

6TLOBGSFF7  
20-07057

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                | Investigating Officer/Deputy<br><b>DEPUTY D. KROLIKOWSKI</b> |  |
| Crash Date<br><b>07/18/2020</b>                |   | Crash Time<br><b>09:12 PM</b>         | Date Arrived                       | Time Arrived   |  |
| Date Notified<br><b>07/18/2020</b>             |   | Time Notified<br><b>09:12 PM</b>      | Total Units<br><b>01</b>           | Total Injured<br><b>00</b>                                   | Total Killed<br><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<br><b>NO</b>       |                                    | Tags   |  |
| <input checked="" type="checkbox"/> Reportable | Crash Type<br><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

|   |                                       |                                   |
|---|---------------------------------------|-----------------------------------|
| ON CTHDL WB<br>1021 FT E<br>OF STH113 NB<br>IN THE TOWN OF MERRIMAC<br>IN SAUK COUNTY | Latitude<br><b>43.403335042</b>       | Longitude<br><b>-89.671409706</b> |
|   | X Coordinate<br><b>283682.9375</b>    | Y Coordinate<br><b>4809072.5</b>  |
|   | Structure Type<br><b>NO STRUCTURE</b> |                                   |

Crash Scene

|  |   |               |
|--|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b>          | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><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<br><b>DEER</b>   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land  | Access Control  | Special Study |

Unit Summary

|            |  |   |  |  |                                |  |
|------------|--|---|--|--|--------------------------------|--|
| UNIT<br>01 | Unit Status<br><b>IN TRANSIT</b>   | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                 |  |                                |  |
|            | Vehicle Type<br><b>PASSENGER CAR</b>   |   | Operating As Endorsements                      |  |                                |  |
|            | Total Occs<br><b>1</b>   | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>           | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |  |
|            | Insurance?<br><b>NO</b>  | Direction Of Travel<br><b>WESTBOUND</b>               | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit  | Total Lanes                    |  |
|            | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> | Emergency Motor Vehicle Use<br><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   |   |   |   |
| <b>01</b>                                   | <b>01</b>             | <b>Vehicle</b>  |   |   |   |
|   |                       | License Plate Number<br><b>AFU4645</b>                        | Plate Type<br><b>AUT - AUTOMOBILE</b>                                   | St<br><b>WI</b>                                 | Country of Issuance<br><b>UNITED STATES</b> |
|   |                       | Vehicle Identification Number<br><b>3N1CN7AP8CL879454</b>     | Make<br><b>NISSAN</b>   | Year<br><b>2012</b>                             | Model<br><b>VERSA</b>                       |
|   |                       | Color<br><b>SIL - SILVER (ALUMINUM)</b>                       | Body Style<br><b>SD - SEDAN</b>   | Bus Use   |   |
|   |                       | Initial Contact Point<br><b>12 - FRONT</b>                    | Vehicle Damage  |   |   |
|   |                       | Extent Of Damage<br><b>DISABLING DAMAGE</b>                   | <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>      |   |   |
|   |                       | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>   | Vehicle Removed By<br><b>BILLS TOWING</b>                               |   |   |
|   |                       | What Driver Was Doing   | Vehicle Factors   |   |   |
|   |                       | Driver Prior Action Other                                     |   |   |   |
|   |                       | <b>01</b>   | <b>01</b>   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b> |   |
| Owner Name                                  | Owner Address         |   |   |   |   |
| <b>01</b>                                   | <b>01</b>             | <b>Individual</b>   |   |   |   |
|   |                       | Driver<br><b>AARON P GRAMZA<br/>(608) 477-0068</b>            | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>                              |   |
|   |                       |   | Date of Birth   | Race<br><b>WHITE</b>                            |   |
|   |                       | Address<br><b>1025 W CONANT ST<br/>PORTAGE, WI 53901 , US</b> | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |   |   |
| <b>01</b>                                   | <b>001</b>            | <b>Safety Equipment</b>                                       |   |   |   |
|   |                       | On Duty Crash   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                      |   |   |
|   |                       | Row   | Seat Position   |   |   |
|   |                       | Helmet Use  | Helmet Compliance   |   |   |
|   |                       | Eye Protection  | Tint Compliance   |   |   |
|   |                       | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag  |   |
|   |                       | Ejected   | Ejection Path   | Trapped/Extricated                              |   |
| Medical Transport<br><b>NOT TRANSPORTED</b> | EMS Agency Identifier | EMS Run #   |   |   |   |
| Hospital                                    | Date of Death         | Time of Death   |   |   |   |
| <b>Distracted By</b>                        |                       | Distracted By Source  |   |   |   |

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