6TL0D6N004 20-06679

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 20-06679			Investigating Officer/Deputy DEPUTY B. STODDARD			
90	Crash Date 07/09/2020		Crash Time 01:25 AM		Date Arrived		Tim	Time Arrived				
6TL0D6N004	Date Notified 07/09/2020		Time Notified 11:08 AM		Total Units 01			Total 00		Injured Total Killed 00		
00	On Emergency Hit		and Run Lane Clos						Trailer or Towed		Reporting Threshold	
eT	Government Property Active School Zone				School Bus Related NO			Тас	Tags			
	✓ Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR				JRY	Amended Secondary Crash			Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location											
ł	ON STH33 EB						Latitude			Longitud	de	
	0.85 MI E						43.51975	1994		-89.821	983316	
	OF MIRROR LAKE RD						X Coordin	X Coordinate		Y Coord	Y Coordinate	
	IN THE TOWN OF DELT	ON					271928.1)4			
	IN SAUK COUNTY									702270	/- /	
							Structure	Structure Type				
(Crash Scene											
,	First Harmful Event						Le:	(15				
								First Harmful Event Location				
	NON DOMESTICATED	ANIMA	AL (ALIVE)					ON ROADWAY				
	Manner of Collision						Light Cond	dition				
	00 - NO COLLISION W/	VEHIC	LE IN TRANSF	PORT								
	Road Surface Condition(s)						Roadway	Factor(s)				
ŀ	Environment Factor(s)											
	(-)											
Weather Condition(s)												
	Animal Type	Animal Type						Relation To Trafficway				
	DEER					TRAFFICWAY - ON ROAD						
ľ	Crash Classification - Location						Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPE	NO SPECIAL JURISDICTION					
	Tribal Land				Ac			Access Control			Special Study	
Į												
	Unit Summary ■											
						Vehicle Operating As Classification			Unit Type			
					CLASS				AUTOMOBILE			
_	Vehicle Type							Operating As Endorsements				
6	PASSENGER CAR											
İ	Total Occs Train/Bus # Recorded			led To	Total # Citations Issued		ed	Total Tra	ilers	Total Haz	Mat Types	
	1			0			0		0			
ĺ	Insurance?		Pirection Of Travel			rashTi	re	Speed Lim		Total Lan	es	
 	YES EASTBOUND				Special Function					Emerganov Motor Vohigla Usa		
L N O	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)				ecial Funct O SPECIA		ICTION	TION		Emergency Motor Vehicle Use NOT APPLICABLE		
ŀ	Traffic Way				Traffic Control					Traffic Control Inoperative/Missing		
					Tranic Control					Traine Solition moperative/ivitesing		
ŀ	Surface Type			Ro	Road Curvature				Road Grade			

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Wisconsin Motor Vehicle Crash Form DT4000

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	Truc	ick Bus or HazMat								
	iiuc	DOS OF FRACTIVIAL								
	,	Vehicle								
		License Plate Number	Diete Tune	Country of Issuance						
		AAT2080	Plate Type AUT - AUTOMOBILE	St WI	UNITED STATES					
		Vehicle Identification Number	Make	Year	Model					
01	2	KMHDC86E19U033410	HYUNDAI	2009	ELANTRA TO					
	щ	Color	Body Style	2009	Bus Use					
		RED - RED	SW - STATIONWAGON		bus use					
		Initial Contact Point	Vehicle Damage							
_		12 - FRONT								
UNIT	VEHICL	Extent Of Damage	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT Vehicle Removed By							
\supset	直	FUNCTIONAL DAMAGE								
	>	Towed Due To Damage								
		NOT TOWED								
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
		Driver Actions								
	ш	NO CONTRIBUTING ACTION								
╘	VEHICLE									
UNIT	Ĭ									
_	Ē									
		Owner Name	Owner Address	Owner Address						
_	_									
01	5									
l_		Policy Holder								
LNO		Insurance Company Individual								
5		PROGRESSIVE-CASUALTY-INS-CO	MIRANDA WEITZEL							
		Individual								
		Driver	Citations Issued		Sex					
		MIRANDA JO WEITZEL	0	FEMALE						
	A	(608) 434-0818	Date of Birth		Race					
١.	Ž		Date of Biltin		WHITE					
E S	DIVIDUAL	Address	Driver License Number							
5	ā	S5313 ONEIL RD	חוואפו דויפווטב ואמוווחבו							
	Z	BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty Crash	Safety Equipment							
	Sa	fety Equipment								
		Row Seat Position	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							
_	7	Injury Severity	Airbag							
01	90	Injury NO APPARENT INJURY								
		Ejected Ejection Path	Trapped/Extricated							
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED								
		Hospital	Date of Death	ate of Death Time of Death						

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		Distracted By	Distracted By Source	1						
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	UAL									
LIND	INDIVIDUAL									
	N D									
		Action Other						To/From School		
		Action Other						TO/FIGHT SCHOOL		
	ı	Drug & Alcohol	Suspected Alcohol U 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		Drug Test Results				
10	00	Drug Type								
		Individual Condition								
		APPEARED NORI	MAL							