6TL0C9H5K2

20-13043

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 20-13043 | | I | Investigating Officer/Deputy DEPUTY M. TATE | | | |
|--|---|---|--------------------|---------------------------------|----------------------------|-------------------------------------|---|-----------------|----------------------|--|
| 2 | Crash Date 11/11/2020 | Crash Time 11:00 PM | Date An | Date Arrived | | Time | Time Arrived | | | |
| 6TL0C9H5K2 | Date Notified 11/11/2020 | Time Notified 11:01 PM | Total Ur 01 | Total Units 01 | | Total | Total Injured Total Killed 00 | | | |
| 20- | On Emergency Him | t and Run Lane C | Closure | | | | Trailer or Towed | | Reporting Threshold | |
| ETI | Government Property | Active School Zone | | Bus Kelat | ed Tags | | | | | |
| | Reportable | ANIMAL W/ NO INJURY | | Y | Amended | | | Secondary Crash | | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | |
| | Location ——— | | | | | | | | | |
| · | ON LINN ST/ STH136 WB | | | | Latitude Longitude | | | e | | |
| | 0.55 MI E | | | | | 43.479205308 | | -89.792 | 92672841 ordinate | |
| | OF RAVEN ACRES DR | | | | | ate | Y Cor | | | |
| | IN THE TOWN OF BARABOO IN SAUK COUNTY |) | | | 274145.9 | | | 481782 | | |
| | IN SAUN COUNT | | | | Structure Type | | | | | |
| | | | | | NO STRU | JCTURE | | | | |
| | Crash Scene | | | | | | | | | |
| 1 | First Harmful Event | | | | CirctUarro | ful Event Lo | aatian | | | |
| | | ΔΙ (ΔΙ ΙΝΈ) | | | | | cation | | | |
| NON DOMESTICATED ANIMAL (ALIVE) Manner of Collision | | | | | ON ROADWAY Light Condition | | | | | |
| | 00 - NO COLLISION W/VEHIC | LE IN TRANSPORT | | | Light Condition | | | | | |
| ŀ | Road Surface Condition(s) | | | | Roadway | Factor(s) | | | | |
| | | | | | stodandy's doton(o) | | | | | |
| | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | |
| | | | | | | | | | | |
| ŀ | Weather Condition(s) | | | | 1 | | | | | |
| | weather Continuon(S) | | | | | | | | | |
| | | | | | | | | | | |
| | Animal Type | | | | Relation To Trafficway | | | | | |
| | DEER | | | | TRAFFICWAY - ON ROAD | | | | | |
| | Crash Classification - Location PUBLIC PROPERTY Tribal Land | | | | | | ation - Jurisdiction . JURISDICTION | | | |
| - | | | | | Access Control | | 1 | | Special Study | |
| | | | | | | | | | ' | |
| L | Unit Summary | | | | | | | | | |
| | Unit Status | | Vehicle Opera | ating As C | lassification | | UnitType | | | |
| | IN TRANSIT D CLASS | | | , • | | | TRUCK | | | |
| ŀ | Vehicle Type | | | | Operating As Endorsements | | | | | |
| 01 | UTILITY TRUCK/PICKUP TRUCK | | | | | | ' | | | |
| | Total Occs 1 | Total#Citations Issued | | Total Trail | | ilers Total Hazi | | Mat Types | | |
| | 1 | | 0 | | | 0 | | 0 | | |
| _ | | Direction Of Travel WESTBOUND | Pre CrashTire Mark | | Speed Lim | Speed Limit | | TotalLanes | | |
| LIND | Most Harmful Event: Collision With | Special Function | | I | | Emergency Motor Vehicle Use | | | | |
| → | NON DOMESTICATED ANIM | NO SPECIAL FUNCTI | | TION | | NOT APPLICABLE | | | | |
| - | Traffic Way | Traffic Control | | | | Traffic Control Inoperative/Missing | | | | |
| | Surface Type | Road Curvature | | | Road Grade | | | | | |
| | V1 - | , | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000 Crash Date 11/11/2020
Crash Time 11:00 PM

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| | Truck Bus or HazMat | | | | | | | | | |
|--------|---------------------|---|--|---|--------------|---------------------------|------|--|--|--|
| | | Vehicle License Plate Number Plate Type St Country of issuance | | | | | | | | |
| 2 | VEHICLE 01 | MU2889 Vehicle Identification Number 1FTPW14V87FA95469 | | LTK - LIGHT TRUCK Make FORD | Year 2007 | UNITED STATES Model F150 | _ | | | |
| | | Color BLK - BLACK | | Body Style PK - PICKUP | | Bus Use | | | | |
| TIN | | Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage | | Vehicle Damage 11 - LEFT FRONT CORNER, 12 - FRONT | | | | | | |
| - | | FUNCTIONAL DAMAGE Towed Due To Damage | | Vehicle Removed By | | | | | | |
| | | NOT TOWED What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | Driver Prior Action Other | | | | | | | | |
| | ш | Driver Actions NO CONTRIBUTING ACTION | | | | | | | | |
| IN IN | VEHICLE | | | | | | | | | |
| | > | Owner Vante | | Quiner Address | | | | | | |
| ٤ | 5 | | | | | | | | | |
| _ | | Policy Holder | | | | | | | | |
| N N | | Insurance Company WISCONSIN-MUTUAL-INS-CO | | Individual DEBORAH MARKS | | | 55.5 | | | |
| | • | Driver DEBORAH LYNN MARKS | | | | Sex | | | | |
| | | | | Citations Issued 0 | | FEMALE | | | | |
| ╘ | DIVIDUA | (608) 393-4710 | | Date of Birth Race | | | | | | |
| TNO. | NON | Address E11248 CARPENTER ST BARABOO, WI 53913 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | Sai | On Duty Crash Safety Equipment | | Safety Equipment | | | | | | |
| | 100 | Row Seat Position | | SHOULDER & LAP BELT | | | | | | |
| | | HelmetUse | | Helmet Compliance | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| 2 | | Injury Severity NO APPARENT INJURY | | Airbag | | I Turning d Cutaka ta d | | | | |
| | | Ejection Path | | | | Trapped/Extricated | | | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run# | | | | |
| | | Hospital | | Date of Death | | Time of Death | _ | | | |

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| | | Distracted By Source | | | | | | | |
|------|------------|--------------------------------------|---------------|-------------------|--------------------------|-------------------|----------------------|----------------|--|
| | | Distracted By Action | | | | | | | |
| | | Non Motorist | triking Unit# | Location | | | | | |
| | | Prior Action Prior Action | | | | | | | |
| TIND | INDIVIDUAL | Action Action Other | | | | | | To/From School | |
| | L | Drug & Alcohol NO | | | 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 Test Results | | | |
| 2 | 001 | Drug Type | | | | | | | |
| | | Individual Condition APPEARED NORMA | L | | | | | | |
|)) | | | | | | | | | |