## 6TL09QKRC7 18-02785

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/17/2018

Crash Time 07:15 PM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-02785			Investigating Officer/Deputy DEPUTY S. STACEY				
7	Crash Date Crash Time			Date Arrived			Time	Time Arrived			
	03/17/2018 07:15 PM										
	Date Notified Time Notified			Total Ur	nite		Total	Injured	Total Killed	1	
又	03/17/2018	07:24 PM		01			00		00		
09QKR	On Emergency	lit and Run	Lane Clos	osure Work Zo		rk Zone		Trailer or Towed		Reporting Threshold	
eTL	Government Active School Zone			School Bus Related Ta		Tags	js				
9	Reportable	ATED ANIN	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.										
Ī	Location										
Ī	ON STH58 NB					Latitude Longitude					
	144 FT S						43.616069868		_	9672546	
	OF SECTION 11 RD										
	IN THE TOWN OF LA VALL	E				X Coordinate Y Coordinate					
	IN SAUK COUNTY					248269.640625 4833962					
						Structure Type NO STRUCTURE					
	Crash Scene					I					
7						l =:					
	First Harmful Event						ful Event Lo	cation			
	NON DOMESTICATED ANIM	MAL (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)										
	A : 17										
	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY	PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
	Tribal Land					Access Control				Special Study	
	Init Cummons										
	Unit Summary		117	-:	4i A O	16: 0		I –			
	Unit Status			Vehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS			AUTOMOBII				
_	Vehicle Type				Operating As Endorsements						
01	(SPORT) UTILITY VEHICLE										
	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Traile		ers Total HazMa		Mat Types	
	2			0		0		0			
ŀ	Insurance?	Direction Of Travel	(° 0(T							es	
	YES NORTHBOUND			Pre CrashTire		,		3101 201100			
LIND				Mark				Emergency Motor Vehicle Use		iolo I loo	
5	Most Harmful Event: Collision With			Special Function		TION		Emergency Motor Vehicle Use NOT APPLICABLE			
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTI		IION					
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
ľ	Surface Type			Road Curvature		Road Grade		е			

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	Truc NO	ruck Bus or HazMat								
		/ehicle								
UNIT 01		License Plate Number N0925	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
	5	Vehicle Identification Number 5J6RM4H7XFL066755	Make HONDA	Year <b>2015</b>	Model CR-V EX-L					
		Color BLU - BLUE	Body Style UT - SPORT UTILITY VEH	HICLE	Bus Use NOT A BUS					
	VEHICLE	Initial Contact Point  12FRONT  Extent Of Damage	Vehicle Damage  2RIGHT SIDE FRONT, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER, 12 FRONT, UNDERCARRIAGE							
	>	DISABLING DAMAGE Towed Due To Damage	Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing	Vehicle Factors	Vehicle Factors						
		Driver Prior Action Other								
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
7	10	Driver Distractions NOT DISTRACTED								
J										
		Owner Name	Owner Address	Owner Address						
E	- 1	Policy Holder								
LNO		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual HOWARD FINNEGAN							
	ı	Individual								
		Driver HOWARD FINNEGAN	Citations Issued  0		Sex MALE					
LIND	INDIVIDUAL	(608) 558-3986	Date of Birth		Race WHITE					
		Address E4336 THOMAS RD REEDSBURG, WI 53959 , US	Driver License Number  STATE: WISCONSIN C	Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment							
		Seat Position	SHOULDER & LAP BE							
		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	Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action	•	•		•					
	7										
_	INDIVIDUAL										
UNIT	₽										
<b></b>	$\geq$										
	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		,						
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	EST NOT GIVEN								
_	Ξ	Drug Type									
5 6 Drug Type											
Individual Condition											
	APPEARED NORMAL										