#### 6TL092T5L9

18-00846

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/24/2018

Crash Time 06:49 PM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-00846		l l	Investigating Officer/Deputy DEPUTY J. KIRKENG			
<b>6</b> 7	Crash Date <b>01/24/2018</b>	Crash Time 06:49 PM	Date Arrived		Time		Arrived			
2T5L	Date Notified <b>01/24/2018</b>	Time Notified 06:49 PM	Total U	Total Units <b>01</b>		Total <b>00</b>		Total Killed		
60	On Emergency	lit and Run Lane 0	Closure	Ш	rk Zone		railer or T	owed	Reporting Threshold	
6TL	Government Property	Active School Zone	NO School	Bus Relate	ed	Tags				
	Crash Type NON-DOMESTICATED ANIMAL W/ N				IJURY		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location <b>———</b>									
-	ON STH23 WB				Latitude		Longitu		ude	
	1084 FT W			43.5330733		3301	801		-89.93955674	
	OF LAKE VIRGINIA RD									
	IN THE TOWN OF EXCELSI IN SAUK COUNTY			X Coordinate 262477.78125			Y Coordinate <b>4824213</b>			
						cture Type STRUCTURE				
(	Crash Scene									
ī	First Harmful Event				T:	6.1 F 1 -				
						ful Event Lo	cation			
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROADWAY				
Ī	Manner of Collision				Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT								
-	Road Surface Condition(s)				Roadway I	Factor(s)				
	rtodd Garraco Gorranion(o)				Noadway i actor(s)					
	Environment Factor(s)									
	oo acto.(e)									
	Weather Condition(s)									
	vveatilei 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				Special Study		
	Tibai Lailu							Special Study		
Į.	Jnit Summary 💳									
	Unit Status Vehicle Operating As			ating As C	lassification Unit Type					
				D CLASS				AUTOMOBILE		
-	Vehicle Type				Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE						opolating,			
	Total Occs Train/Bus # Injured Total # Citations Issue				Total Traile		 ilers   Total HazMa		Mot Types	
	1 Total Occs		otal # Citations Issued		0		o lotal Hazi		wat Types	
		Direction Of Travel				Speed Lim	:4	Total Lane		
⊢	Insurance? YES	WESTBOUND		rashTire ⁄Iark	!	Speed Lim	п	TOTAL Lane	===	
LNO				pecial Function			Emergency Motor Vehicle Use			
ر	NON DOMESTICATED ANIM	NO SPECIAL FUNCTION		TION		NOT APPLICABLE				
-	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
ŀ	Surface Type	Road Curvature				Road Grade				

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		ick Bus or HazMat							
	NO								
	'	Vehicle	1	La					
		License Plate Number 544YYS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
۶	2	Vehicle Identification Number JTLKT334X64037921	Make TOYOTA	Year <b>2006</b>	Model NO DATA FO				
		Color BLK - BLACK	Body Style 4H - HATCHBACK 4 DOC	)R	Bus Use NOT A BUS				
LINO	VEHICLE	Initial Contact Point 1RIGHT FRONT CORNER Extent Of Damage DISABLING DAMAGE	Vehicle Damage  1RIGHT FRONT CORNE	Vehicle Damage  1RIGHT FRONT CORNER, 12FRONT					
	>	Towed Due To Damage	Vehicle Removed By	·					
		TOWED DUE TO DISABLING DAMAGE	HOVLANDS						
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors						
		Driver Prior Action Other	NOT APPLICABLE						
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
10	70	Driver Distractions UNKNOWN IF DISTRACTED							
		Owner Name	Owner Address						
⊨	ı	Policy Holder				Ī			
LNN		Insurance Company WEST-BEND-MUTUAL-INS-CO	Individual KARLA LANG						
		Individual							
		Driver	Citations Issued		Sex				
	A.	KARLA LANG (608) 415-2548	<b>0</b> Date of Birth		FEMALE Race	_			
⊨	INDIVIDUAL				WHITE				
LIND		Address S3335 OLD LOGANVILLE RD REEDSBURG, WI 53959 , US	Driver License Number  STATE: WISCONSIN C	STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment On Duty Crash Seat Position	Safety Equipment	Safety Equipment SHOULDER & LAP BELT					
		Helmet Use	Heimet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance						

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10	001	Injury	Injury Severity NO APPARENT I	NJURY	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							
T	INDIVIDUAL								
UNIT	DIVIE								
	2								
		Action Other							
	E	rug & Alcohol 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		
10	001	Drug Type							
		Individual Condition  APPEARED NOR	MAI						
		AI I-EARED NOR	WAL						