## 6TL0BFKDD1

20-10038

Wisconsin Motor Vehicle Crash Report

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

	Document Number Override P		Primary Crash	n Document #	-	Agency Crash Number 20-10038			Investigating Officer/Deputy DEPUTY H. VOLZ				
<b>5</b>	08/13/2020         06:15           Date Notified         Time Notified		Crash Time 06:15 AM				ed		Time Arrived				
KD			Time Notified 06:15 AM		To 01	Total Units			Total Injured		al Killed		
<b>6TL0BFKDD</b>			and Run		Closure		Work Z	one	00 00		bd	Reporting	
L0	On Emergency					chool Bu	s Related		Tags	OI TOWE	zu	Threshold	
6Т	Property Active School 20				N	0							
	Reportable   Crash Type     NON-DOMESTICATED AN					NIMAL W/ NO INJURY				ded	Ē	Secondary Crash	
l													
	ON STHE0 EB						Longitud		at/LongSource		Access C	Control	
		18 FT W DF ROUND RIVER TRL				51431	-89.915 Y Coordi		LT/ILT		On Road	way Link Offset	
	IN THE TOWN OF T IN SAUK COUNTY	ROY			X Coord 263161		478709		te On Roadway Link ID# 4558360			way Link Onset	
					Override			nd	t			: Туре	
ĺ	Crash Scene						·						
	First Harmful Event						ent Locatior						
	NON DOMESTICAT	TED ANIM	AL (ALIVE)		ON RO		Y						
	Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT				Light Co	ondition							
	Road Surface Conditio	on(s)			Environr	ment Fac	ctor(s)						
	Roadway Factor(s)				Weather Condition(s)								
	Animal Type DEER					Relation To Trafficway TRAFFICWAY - ON ROAD							
	Crash Classification - L	Location			Crash Classification - Jurisdiction								
	PUBLIC PROPERT	Y			NO SPECIAL JURISDICT								
	Tribal Land					Access Control			al Study				
	Unit Summary												
	Unit Status		V	ehicle Operatin	ig As Clas	sification	۱	Unit Type	)				
	IN TRANSIT D CLASS					ΑυτοΜ							
01	Vehicle Type PASSENGER CAR					Ope			Operating As Endorsements				
	Total Occs Tra 1	ain/Bus # Re	corded T	otal # Citations	Issued	ssued Total Trail		ers	rs Total HazMa <b>0</b>		t Types		
UNIT		rection Of Tr		Pre Cras Mar					Total Lanes				
D	Most Harmful Event: Collision With Special Function NON DOMESTICATED ANIMAL (ALI			FUNCTION Emerg			Emergen NOT AF	ergency Motor Vehicle Use <b>TAPPLICABLE</b>					
	Traffic Way Traffic			raffic Control				Traffic Co	Traffic Control Inoperative/Missing				
	Surface Type Road			oad Curvature				Road Gra	ade				
01	Truck Bus or HazMat		I					_1					
	Role DRIVER				Citations Issued				Use Driver Individual Type Address INDIVIDUAL				
	L				1		1 -						

