

6TL0BFKDCZ  
20-06256

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-06256</b>		Investigating Officer/Deputy <b>DEPUTY H. VOLZ</b>	
Crash Date <b>06/28/2020</b>		Crash Time <b>10:00 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>06/28/2020</b>		Time Notified <b>10:00 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

<b>ON MAN MOUND RD 142 FT W OF CEDARBERRY LN IN THE TOWN OF GREENFIELD IN SAUK COUNTY</b>			Latitude <b>43.488898055</b>		Longitude <b>-89.703277604</b>	
			X Coordinate <b>281410.90625</b>		Y Coordinate <b>4818658.5</b>	
			Structure Type <b>NO STRUCTURE</b>			

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition	
Road Surface Condition(s)		Roadway Factor(s)	
Environment Factor(s)			
Weather Condition(s)			
Animal Type <b>DEER</b>		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control	Special Study

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

NO

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		Truck Bus or HazMat		
01 UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number	Plate Type	St	Country of Issuance
	<b>AER6657</b>	<b>AUT - AUTOMOBILE</b>	<b>WI</b>	<b>UNITED STATES</b>
	Vehicle Identification Number	Make	Year	Model
	<b>1N4AL2AP9AN472176</b>	<b>NISSAN</b>	<b>2010</b>	<b>ALTIMA 2.5</b>
	Color	Body Style	Bus Use	
	<b>SIL - SILVER (ALUMINUM)</b>	<b>4D - 4DR</b>		
	Initial Contact Point	Vehicle Damage		
	<b>12 - FRONT</b>	<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage			
<b>DISABLING DAMAGE</b>				
Towed Due To Damage	Vehicle Removed By			
<b>TOWED DUE TO DISABLING DAMAGE</b>	<b>ARNESON SERVICE</b>			
What Driver Was Doing	Vehicle Factors			
Driver Prior Action Other				
01 UNIT VEHICLE	Driver Actions			
	<b>NO CONTRIBUTING ACTION</b>			
01 UNIT VEHICLE	Owner Name	Owner Address		
01 UNIT INDIVIDUAL	<b>Policy Holder</b>			
	Insurance Company	Individual		
	<b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	<b>VICTOR STEPLETON</b>		
01 UNIT INDIVIDUAL	<b>Individual</b>			
	Driver	Citations Issued	Sex	
	<b>BRIANNA LYNN STAPLETON</b>	<b>0</b>	<b>FEMALE</b>	
		Date of Birth	Race	
		<b>WHITE</b>		
Address	Driver License Number			
<b>E11138 WYNSONG DR BARABOO, WI 53913 , US</b>	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 UNIT 001	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
			<b>SHOULDER &amp; LAP BELT</b>	
	Row	Seat Position		
	Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance			
<b>Injury</b>	Injury Severity	Airbag		
	<b>NO APPARENT INJURY</b>			
Ejected	Ejection Path		Trapped/Extricated	
Medical Transport	EMS Agency Identifier		EMS Run #	
<b>NOT TRANSPORTED</b>				
Hospital	Date of Death		Time of Death	

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<b>UNIT</b>	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
	Drug Type				
<b>01</b>	<b>001</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			