6TL09PBQ8L

18-02626

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	18-026	Agency Crash Number 18-02626		DEP	Investigating Officer/Deputy DEPUTY B. STODDARD			
38L	Crash Date 03/13/2018	Crash Time 06:49 AM		Date Arrived			Time Arrived			
30	Date Notified	Time Notified	Total Ur	nits		Total	Injured	Total Killed	I	
<u>ا</u>	03/13/2018	06:49 AM	01	Π		00		00		
_09PBQ8I	On Emergency	lit and Run Lane	Closure	Ш	rk Zone		railer or T	owed	Reporting Threshold	
6TL	Government Property	Crash Type	NO School	Bus Relate	ea	Tags			T	
ļ	Reportable	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.									
Į	Location Example									
	ON CTHP WB				Latitude		Longitude			
	0.43 MI E OF SIMPSON RD				43.589953998				705448	
	IN THE TOWN OF DELLONA	Ą			X Coordina		Y Coordinate			
	IN SAUK COUNTY			266402.9		4830400.5				
					Structure 7	ı ype				
(Crash Scene				ı					
Ī	First Harmful Event				Firet Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIMAL (ALIVE)				First Harmful Event Location ON ROADWAY					
-	Manner of Collision				Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT								
-	Road Surface Condition(s)				Roadway I	Factor(s)				
-	F : (5 (/)									
	Environment Factor(s)									
-	Weather Condition(s)				1					
-	Asimal Torre				Deleties To To-Warren					
	Animal Type DEER				Relation To Trafficway TRAFFICWAY - ON ROAD					
-	Crash Classification - Location PUBLIC PROPERTY				Crash Classification - Jurisdiction					
					NO SPECIAL JU					
-	Tribal Land			Access Control				Special Study		
į	Unit Summary									
				ating As C	lassification		Unit Type			
	IN TRANSIT	D CLASS			AUTOMOBILE		E			
_	Vehicle Type				Operating As Endorsements					
0	PASSENGER CAR									
	Total Occs Train/Bus # Injured		Total # Citations Issued		Total Traile				Mat Types	
	3		0		0		0			
_	Insurance? YES	Direction Of Travel WESTBOUND	Pre CrashTire Mark		!	Speed Limit		Total Lanes		
LINO	Most Harmful Event: Collision Wit	Special Function		1		Emergency Motor Vehicle Use				
-	NON DOMESTICATED ANIM	NO SPECIAL FUNCTION			NOT APPLICABLE					
Ī	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
-	Surface Type	Road Curvet	Road Curvature			Road Grade				
	очнисе туре	Road Curvature				Noau Glaue				

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		ck Bus or HazMat								
	NO									
	'	Vehicle								
	01	License Plate Number KRYSTAD	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
2		Vehicle Identification Number 1G1PC5SH0C7313284	Make CHEVROLET	Year 2012	Model CRUZE LS					
		Color BLK - BLACK	Body Style 4D - 4DR		NOT A BUS					
UNIT	VEHICLE	Initial Contact Point 12FRONT Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 11LEFT FRONT CORNER, 12FRONT							
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
		Driver Distractions NOT DISTRACTED								
01	01									
		Owner Name	Owner Address	Owner Address						
_	ı	Policy Holder								
UNIT		Insurance Company ESURANCE-INSURANCE-COMPANY	Individual KRYSTA FULLER							
	i	Individual								
		Driver KRYSTA FULLER	Citations Issued 0		Sex FEMALE					
E	IDUA		Date of Birth		Race WHITE					
UNIT	INDIVIDUAL	Address 130 S BURRITT AVE # 11 WISCONSIN DELLS, WI 53965, US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
		Equipment On Duty Crash Seat Position	SHOULDER & LAP BELT	Safety Equipment SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance							

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01	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag				
		Ejected			Ejection Path		Trapped/Extricated		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPOR	TED						
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action	1	Location		To/From School	
		Action							
	JAI								
UNIT	ום								
5	<u> </u>								
	N	INDIVIDUAL							
		Action Other							
		Action Other							
		Suspected Alcohol Use			Suspected Drug Use				
	E	Drug & Alcohol NO			NO				
		Alcohol Test Given	_		Alcohol Test Type		Alcohol Test Results		
	TEST NOT GIVEN			David Tool Time					
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results		
10	001	Drug Type					•		
)	0								
Individual Condition									
APPEARED NORMAL									