B7D6	On Emergency	Hit and Run	Lane Close			rk Zone		Trailer or To	owed	Reporting Threshold	
6TL	Government Property	Active School Zone		School Bus Related		Тад	Tags				
	Reportable Crash Type NON-DOMESTICATED /			ANIMAL W/ NO INJURY				Amended		Secondary Crash	
	✔ I, a sworn law enforcer	ee that I have no	e not added any CJIS data in this report.								
Ī	Location										
ĺ	ON N REEDSBURG RD 667 FT W					Latitude					
	OF BRIAR BLUFF RD			_		43.540033111				39390271	
	IN THE TOWN OF EXCELSIOR IN SAUK COUNTY						X Coordinate 262518.5625			Y Coordinate 4824985.5	
			Structure Type NO STRUCTU				JRE				
(Crash Scene					•					
Ĩ	First Harmful Event						ful Event L	ocation			
	NON DOMESTICATED ANI				ON ROADWAY						
Ī	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEH	IICLE IN TRANS	PORT								
	Road Surface Condition(s)					Roadway I	Factor(s)				
ŀ	Environment Factor(s)										
-	Weather Condition(s)					-					
	weather Condition(s)										
Ī	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
	Crash Classification - Location							JURISDICTION			
ŀ	PUBLIC PROPERTY Tribal Land					Access Control		ISDICTION		Special Study	
	Unit Summary										
	Unit Status		Veh	Vehicle Operating As C			lassification		Unit Type		
	IN TRANSIT D CLASS								AUTOMOBILE		
-	Vehicle Type							Operating A	s Endorsen	nents	
6	(SPORT) UTILITY VEHICLE					j Total Trailers Total HazMat Types					
				Total # Citations Issued			Total Trai	lers		Mat Types	
ŀ	1 Insurance?	Direction Of Trave	-	0			0 Speed Lir	nit	0 Total Lanes		
⊢│	YES	WESTBOUND		Pre CrashTire							
UNIT	Most Harmful Event: Collision With			cial Funct	ion	I			Emergency Motor Vehicle Use		
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE		
Ì	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
ļ	Surface Type			Dead Output un				Road Crada			
	Sundoe Type			Road Curvature				Road Grade			

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	Truc	uck Bus or HazMat								
		Vehicle								
		License Plate Number AER4566		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
6	6	Vehicle Identification Number 1FM5K7B89DGA61898		Make FORD	Year 2013	Model EXPLORER				
		Color BLU - BLUE		Body Style UT - SPORT UTILITY VE	HICLE	Bus Use				
UNIT	VEHICLE	Initial Contact Point 12 - FRONT Extent Of Damage		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT						
		DISABLING DAMAGE Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE		STEVES AUTO SERVICE Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
UNIT	VEHICLE									
	_	Owner Name		Owner Address						
6	0									
E	l	Policy Holder								
UNIT		Insurance Company DAIRYLAND-INS-CO		Individual SAMANTHA DAY						
	l	ndividual								
	INDIVIDUAL	Driver SAMANTHA JANE DAY		Citations Issued 0		Sex FEMALE				
⊨		(608) 415-3560		Date of Birth		Race WHITE				
UNIT		Address		Driver License Number						
		1110 MAPLE ST REEDSBURG, WI 53959 , US		STATE: WISCONSIN C	STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	fety Equipment	Safety Equipment	Safety Equipment						
	001	Row	Seat Position	SHOULDER & LAP BE	ELT					
		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	,								
		Distracted By Action									
		Non Motorist	Striking Unit #	Location							
		Prior Action									
		Action									
	INDIVIDUAL										
F	Ы										
UNIT	Ξ										
	Ę										
	2										
		Action Other						To/From School			
			Suspected Alcohol U	50	Suspected Drug Use						
	Drug & Alcohol No			30	NO						
				Alcohol Test Type	e Alcohol Test R						
		TEST NOT GIVEN				•					
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Result						
2	001	Drug Type									
0	õ										
		Individual Condition									
		AFPEARED NOR									