

6TL08F2KX4

20-00323

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 20-00323, Investigating Officer/Deputy DEPUTY T. SUTHERLAND, Crash Date 01/08/2020, Crash Time 05:15 PM, Date Arrived, Time Arrived, Date Notified 01/08/2020, Time Notified 05:19 PM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY, Amended, Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

ON STH23 EB 152 FT W OF OPEN VIEW RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY, Latitude 43.467300428, Longitude -90.019546624, X Coordinate 255748.875, Y Coordinate 4817139.5, 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

Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type PASSENGER CAR, 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 EASTBOUND, 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

NO

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| | | | | | |
|---------------------------|--|---|--------------------------------|----------------------|--------------------|
| | | Truck Bus or HazMat | | | |
| 01 UNIT VEHICLE | Vehicle | | | | |
| | License Plate Number | Plate Type | St | Country of Issuance | |
| | 637UKL | AUT - AUTOMOBILE | WI | UNITED STATES | |
| | Vehicle Identification Number | Make | Year | Model | |
| | 1G1PG5SB9E7454129 | CHEVROLET | 2014 | CRUZE LTZ | |
| | Color | Body Style | Bus Use | | |
| | WHI - WHITE | 4D - 4DR | | | |
| | Initial Contact Point | Vehicle Damage | | | |
| | 10 - LEFT SIDE FRONT | 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT | | | |
| | Extent Of Damage | | | | |
| MINOR DAMAGE | | | | | |
| Towed Due To Damage | Vehicle Removed By | | | | |
| NOT TOWED | OPERATOR | | | | |
| What Driver Was Doing | Vehicle Factors | | | | |
| Driver Prior Action Other | | | | | |
| 01 UNIT VEHICLE | Driver Actions | | | | |
| | NO CONTRIBUTING ACTION | | | | |
| | | | | | |
| 01 UNIT | Owner Name | Owner Address | | | |
| | | | | | |
| 01 UNIT | Policy Holder | | | | |
| | Insurance Company | Individual | | | |
| | PROGRESSIVE-ADVANCED-INSURANCE-CO | COURTNEY DAY | | | |
| 01 UNIT INDIVIDUAL | Individual | | | | |
| | Driver | Citations Issued | Sex | | |
| | COURTNEY PAIGE DAY (815) 677-0142 | 0 | FEMALE | | |
| | | Date of Birth | Race | | |
| | | | WHITE | | |
| | Address | Driver License Number | | | |
| | E3135 FLOWAGE RD LONE ROCK, WI 53556 , US | STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 UNIT | Safety Equipment | | On Duty Crash | | |
| | | | Safety Equipment | | |
| | Row | Seat Position | SHOULDER & LAP BELT | | |
| | Helmet Use | | Helmet Compliance | | |
| | Eye Protection | | Tint Compliance | | |
| 01 UNIT | Injury | | Injury Severity | | Airbag |
| | | | NO APPARENT INJURY | | |
| | Ejected | Ejection Path | | | Trapped/Extricated |
| | Medical Transport | | EMS Agency Identifier | | EMS Run # |
| | NOT TRANSPORTED | | | | |
| Hospital | | Date of Death | | Time of Death | |
| | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | |
|-------------|---|------------------------|------------------------------------|---------------------------------|----------------------|
| UNIT | Distracted By | | Distracted By Source | | |
| | Distracted By Action | | | | |
| | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | Drug & Alcohol | | Suspected Alcohol Use 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 | |
| | Drug Type | | | | |
| 01 | 001 | Individual Condition | | | |
| | | APPEARED NORMAL | | | |