

6TL0B8M7SS

18-01351

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 18-01351, Investigating Officer/Deputy DEPUTY B. MEARS, Crash Date 02/06/2018, Crash Time 06:25 AM, Date Arrived, Time Arrived, Date Notified 02/06/2018, Time Notified 06:41 AM, 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 STH33 EB 0.29 MI E OF SPRINGER RD IN THE TOWN OF LA VALLE IN SAUK COUNTY, Latitude 43.620555304, Longitude -90.157253898, X Coordinate 245255.96875, Y Coordinate 4834575, Structure Type

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE), 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 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 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

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|---|---|---|---------------------------------------|---|---|---|-----------------------------------|---------------------|----------------------------|---|---|-----------------------------|--|
| Truck Bus or HazMat NO | | | | | | | | | | | | | |
| UNIT 01 | Vehicle | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>License Plate Number 569MYD</td> <td>Plate Type AUT - AUTOMOBILE</td> <td>St WI</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number 5XYPGDA31JG424180</td> <td>Make KIA MOTORS CORPORA</td> <td>Year 2018</td> <td>Model SORENTO LX</td> </tr> <tr> <td>Color SIL - SILVER (ALUMINUM)</td> <td>Body Style UT - SPORT UTILITY VEHICLE</td> <td colspan="2">Bus Use NOT A BUS</td> </tr> </table> | License Plate Number 569MYD | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | Vehicle Identification Number 5XYPGDA31JG424180 | Make KIA MOTORS CORPORA | Year 2018 | Model SORENTO LX | Color SIL - SILVER (ALUMINUM) | Body Style UT - SPORT UTILITY VEHICLE | Bus Use NOT A BUS | |
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| | <table border="1"> <tr> <td>Initial Contact Point 12--FRONT</td> <td rowspan="2">Vehicle Damage 12--FRONT</td> </tr> <tr> <td>Extent Of Damage DISABLING DAMAGE</td> </tr> </table> | Initial Contact Point 12--FRONT | Vehicle Damage 12--FRONT | Extent Of Damage DISABLING DAMAGE | | | | | | | | | |
| | Initial Contact Point 12--FRONT | Vehicle Damage 12--FRONT | | | | | | | | | | | |
| | Extent Of Damage DISABLING DAMAGE | | | | | | | | | | | | |
| Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By SHIELDS TOWING | | | | | | | | | | | | |
| What Driver Was Doing | Vehicle Factors | | | | | | | | | | | | |
| Driver Prior Action Other | | | | | | | | | | | | | |
| Driver Actions NO CONTRIBUTING ACTION | | | | | | | | | | | | | |
| Driver Distractions NOT DISTRACTED | | | | | | | | | | | | | |
| Owner Name | Owner Address | | | | | | | | | | | | |
| UNIT 01 | Policy Holder | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>Insurance Company WILSON-MUTUAL-INS-CO</td> <td>Individual MONICA FIELD</td> </tr> </table> | Insurance Company WILSON-MUTUAL-INS-CO | Individual MONICA FIELD | | | | | | | | | | |
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| UNIT INDIVIDUAL | Individual | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>Driver MONICA FIELD (608) 548-2133</td> <td>Citations Issued 0</td> <td>Sex FEMALE</td> </tr> <tr> <td></td> <td>Date of Birth</td> <td>Race WHITE</td> </tr> </table> | Driver MONICA FIELD (608) 548-2133 | Citations Issued 0 | Sex FEMALE | | Date of Birth | Race WHITE | | | | | | |
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| | | Date of Birth | Race WHITE | | | | | | | | | | |
| | Address 101 W COLVIN RD WONEWOC, WI 53968 , 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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|--|-----|--|--|------------------------------------|--------------|---------------------------------|----------------|
| 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 | | | | | |
| | | | | | | | |