

6TL0CX0Q77  
20-12404

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 20-12404		Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 10/23/2020		Crash Time 07:20 AM		Date Arrived		Time Arrived	
Date Notified 10/23/2020		Time Notified 07:21 AM		Total Units 01		Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY		<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 STH136 WB 873 FT W OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY			Latitude 43.491313222		Longitude -89.926845509	
			X Coordinate 263341.65625		Y Coordinate 4819538.5	
			Structure Type			

**Crash Scene**

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

**Unit Summary**

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

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Truck Bus or HazMat						
<b>Vehicle</b>						
01 UNIT VEHICLE	License Plate Number <b>AJN1752</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2C4RDGCGXER268161</b>		Make <b>DODGE</b>	Year <b>2014</b>	Model <b>GRAND CARA</b>	
	Color <b>MAR - MAROON (BURGUNDY)</b>		Body Style <b>VN - VAN</b>		Bus Use	
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>			
	What Driver Was Doing		Vehicle Factors			
01 UNIT VEHICLE	Driver Prior Action Other					
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
01 UNIT VEHICLE	Owner Name		Owner Address			
<b>Policy Holder</b>						
01 UNIT VEHICLE	Insurance Company <b>USAA-CASUALTY-INS-CO</b>			Individual <b>JULIE VINET</b>		
	<b>Individual</b>					
01 UNIT INDIVIDUAL	Driver <b>JULIE ANN VINET (608) 393-5193</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
			Date of Birth <b>[REDACTED]</b>		Race <b>WHITE</b>	
	Address <b>112 HIGH ST # 123 NORTH FREEDOM, WI 53951 , US</b>		Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
	<b>Safety Equipment</b>					
01 UNIT INDIVIDUAL	On Duty Crash		Safety Equipment			
	Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag	
	Ejected	Ejection Path		Trapped/Extricated		
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	

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<b>UNIT INDIVIDUAL          01 001</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
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
Drug Type		
Individual Condition <b>APPEARED NORMAL</b>		