## **6TL0BGSFF1** 19-15065

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 19-15065			Investigating Officer/Deputy DEPUTY B. LUBER				
FF1	Crash Date <b>12/08/2019</b>	Crash Time 05:28 PM			Date Arrived		Tim	Time Arrived				
S	Date Notified <b>12/08/2019</b>	Time Notified 05:29 PM			Total Units <b>01</b>		Tota 00	Total Killed		t		
<b>6TL0BG</b>	On Emergency	lit and Run	Lane Closu			rk Zone		Trailer or 1	owed	☐ Re	eporting reshold	
<b>6TL</b>	Government Active School Zone			School Bus Related NO			Tag	Tags				
	<b>✓</b> Reportable	Crash Type NON-DOMES	TICATED ANIM	AL W/ N	O INJUF	RY		Amended			econdary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	Location											
F	ON CTHBD NB					Latitude Longitude						
	360 FT S					43.48461	12872	-89.7727				
	OF TERRYTOWN RD					X Coordin	ate		Y Coordinate			
	IN THE CITY OF BARABOO					275777.4375				4818367.5		
	IN SAUK COUNTY								.0.000			
						Structure	Structure Type					
L	Crash Scene											
,						1						
	First Harmful Event					First Harmful Event Location						
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROADWAY			ļ			
	Manner of Collision					Light Condition						
	NO COLLISION W/VEHICLE	IN TRANSPOR	Т									
	Road Surface Condition(s)					Roadway	Factor(s)					
ŀ	Environment Factor(s)											
	Liviloriment ractor(s)											
ŀ	Weather Condition(s)											
	Animal Type				Relation To Trafficway							
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
	Tribal Land					Access Control					udy	
Į	Unit Summary											
	Unit Status Vehicle Oper				Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS				AUTOMOBILI		LE		
_	Vehicle Type				Operating As Endorsements							
01	(SPORT) UTILITY VEHICLE											
	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Tra		Trailers Tota		otal HazMat Types		
	2		0	0		0				0		
	Insurance?	Direction Of Travel Pro			Pre CrashTire Spee		Speed Li	ed Limit Total L		anes		
<u>⊢</u> ا	YES NORTHBOUND											
LINO	Most Harmful Event: Collision With			Special Function			TION		Emergency Motor Vehicle Use			
ا ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION					LICABLE			
Ì	Traffic Way			Traffic Control			Traffic Contro		trol Inoperat	ol Inoperative/Missing		
ľ	Surface Type			Road Curvature				Road Grade				

Crash Date 12/08/2019
Crash Time 05:28 PM

Wisconsin Motor Vehicle Crash Form DT4000

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	Truc	ck Bus or HazMat							
	,	Vehicle							
10		License Plate Number	Plate Type	St	Country of Issuance				
	5	Vehicle Identification Number 5FNYF6H34LB023533	Make HONDA	Year <b>2020</b>	Model PILOT				
	VEHICLE	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHI	ICLE	Bus Use NOT A BUS				
TINO		Initial Contact Point  11LEFT FRONT CORNER  Extent Of Damage  MINOR DAMAGE	Vehicle Damage  8LEFT SIDE REAR, 9LEFT SIDE MIDDLE, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER						
		Towed Due To Damage  NOT TOWED	Vehicle Removed By OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
		Owner Name	Owner Address						
6	2								
╘	Policy Holder Insurance Company								
UNIT		WISCONSIN-MUTUAL-INS-CO	Individual SHAUNA LACEY						
		Individual							
		Driver SHAUNA LEE LACEY	Citations Issued  0		Sex FEMALE				
	INDIVIDUAL	(608) 393-3112	Date of Birth		Race WHITE				
LIND		Address S2592 SCHEPP RD BARABOO, WI 53913 , US	Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash  fety Equipment	Safety Equipment						
	Ou.	Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
01		Eye Protection	Tint Compliance						
	00	Injury Severity NO APPARENT INJURY	Airbag						
		Ejected Ejection Path			Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier						
		Hospital	Date of Death		Time of Death				

Crash Time 05:28 PM

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		Distracted By Sou	irce					
		Distracted By Action						
		Non Motorist Striking Unit #	Location					
		Prior Action						
İ		Action						
	JAL							
LIND	INDIVIDUAL							
	N N							
							_	
		Action Other					To/From School	
	1	Drug & Alcohol NO	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	9	Alcohol Test Re			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
2	001	Drug Type			<u> </u>			
		Individual Condition						
		APPEARED NORMAL						