

6TLOB1714D
18-00106

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TLOB1714D

Document Number Override		Primary Crash Document #	Agency Crash Number 18-00106	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 01/03/2018		Crash Time 05:25 PM	Date Arrived	Time Arrived	
Date Notified 01/03/2018		Time Notified 05:30 PM	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 CTH P/ CTHP WB 782 FT E OF HERWIG RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.590370144	Longitude -89.834411551
	X Coordinate 271191.21875	Y Coordinate 4830281.5
	Structure Type	

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (DEAD)	First Harmful Event Location ON ROADWAY	
Manner of Collision 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 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 1	Train/Bus # Injured	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 NO													
UNIT 01	Vehicle												
	<table border="1"> <tr> <td>License Plate Number 212GXM</td> <td>Plate Type AUT - AUTOMOBILE</td> <td>St WI</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number JTEES41A792129428</td> <td>Make TOYOTA</td> <td>Year 2009</td> <td>Model HIGHLANDER</td> </tr> <tr> <td>Color BLK - BLACK</td> <td>Body Style UT - SPORT UTILITY VEHICLE</td> <td colspan="2">Bus Use NOT A BUS</td> </tr> </table>	License Plate Number 212GXM	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	Vehicle Identification Number JTEES41A792129428	Make TOYOTA	Year 2009	Model HIGHLANDER	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
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	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS										
	Initial Contact Point 12--FRONT	Vehicle Damage											
	Extent Of Damage FUNCTIONAL DAMAGE	1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT											
	Towed Due To Damage NOT TOWED	Vehicle Removed By											
	What Driver Was Doing	Vehicle Factors											
	Driver Prior Action Other												
Driver Actions NO CONTRIBUTING ACTION													
Driver Distractions NOT DISTRACTED													
UNIT 01	Owner Name												
	Owner Address												
UNIT 01	Policy Holder												
	<table border="1"> <tr> <td>Insurance Company AMERICAN-FAMILY-INS-CO</td> <td>Individual YVETTE ALVAREZ</td> </tr> </table>	Insurance Company AMERICAN-FAMILY-INS-CO	Individual YVETTE ALVAREZ										
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UNIT INDIVIDUAL	Individual												
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		Date of Birth	Race INDIAN										
	Address S1063 WINNESHIEK ST WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES											
Equipment	On Duty Crash												
Seat Position	Safety Equipment SHOULDER & LAP BELT												
Helmet Use	Helmet Compliance												
Eye Protection	Tint Compliance												

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01	001					
		Injury	Injury Severity NO APPARENT INJURY	Airbag		
		Ejected		Ejection Path	Trapped/Extricated	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
		Non Motorist	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		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			
01	001	Drug Type				
		Individual Condition APPEARED NORMAL				