### 6TL0BMQKT2

18-02655

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/14/2018

Crash Time 06:33 AM

	Document Number Override		Primary Crash Document #			Agency Crash Number 18-02655		l l	Investigating Officer/Deputy SERGEANT J. HODGES			
T2	Crash Date 03/14/2018		Crash Time 06:33 AM		Date Ar	Date Arrived		Time	Time Arrived			
.0BMQKT	Date Notified <b>03/14/2018</b>		Time Notified 06:38 AM		Total Units <b>01</b>			Tota <b>00</b>	· · · · · · · · · · · · · · · · · · ·		otal Killed	
OBI	On Emergency Hit		t and Run Lane Cle		osure Wo		rk Zone	Trailer or		owed	Reporting Threshold	
eTL	Government Property	Active Sc	School Bus Related NO		Tags	Tags						
	Reportable	TICATED ANIMAL W/ NO INJURY			RY		Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	_ocation =											
-	ON LINN ST/ STH136	EB					Latitude Longitude					
	0.53 MI E						43.479424447			_	069634	
	OF RAVEN ACRES DE	₹					V Coordin	oto	Y Coordinate		inata	
	IN THE TOWN OF BAI	RABOO	)		X Coordin. 274114.6						4817846.5	
	IN SAUK COUNTY								4617640.5		0.0	
							Structure Type NO STRUCTURE					
ī	Crash Scene											
,	_						I =					
	First Harmful Event		(5=.5)				First Harmful Event Location					
	NON DOMESTICATED	) ANIMA	AL (DEAD)				ON ROADWAY					
	Manner of Collision					Light Condition						
	NO COLLISION W/VEI		IN TRANSPOR	. 1								
	Road Surface Condition(s)	)					Roadway	Factor(s)				
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type						Relation To Trafficway					
	DEER						TRAFFICWAY - ON ROAD					
	Crash Classification - Loca	ation					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land						NO SPE	CIAL JUR	ISDICTION	CTION		
							Access Co	Control			Special Study	
Į	Unit Summary ————————————————————————————————————											
	Unit Status Vehicle Operating					ating As C	Classification Unit Type					
	IN TRANSIT				D CLASS			AUTOMOBIL		BILE	LE	
-	Vehicle Type					Operating As Endorsements						
01	PASSENGER CAR							oporauing,				
						Total Trail		ers Total HazMat Types		Mot Types		
	1 otal Occs	riain/bus # injured	1 otal # Citatio <b>0</b>	otal # Citations Issued		Total Trailers  0		0				
	Insurance?	-	Direction Of Trave					Speed Lin	nit	Total Lane	20	
_	YES	EASTBOUND Pre Cras			ire Space Em		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
LINO	Most Harmful Event: Collis		Special Function			I Em		Emergency	I Emergency Motor Vehicle Use			
<b>5</b>	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNC			CTION		NOT APPLICABLE			
-	Traffic Way				Traffic Control			Tra		raffic Control Inoperative/Missing		
	Traine way				Hanic Control			Trainic Control IIIO		Joporat		
ŀ	Surface Type				Road Curvature				Road Grade			

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

	Truc <b>NO</b>	ck Bus or HazMat								
	'	Vehicle								
		License Plate Number 771VPS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
UNIT 01	2	Vehicle Identification Number YV1SW58D911125547	Make VOLVO	Year <b>2018</b>	Model V70					
		Color WHI - WHITE	Body Style SW - STATIONWAGON	"	Bus Use NOT A BUS					
	J.	Initial Contact Point 12FRONT	Vehicle Damage	/ehicle Damage						
	VEHICL	Extent Of Damage DISABLING DAMAGE	12FRONT							
		Towed Due To Damage NOT TOWED	Vehicle Removed By  ARNESON SERVICE	Vehicle Removed By ARNESON SERVICE						
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
	щ	Driver Actions NO CONTRIBUTING ACTION								
LIND	VEHICLE									
_	<b>%</b>									
		Driver Distractions NOT DISTRACTED								
_	_									
5	2									
		Owner Name	Owner Address	Owner Address						
HNC	ı	Policy Holder								
<b>S</b>		Insurance Company WEST-BEND-MUTUAL-INS-CO	Individual THOMAS GOWEY							
	1	Individual								
		Driver THOMAS GOWEY	Citations Issued		Sex					
	JAL	(608) 524-9136	<b>0</b> Date of Birth		MALE Race					
LIND	INDIVIDUAL	Address	Driver License Number		WHITE					
5		S3699 OLD LOGANVILLE RD REEDSBURG, WI 53959, US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment							
		Seat Position	SHOULDER & LAP BEL	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance							
		Eye 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		Time of Death					
		Non Motorist	Striking Unit # Prior Action		Location		To/From School					
		Action	•	•		•						
	7											
_	Ž											
Έ	INDIVIDUAL											
<b></b>	$\geq$											
	닐											
	=											
		Action Other										
			Suspected Alcohol	Use	Suspected Drug U	se						
	E	Drug & Alcohol	NO		NO							
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results					
		TEST NOT GIVEN	I		7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7							
		Drug Test Given			Drug Test Type		Drug Test Results					
		TEST NOT GIVEN	ı									
_	Ξ	Drug Type										
10	001											
Individual Condition												
APPEARED NORMAL												