6TL09PBQ8J

18-02321

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/20/2018

Crash Time 12:45 PM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-02321			Investigating Officer/Deputy DEPUTY B. STODDARD				
-											
8	Crash Date 02/20/2018	Crash Time 12:45 PM		Date Arrived		Time	Time Arrived				
Q	Date Notified Time Notified			Total U	nits		Total	Injured	Total Killed	4	
ğ	03/05/2018	02:29 PM		01	illo		00	Injuicu	00	1	
.09PBQ8	On Emergency	t and Run Lane Clo		osure Wo		rk Zone		Trailer or 1	Towed		porting reshold
eTL(Government Active School Zor			School NO	School Bus Related		Tags	Tags			
9	☐ Property ✓ Reportable	ICATED ANI	ANIMAL W/ NO INJURY				Amended		Se	econdary Crash	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ì	Location										
	ON STH60 WB					Latitude Longitude					
	439 FT E					43.228152689		-89.869		9022107	
	OF HERBRAND RD					X Coordinate		Y Coordinate		linate	
	IN THE TOWN OF TROY					267011.6		4790148.5			
	IN SAUK COUNTY								47 90 140.5		
						Structure '	Туре				
	Crash Scene										
`							4.1 F 4 1 -				
	First Harmful Event						nful Event Lo	cation			
	NON DOMESTICATED ANIN	IAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT				_					
	Road Surface Condition(s)					Roadway	Factor(s)				
-	Environment Factor(s)										
	()										
	Weather Condition(s)	Weather Condition(s)									
	Animal Type					Relation To Trafficway					
	TURKEY				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
	Tribal Land			Access Control			ontrol			Special St	udy
	Unit Summary -										
	Unit Status Vehicle Operat				ating As C	lassification	·	Unit Type			
	IN TRANSIT D C				D CLASS		AUTOMOE		BILE		
_ [Vehicle Type				Operating As Endorsements						
01	PASSENGER CAR										
	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Trai		ilers Total Haz		Mat Types	
	1		0	0			0			0	
ŀ	Insurance?	Direction Of Travel		Pre CrashTire		e Speed		ed Limit		Total Lanes	
╘	YES WESTBOUND			N	/lark						
LINO				pecial Funct				Emergency Motor Vehicle Use			
ا ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			TION N		NOT APPLICABLE		
-	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			
		ı									

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	Truc NO	k Bus or HazMat							
	,	Vehicle							
UNIT 01	_	License Plate Number 475YAZ Vehicle Identification Number	Plate Type AUT - AUTOMOBILE Make	St WI Year	Country of Issuance UNITED STATES Model				
	5	2GNFLFEK6H6311599 Color	CHEVROLET Body Style	2017	EQUINOX Bus Use				
	쁘	BLK - BLACK Initial Contact Point		T - SPORT UTILITY VEHICLE NOT A BUS					
	VEHICL	10LEFT SIDE FRONT Extent Of Damage FUNCTIONAL DAMAGE	FRONT CORNER						
		Towed Due To Damage NOT TOWED	OWED OPERATOR						
		What Driver Was Doing Vehicle Factors Driver Prior Action Other							
		Driver Action Other Driver Actions							
LIND	VEHICLE	NO CONTRIBUTING ACTION							
10	10	Driver Distractions UNKNOWN IF DISTRACTED							
		Owner Name	Owner Address						
Ħ	I	Policy Holder							
5		Insurance Company LIBERTY-MUTUAL-FIRE-INS-CO	Organization/Company LILLY CORPORATE						
		Individual							
LIND	INDIVIDUAL	Driver KARL WILLIAM KUNDEL (715) 271-8153	Citations Issued 0		Sex MALE				
			Date of Birth		Race WHITE				
		Address 7933 MARTIN RD FALL CREEK, WI 54742 , US	Driver License Number STATE: WISCONSIN C	STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment On Duty Crash Seat Position	Safety Equipment SHOULDER & LAP BE	Safety Equipment SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eve 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	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		71						
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	EST NOT GIVEN				J.ug . cot . toculo				
_	Ξ	Drug Type									
5 6 Drug Type											
Individual Condition											
		APPEARED NORMAL									