

6TL09PBQ89  
18-00970

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 <b>18-00970</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>01/27/2018</b>		Crash Time <b>07:06 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>01/27/2018</b>		Time Notified <b>07:06 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<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

<b>ON STH33 EB 0.26 MI W OF COON BLUFF RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY</b>	Latitude <b>43.5289609</b>	Longitude <b>-89.872196515</b>
	X Coordinate <b>267905.09375</b>	Y Coordinate <b>4823566</b>
	Structure Type	

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>RACCOON(S)</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way		Traffic Control	Traffic Control Inoperative/Missing		
	Surface Type		Road Curvature	Road Grade		

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		Truck Bus or HazMat <b>NO</b>	
UNIT	VEHICLE	<b>Vehicle</b>	
		License Plate Number <b>484WWD</b>	Plate Type <b>ANT - ANTIQUE</b>
		Vehicle Identification Number <b>JA4AP3AU2HZ057207</b>	Make <b>MITSUBISHI</b>
		Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
		Initial Contact Point <b>1--RIGHT FRONT CORNER</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 12--FRONT</b>
		Extent Of Damage <b>MINOR DAMAGE</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
		What Driver Was Doing	Vehicle Factors
		Driver Prior Action Other	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Driver Distractions <b>NOT DISTRACTED</b>			
Owner Name	Owner Address		
UNIT	INDIVIDUAL	<b>Policy Holder</b>	
		Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	Individual <b>TYLER UNDERWOOD</b>
		<b>Individual</b>	
Driver <b>TYLER UNDERWOOD (734) 790-4167</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Date of Birth	Race <b>WHITE</b>	
Address <b>738 2ND ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Seat Position			
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		

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01	001					
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag		
		Ejected		Ejection Path	Trapped/Extricated	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
		01	001	Drug Type		
Individual Condition <b>APPEARED NORMAL</b>						