

6TL09T1TLP
18-01473

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 18-01473		Investigating Officer/Deputy DEPUTY J. BODDEN	
Crash Date 02/09/2018		Crash Time 06:25 PM		Date Arrived		Time Arrived	
Date Notified 02/09/2018		Time Notified 06:30 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 STH33 EB 139 FT W OF COON BLUFF RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.528206676	Longitude -89.867630266
	X Coordinate 268271.1875	Y Coordinate 4823469.5
	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 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				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	<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	
		License Plate Number 945TBS	Plate Type AUT - AUTOMOBILE
		Vehicle Identification Number 1G1AK52F257590643	Make CHEVROLET
		Color BLU - BLUE	Year 2005
		Initial Contact Point 12--FRONT	Country of Issuance UNITED STATES
		Extent Of Damage DISABLING DAMAGE	Model COBALT
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Body Style 4D - 4DR
		What Driver Was Doing	Bus Use NOT A BUS
		Driver Prior Action Other	Vehicle Damage 11--LEFT FRONT CORNER, 12--FRONT
		Driver Actions NO CONTRIBUTING ACTION	Vehicle Removed By STEVES AUTO SERVICE
Driver Distractions NOT DISTRACTED	Vehicle Factors		
Owner Name	Owner Address		
UNIT	01	Policy Holder	
		Insurance Company ERIE-INS-CO	Individual MEGHAN WILLIAMS
		Individual	
UNIT	INDIVIDUAL	Driver MEGHAN RENEE WILLIAMS	Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
			Race WHITE
		Address 405 VINE ST REEDSBURG, WI 53959 , US	Driver License Number [REDACTED]
	STATE: WISCONSIN COUNTRY: UNITED STATES		
Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
Seat Position		Helmet Compliance	
Helmet Use		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					