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5														
0	01	Last Name			First Name				Middle Init	tial	Suffix			
	0	BAUER			BRENDA				S					
		Street Address			Street Address	2			PO Box					
		S12223 NEUHEIS	EL RD											
UNIT	IAL	City SPRING GREEN			StateZip CodeWI53588			)		Country of Residence				
	Ы	DOB	Hair	Hair Eyes			Weight	Phone	Number					
	Σ		Sex F	w	BLOND	BLU	JE	Height 505	140 <sup>˘</sup>		588-7619 EXT.			
	INDIVIDUAL	Driver's License Num	ber		State WI						Country of Issuance UNITED STATES			
		License Type			License Status				DL Expire	Year				
		NON-CDL DRIVER	R'S LICENS	SE	VALID LICE	NSE			2021					
			On Duty Ac	ccident	Safety Equipment									
		Equipment												
		Row	•	Seat Position	SHOULDER	& LAF	BELT							
	-													
	01	Helmet Use			Helmet Compli	Helmet Compliance								
		Eve Protection			Tint Complianc	e								
		Lyor rotoction				Тип соприансе								
		Injury	Airbag											
	_	Injury												
⊢	INDIVIDUAL	Ejected	Ejection Path		Trappe	ed/Extricated	Extricated							
UNIT	Ū	MedicalTransport					ENO B							
		NOT TRANSPOR	TED		EMS Agency Id		EMS R	un#						
	IN	Hospital			Date of Death			Time o	f Death					
J					Date of Death									
		Non Motorist	Striking Uni	it #	Location			To/Fro	mSchool					
	01	Prior Action	•		Action	Action								
					-									
	0	Distracted By Action												
		Distracted By Source			Action Other									
			Individual C	Condition										
		Drug & Alcoh	APPEAR	ED NORMAL										
	Ļ	Suspected Alcohol Us	se			Suspected Drug Use								
∟	٩N	Alcohol Test Given		Alcohol Test Type					Alashal T	Alcohol Test Results				
Ĭ	<b>did</b>	TEST NOT GIVEN		Alcohol Test Type				AICOHOLITE	Alcohor rest Results					
	INDIVIDUAL	Drug Test Given TEST NOT GIVEN				Drug Test	Drug Test Results							
	-	Drug Type												
		License Plate Numbe	r		Plate Type		St Country of Issuance							
		750UTX							UNITED STATES					
		Vehicle Identification	Number				Year	Make						
		1FMCU9J95GUB3	88375			2016 FC					ORD			
		Model			Body Style	Body Style Cc					blor			
		ECP			4H - HATCH	4H - HATCHBACK 4 DOOR W					/HI - WHITE			
		Initial Contact Point		I										
		11 - LEFT FRONT												

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							Vehicle Damage								
		Extent Of Damage													
6	01	FUNCTIONAL DAMAGE Towed Due To Damage					11 - LEFT FRONT CORNER, 13 - TOP								
							nicle Fac	tors				4			
		NOT TOWED													
		Vehicle Removed By													
		OPERATOR													
		What Driver Was Doing Driver Actions NO CONTRIBUTING ACTION					/er Prior	Action Other			Bus Use				
UNIT	VEHICLE														
		Vehicle C	wner Same	As Oper	ator		Use Operator Address								
		Organization Type			Compa	any Name									
		Last Name			First N	ame				dle	Suffix	Date of Birth			
		Street Address			Street	Address2			PO	) Box					
		City			St	Zip Code		Co		intry of Resid	lence				
		Telephone Number													
	_	Insurance Comp	any		_	Policy Holder									
⊑∣	6	PROGRESSI	/E-CLASSIC	-INS-CO			Same As Owner			Policy	Policy Holder Same As Driver				
	НОГ	Organization Type Last Nam								Policy Holder Company					
		INDIVIDUAL BAUER			ĸ		BRENDA								
	_														
			, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.												
l		Enforceme	ent Agenc	у											
	Ager 20-1	ency Space -10038													
	Offic	cer Rank Officer Last Name				Officer First	Name	ame O		er Middle Na	me	Suffix			
	DEF	P VOLZ				HANNAH		M		1					
	DOT 913				DNR Officer ID			Officer Badge Number 9137							
	Offic	fficer EMail													
	Loca	al Agency Number Law Enforcement Agency Ju SAUK				gency Jurisdio					nforcement Agency type ITY SHERIFF				
		Enforcement Agency Name JK COUNTY SHERIFFS DEPARTMEN					TAS Agency Name SAUK COUNTY SHERIFF								
		Enforcement Agency Street Address 0 LANGE COURT					Law Enforcement Agency Street Address2								
		Enforcement Age	Enforcement Agency City			9		Law Enforcement Agency Zi 53913			o Code				
		Enforcement Agency Phone Number			ORI Num WI0570			BFUNC Ager 5600	TraCS Agency Number 205						