6TL0BC3B1G

18-02803

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # | | Agency Crash Number 18-02803 | | | Investigating Officer/Deputy DEPUTY W. VERTEIN | | | | |
|------------|---|--------------------------|-----------------|---------------------------------|-------------------------------------|------------------------------|--|-----------------------------|-------------------------------------|---------------------|---|
| 4= | Crock Data | Crack Time | | Date Arrived | | | | me Arrived | | | _ |
| G | Crash Date Crash Time | | | Date Arrived | | Time A | | e Arrived | | | |
| 2 | 03/18/2018 03:02 AM | | | | | | | | | | _ |
| 3B | Date Notified | Time Notified | | Total Un | iits | | | Injured | Total Killed | d | |
| ၓ | 03/18/2018 | 03:06 AM | | 01 | | | 00 | | 00 | | |
| 0B | On Emergency | t and Run Lane Clo | | losure Wo | | rk Zone | | Trailer or T | owed | Reporting Threshold | |
| eTL | Government | ☐ Active School | School Bus Rela | | | ed | Tags | | | | |
| [9 | ☐ Property | 20110 | NO | | | | | | | _ | |
| | Crash Type NON-DOMESTICATED ANIMAL | | | | MAL W/ NO INJURY | | | Amended | | Secondary Crash | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | |
| | Location | | | | | | | | | | |
| - | ON CTHG NB | | | | | Latitude Longitude | | | | | _ |
| | 141 FT S | | | | | 43.242849245 | | -90.11 | | 13337082 | |
| | OF MARY SMYTH RD | | | | | X Coordinate | | Y Coordi | | linate | |
| | IN THE TOWN OF BEAR CR | EEK | | | | 247230.90625 | | | 479249 | 4792490.5 | |
| | IN SAUK COUNTY | | | | | Structure Type | | | | | - |
| | | | | | | | | | | | |
| (| Crash Scene | | | | | | | | | | |
| ī | First Harmful Event | | | | | First Horm | ful Event Le | antion | | | _ |
| | NON DOMESTICATED ANIM | IAI /AIIVE\ | | | | First Harmful Event Location | | | | | |
| | Manner of Collision | IAL (ALIVE) | | | | ON ROADWAY | | | | | |
| | NO COLLISION W/VEHICLE | IN TO ANSDODT | | | | Light Cond | aition | | | | |
| - | Road Surface Condition(s) | IN TRANSPORT | | | | Boodway | Footor(a) | | | | _ |
| | Road Surface Condition(s) | | | | | Roadway Factor(s) | | | | | |
| | | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Weather Condition(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| ŀ | Animal Type | | | | | Relation To Trafficway | | | | | |
| | DEER | | | | TRAFFICWAY - ON ROAD | | | | | | |
| - | Crash Classification - Location | | | | Crash Classification - Jurisdiction | | | | | | |
| | PUBLIC PROPERTY | | | | NO SPECIAL JURISDICTION | | | | | | |
| ŀ | Tribal Land | | | | Access Control Special Study | | | | | _ | |
| | | | | | | | | | | | |
| ļ | Unit Summary | | | | | | | | | | _ |
| Ì | Unit Status Vehicle Operating As C | | | | iting As C | Classification Unit Type | | | | | _ |
| | | | | D CLASS | | AUTOMOE | | BILE | | | |
| | Vehicle Type | | | | Operating As Endorsements | | | ments | - | | |
| 01 | (SPORT) UTILITY VEHICLE | | | | | | | -, | | | |
| | · · · · · · · · · · · · · · · · · · · | | | Total # Citations Issued | | Total Ti | | ers | Total Haz | Total HazMat Types | |
| | 1 | | 0 | | | 0 | | | | 0 | |
| | Di di Ola | | | | | Speed Lim | - | | anes | | |
| _ | YES NORTHBOUND | | | Pre CrashTire Mark | | | | | | | |
| LINO | Most Harmful Event: Collision With Special Function | | | | ion | | | Emergency Motor Vehicle Use | | | - |
| - | | | | NO SPECIAL FUNCTION | | | | | NOT APPLICABLE | | |
| | ` ' | | | Traffic Control | | | | | Traffic Control Inoperative/Missing | | _ |
| | | | | - | | | | | | | |
| } | Surface Type | | | Road Curvature | | | Road Grade | | le | | |
| | | | | | | | | | | | |

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

| | Truc NO | k Bus or HazMat | | | | | | | |
|---------|-------------------|---|--|--|--|--|--|--|--|
| | | Vehicle | | | | | | | |
| UNIT 01 | | License Plate Number 955ZUV Vehicle Identification Number | Plate Type St AUT - AUTOMOBILE WI Make Year | | Country of Issuance UNITED STATES Model | | | | |
| | 5 | JN8AS5MV7CW355965 Color | NISSAN Body Style | 2012 | ROGUE S/SV Bus Use | | | | |
| | ш | SIL - SILVER (ALUMINUM) Initial Contact Point | UT - SPORT UTILITY VE | HICLE | NOT A BUS | | | | |
| | VEHICLI | 12FRONT Extent Of Damage FUNCTIONAL DAMAGE | | RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT | | | | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | | | | | |
| | | What Driver Was Doing Vehicle Factors | | | | | | | |
| | | Driver Prior Action Other | | | | | | | |
| LIND | VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | | | |
| 70 | 70 | Driver Distractions NOT DISTRACTED | | | | | | | |
| | | Owner Name | Owner Address | | | | | | |
| Ħ | | Policy Holder | | | | | | | |
| 5 | | Insurance Company PERMANENT-GENERAL-ASSURANCE-CORP | Individual JACQUELINE HARDY | | | | | | |
| | I | Individual | | | | | | | |
| | 4 | Driver JACQUELINE HARDY (608) 843-3962 | Citations Issued 0 | | Sex FEMALE | | | | |
| LIND | INDIVIDUAL | | Date of Birth | | Race WHITE | | | | |
| | | Address 107 ACKER PKWY DEFOREST, WI 53532 , US | Driver License Number STATE: WISCONSIN C | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | Equipment On Duty Crash Seat Position | Safety Equipment SHOULDER & LAP BE | Safety Equipment SHOULDER & LAP BELT | | | | | |
| | | Helmet Use | Helmet Compliance | Helmet Compliance | | | | | |
| | | Eve Protection | Tint Compliance | | | | | | |

Crash Time 03:02 AM

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Crash Date 03/18/2018

Crash Time 03:02 AM

| 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 | | | | | | | | | |
| INDIVIDUAL | | | | | | | | | | |
| | N | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | | | |
| | | Action Other | | | | | | | | |
| | | Suspected Alcohol Use | | | Suspected Drug Use | | | | | |
| | E | Orug & Alcohol | NO | | NO | | | | | |
| | | Alcohol Test Given | | | Alcohol Test Type | | Alcohol Test Results | | | |
| | TEST NOT GIVEN | | | Davin Took Tour | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | | Drug Test Results | | | |
| 10 | 001 | Drug Type | | | • | | • | | | |
|) | 0 | | | | | | | | | |
| Individual Condition | | | | | | | | | | |
| APPEARED NORMAL | | | | | | | | | | |
| | | | | | | | | | | |