6TL09N3P4P 18-00764

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/22/2018

Crash Time 08:24 AM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-00764			Investigating Officer/Deputy DEPUTY C. FRANK				
ŀ	Carab Data		Date Arrived					ne Arrived			
4P	Crash Date Crash Time			Date An	ivea		Time	Arrived			
4	01/22/2018 08:24 AM										
₽ [Date Notified Time Notified			Total Ur	nits		Total	Injured	Total Killed	t	
3	01/22/2018	08:26 AM		01			00	•	00		
L09N3P	On Emergency H	t and Run Lane Cl		losure Wo		rk Zone		Γrailer or Τ	owed	Reporting Threshold	
6T 1	Government Property	ol Zone	School Bus Related NO			Tags	Tags				
J	Reportable Crash Type NON-DOMESTICATED AN				L			Amended		Secondary Crash	
	☑ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
	ON CTHW WB					Latitude Longitude					
	221 FT W				43,4816322		32278	78		-89.626715624	
	OF WALL ST (2)										
	IN THE TOWN OF GREENFI	ELD				X Coordin			Y Coordinate		
	IN SAUK COUNTY					287576.53125 4817653.5				3.5	
						Structure :	Туре				
											_
	Crash Scene										
ī	First Harmful Event					First Harm	nful Event Lo	cation			_
	NON DOMESTICATED ANIM	IAI (ALIVE)				ON ROA					
-	Manner of Collision	., (2 (, (2.17 -)									_
	NO COLLISION W/VEHICLE	IN TO A NEDODT				Light Cond	aition				
ŀ		IN TRANSPORT				Doodway	Factor(a)				_
	Road Surface Condition(s)					Roadway	racior(s)				
ŀ	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
ŀ	Tribal Land				Access Control Special Study					_	
Ī	Unit Summary									•	_
Ì	Unit Status Vehicle Operating As (Classification Unit Type					-
				D CLASS			•		MOBILE		
-	Vehicle Type						Operating As Endorsements			_	
01	PASSENGER CAR							Operating	- LIIUUISEI	mento	
						Total Trail					
	Total Occs Train/Bus # Injured			Total # Citations Issued		0		0		HazMat Types	
	1 0										_
	surance? Direction Of Travel Pre Crash				ire Speed Lie		mit Total Lanes		es	_	
LINO	YES WESTBOUND				lark						
5				Special Function			TION		Emergency Motor Vehicle Use		
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			HUN		NOT APPLICABLE		
	Traffic Way			Traffic Control			Traffic Cor		ntrol Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade			

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	-	I D III M (
	NO	ck Bus or HazMat								
		v								
	`	Vehicle	1	Loi						
5		License Plate Number 915VSK	Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES					
	2	Vehicle Identification Number 4S4BRCKC5A3334155	Make SUBARU	Year 2010	Model OUTBACK					
		Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHIC	CLE	Bus Use NOT A BUS					
LIND	VEHICLE	Initial Contact Point 12FRONT	Vehicle Damage	/ehicle Damage						
		Extent Of Damage FUNCTIONAL DAMAGE	12FRONT							
		Towed Due To Damage NOT TOWED	Vehicle Removed By	ehicle Removed By						
		What Driver Was Doing	Vehicle Factors	ehicle Factors						
		Driver Prior Action Other								
_	쁘	Driver Actions NO CONTRIBUTING ACTION								
	VEHICLE									
		Driver Distractions								
		NOT DISTRACTED								
5	5									
		Owner Name	Owner Address							
-	ı	Policy Holder		-						
LNO		Insurance Company AMERICAN-FAMILY-INS-CO	Individual CYNTHIA KOXEL							
	ı	Individual								
		Driver	Citations Issued		Sex					
	٦ ۲	EMMA KOZEL (608) 393-2477	0		FEMALE					
╘	INDIVIDUAL		Date of Birth		Race WHITE					
		Address S5214 ONEIL RD BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
		Equipment On Duty Crash	Safety Equipment	SHOULDER & LAP BELT						
		Seat Position								
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							

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					1						
10	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag						
		Ejected			Ejection Path		Trapped/Extricated				
		Medical Transport			EMS Agency Ident	ifier	EMS Run #				
		NOT TRANSPOR	TED								
		Hospital			Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action	•	•		•					
	7										
_	INDIVIDUAL										
UNIT	₽										
	\geq										
	닐										
	=										
		Action Other									
			Suspected Alcohol	Use	Suspected Drug U						
	E	Drug & Alcohol	NO		NO						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN	I								
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN									
_	Ξ	Drug Type									
5 6 Drug Type											
Individual Condition											
		APPEARED NORMAL									