# **6TL0BFKDDJ** 20-14098

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/16/2020

Crash Time 04:45 PM

	Document Number Override Primary Crash Docume		Agency Crash Number 20-14098			Investigating Officer/Deputy DEPUTY H. VOLZ				
2	Crash Date Crash Time 12/16/2020 04:45 PM		Date Arrived		Time	Time Arrived				
FKD	Date Notified Time Notified 12/16/2020 04:50 PM		Total Units 01		Total		Ilnjured	Injured Total Killed 00		
90	On Emergency	it and Run Lane (	Closure		rk Zone	L	Trailer or T	owed	Reporting  Threshold	
eTL	Government Property	Active School Zone	School <b>NO</b>	Bus Relat	ed	Tags				
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	ľΥ	£	Amended		Secondary  Crash	
	I, a sworn law enforcem	ent officer, agree that I ha	ve not added any CJIS data in this report.							
	Location <b>——</b>									
i	ON STH60 WB				Latitude			Longitud		
	742 FT W				43.247229956		1 -		)551304	
	OF SCHROEDER RD				43.24122	29930	-09.630		755 (304	
	IN THE TOWN OF PRAIRIE I	DURAC			X Coordinate 270207.71875		Y Coordi 479216			
	IN SAUK COUNTY	DO SAC								
	IN SAUK COUNT I									
					Structure Type					
(	Crash Scene				ı					
1	First Harmful Event				T=:					
						ıful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY				
l	Manner of Collision				Light Cond	Light Condition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
ŀ	Road Surface Condition(s)				Roadway	Factor(s)				
	.,									
	Environment Factor(s)									
	Weather Condition(s)			Relation To Trafficway TRAFFICWAY - ON ROAD						
ŀ	Animal Type									
	DEER									
ŀ	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			NO SPECIAL JURIS						
	Tribal Land				Access Control				Special Study	
Į	Jnit Summary									
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType			
	IN TRANSIT			D CLASS				AUTOMOBILE		
	Vehicle Type							As Endorsements		
5							Operating	AS ETTUDISET	rienis	
0	(SPORT) UTILITY VEHICLE									
			Total # Citations Issued 0		Total Traile		ers Total Hazi		MatTypes	
_	Insurance? YES	Direction Of Travel WESTBOUND		rashTire 1ark	ı	Speed Lim	nit	TotalLane	es	
LINI	Most Harmful Event: Collision Wit NON DOMESTICATED ANIM	Special Function NO SPECIAL FUNCTION		•	Emergency Motor Vehicle Use NOT APPLICABLE		icle Use			
	Traffic Way	Traffic Control			Traffic Control Inoperative/Missing		tive/Missing			
	Surface Type	Road Curvature			Road Grade					

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	True	k Bus or HazMat							
$\vdash$		Vehicle							
		License Plate Number		Plate Type	l St	Country of issuance			
		46725DS		riate rype	w	UNITED STATES			
		Vehicle Identification Number		Make	Year	Model			
01	5	1J4FF48S6YL186153		JEEP	2000	СНК			
	VEHICLE	Color		Body Style		Bus Use			
		MAR - MARCON (BURGUNDY)		4D - 4DR					
		Initial Contact Point		Vehicle Damage					
l⊨		12 - FRONT							
NS.		Extent Of Damage		00 - NO DAMAGE					
ر ا		NO DAMAGE							
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions		•					
١.	щ	NO CONTRIBUTING ACTION							
≒	VEHICLE								
	3								
_		Owner Name		Owner Address					
		- <del>-</del>							
┰									
٤	5								
۶	10								
		Policy Holder							
		Insurance Company		Individual					
UNIT 01		Insurance Company PROGRESSIVE-CLASSIC-IN	IS-CO	Individual KIMBERLY CRUM					
		Insurance Company PROGRESSIVE-CLASSIC-IN	IS-CO	Individual KIMBERLY CRUM					
		Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver	IS-CO	Individual KIMBERLY CRUM		Sex			
	-	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver KIMBERLY L CRUM	IS-CO	Individual KIMBERLY CRUM					
	-	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver	IS-CO	Individual KIMBERLY CRUM  Citations Issued		Sex FEMALE Race			
TINO	-	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver KIMBERLY L CRUM	is-co	Individual KIMBERLY CRUM Citations issued 0		Sex FEMALE			
TINO	-	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver KIMBERLY L CRUM (608) 459-8175  Address	is-co	Individual KIMBERLY CRUM Citations issued 0		Sex FEMALE Race			
	DIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver KIMBERLY L CRUM (608) 459-8175  Address 520 W MADISON ST # 1		Individual KIMBERLY CRUM  Citations Issued  Date of Birth  Driver License Number	er er	Sex FEMALE Race WHITE			
TINO	-	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver KIMBERLY L CRUM (608) 459-8175  Address		Individual KIMBERLY CRUM  Citations Issued  Date of Birth	er er	Sex FEMALE Race WHITE			
TINO	DIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver KIMBERLY L CRUM (608) 459-8175  Address 520 W MADISON ST # 1 SPRING GREEN, WI 53588	, us	Individual KIMBERLY CRUM  Citations Issued 0 Date of Birth  Driver License Number  STATE: WISCONS	er er	Sex FEMALE Race WHITE			
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TINO	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver KIMBERLY L CRUM (608) 459-8175  Address 520 W MADISON ST # 1 SPRING GREEN, WI 53588  On Duty Company  Fety Equipment	, US	Individual KIMBERLY CRUM  Citations Issued  Date of Birth  Driver License Number  STATE: WISCONS  Safety Equipment	er IN COUNTRY: UI	Sex FEMALE Race WHITE			
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TINO	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-IN Individual Driver KIMBERLY L CRUM (608) 459-8175  Address 520 W MADISON ST # 1 SPRING GREEN, WI 53588  Fety Equipment Row Helmet Use	, US	Individual KIMBERLY CRUM  Citations Issued 0 Date of Birth  Driver License Number STATE: WISCONS  Safety Equipment  SHOULDER & LAF	er IN COUNTRY: UI	Sex FEMALE Race WHITE			
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		Distracted By Sou	irce				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	7						
_	3						
UNIT	INDIWIDUAL						
	Ź.						
	Z						
		Action Other					To/From School
		Suspected Alcoho	ol Use	Suspected Drug Use			
	ı	Drug & Alcohol NO	NO				
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
_	$\mathbf{x}$	Drug Type	I				
10	8						
		Individual Condition					
		APPEARED NORMAL					
		AFFEARED NORMAL					
		1					