6TL0BFKD8K

18-02754

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/16/2018

Crash Time 07:55 PM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-02754		Investigating Officer/Deputy DEPUTY H. LARKIN					
8K	Crash Date Crash Time		Date Arrived		Time Arrived						
	03/16/2018 07:55 PM										
	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	1	
0BFKD8K	03/16/2018	08:00 PM		01		00		,uu	00		
0B	On Emergency	lit and Run	Lane Clos	ane Closure Wo			1	Trailer or To		Reporting Threshold	
eTL	Government Active School Zone			School Bus Related NO		Tags	Tags				
	Reportable	CATED ANII	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.										
Ĭ	Location										
Ī	ON CTHG SB				Latitude Longitude						
	890 FT S					43.247534047		7		-90.112097395	
	OF CTH G/ CTHB WB					X Coordina	nto	Y Coordinat		inato	
	IN THE TOWN OF BEAR CR	REEK								4793007	
	IN SAUK COUNTY					247350.9375			4793007		
					Structure Type						
	Crash Scene										
ī	First Harmful Event					Circt Horn	ful Event Lo	aatian			
	NON DOMESTICATED ANIM	MAL (ALIVE)						cation			
		VIAL (ALIVE)				ON ROADWAY					
	Manner of Collision NO COLLISION W/VEHICLE	IN TRANSPORT				Light Condition					
	Road Surface Condition(s)	IN TRAINE ORT				Doodway	Footor(o)				
	Road Surface Condition(s)					Roadway Factor(s)					
ŀ	Environment Factor(s)										
	Weather Condition(s)	Weather Condition(s)									
	Asia - LT										
	Animal Type				Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			NO			NO SPECIAL JURISDICTION				
	Tribal Land					Access Control				Special Study	
Ţ	Jnit Summary 💳										
				Vehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS			AUTOMOBILE				
	Vehicle Type					Operating As Endorsements					
0	PASSENGER CAR										
ŀ	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Traile		ers Total HazMa		Mat Types	
	1	, , , , , ,		Total # Olladollo 1550Eu		0		J.G. Total Hazi		71	
}	Insurance?	Direction Of Travel	ection Of Travel			1		nit Total Lanes		PS	
	YES	SOUTHBOUND		Pre Crash [*] Mark		e Opeau I		Total Lan			
LIND	Most Harmful Event: Collision With			Special Function				Emergono	Emergency Motor Vehicle Use		
5				NO SPECIAL FUNCT		TION		NOT APPLICABLE			
ļ	NON DOMESTICATED ANIMAL (ALIVE)					11014					
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing				
-	Surface Type			Pood Curvatura			Road Grade				
	ounded type			Road Curvature			Noau Graue				

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	T	ck Bus or HazMat								
	NO									
	'	Vehicle		Loi						
UNIT 01		License Plate Number 192BNX	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
	5	Vehicle Identification Number 5GAEV13D49J158118	Make BUICK	Year 2009	Model ENCLAVE CX					
		Color	Body Style UT - SPORT UTILITY VEH	ICLE	Bus Use NOT A BUS					
	뿌	Initial Contact Point 9LEFT SIDE MIDDLE	Vehicle Damage	ehicle Damage						
	VEHICL	Extent Of Damage MINOR DAMAGE		8LEFT SIDE REAR, 9LEFT SIDE MIDDLE						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
	ш	Driver Actions NO CONTRIBUTING ACTION								
LINO	VEHICLE									
-	N VE									
		Driver Distractions NOT DISTRACTED								
_										
5	6									
		Owner Name	Owner Address	Owner Address						
⊨	- 1	Policy Holder								
LNO		Insurance Company AMERICAN-FAMILY-INS-CO	Individual WENDY ELLEFSON							
		Individual								
		Driver WENDY ELLEFSON	Citations Issued		Sex					
	Ι	WEND! ELLEFSON	O Date of Birth		FEMALE Race					
≒	INDIVIDUAL				WHITE					
L N		Address S11046 COUNTY ROAD G SPRING GREEN, WI 53588, US	Driver License Number STATE: WISCONSIN CO	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment							
		Seat Position		SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	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										
_	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		,,						
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	EŠT NOT GIVEN			3 33 71					
_	Ξ	Drug Type									
10	001										
Individual Condition											
	APPEARED NORMAL										