

6TL09PBQ8G

18-02094

# 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>18-02094</b>		Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>02/27/2018</b>		Crash Time <b>08:45 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>02/27/2018</b>		Time Notified <b>08:47 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 STH136 EB 253 FT W OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY</b>	Latitude <b>43.490550979</b>	Longitude <b>-89.924759941</b>
	X Coordinate <b>263507.3125</b>	Y Coordinate <b>4819448</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>DEER</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

<b>UNIT</b>	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>2</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>SOUTHBOUND</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 01	VEHICLE 01	<b>Vehicle</b>	
		License Plate Number <b>A3104ME</b>	Plate Type <b>TMP - TEMPORARY PLAT</b>
		Vehicle Identification Number <b>1GNEC13RXTJ398322</b>	Make <b>CHEVROLET</b>
		Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 12--FRONT</b>
		Extent Of Damage <b>FUNCTIONAL 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		
<b>Policy Holder</b>			
Insurance Company <b>ERIE-INS-CO</b>	Individual <b>KATHLEEN SCHRECK</b>		
<b>Individual</b>			
Driver <b>KATHLEEN SCHRECK (608) 522-4961</b>	Citations Issued <b>0</b>		
	Date of Birth		
Address <b>314 S MAPLE ST NORTH FREEDOM, WI 53951 , US</b>	Sex <b>FEMALE</b>		
	Race <b>INDIAN</b>		
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
<b>Equipment</b>	On Duty Crash		
Seat Position	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
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>				