6TL09426R8 18-02906

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 18-02906			Investigating Officer/Deputy DEPUTY A. KULAS			
8	Crash Date	Crash Time	Date A	rrived		Time	Time Arrived			
2	03/20/2018 07:55 PM									
9	Date Notified Time Notified		Total U	nits			Injured	Total Killed	t	
42	03/20/2018	08:03 PM	01	01		00		00		
L09426R	☐ On Emergency ☐ Hit and Run ☐ La		e Closure	Closure Work Zone			Trailer or Towed		Reporting Threshold	
6T 1	Government Property	e School			Tags	gs				
	Reportable	ANIMAL W/ N	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.									
j	Location									
- {	ON STH33 WB				Latitude Longitude			de		
	700 FT S				43.61161	14287	-90.139501718		501718	
	OF GREEN VALLEY DR IN THE TOWN OF LA VALLI	=			X Coordinate			Y Coord	Y Coordinate	
	IN SAUK COUNTY	-			246650.796875 4833527.5				27.5	
					Structure Type NO STRUCTURE					
1	Crash Scene									
י ז	First Harmful Event					ıful Event Lo	antion			
	NON DOMESTICATED ANIN	ΛΔΙ (ΔΙΙΥΕ)			ON ROA		Callon			
ŀ	Manner of Collision	IAL (ALIVL)								
	NO COLLISION W/VEHICLE	IN TRANSPORT			Light Condition					
ŀ	Road Surface Condition(s)				Roadway	Factor(s)				
					Trouble (c)					
ĺ	Environment Factor(s)									
ŀ	Weather Condition(s)									
	weather Condition(s)									
İ	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
	Tribal Land			Access Con		ontrol	irol		Special Study	
Į										
Į	Unit Summary									
	Unit Status		Vehicle Operating As Classification			Unit Type				
				D CLASS			AUTOMOBILE			
7	Vehicle Type				Operating As Endorsements			ments		
٦	PASSENGER CAR				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ers Total HazMat Types			
				Total # Citations Issued					Mat Types	
	1	Direction Of Tarrel	0		0 Speed Lim		0 Total Lance			
	Insurance? YES	Direction Of Travel WESTBOUND	Pre C	Speed Lim		it Total Lanes		es		
LNO	Most Harmful Event: Collision Wit		Mark Special Function				Emergency Motor Vehicle Use			
5	NON DOMESTICATED ANIN		NO SPECIAL FUNCTION				rgency Motor Vehicle Use T APPLICABLE			
	Traffic Way						Traffic Control Inoperative/Missing			
	rianic vvay	Trailic Contro	Traffic Control		Traffic Co		ntror moperative/iviissing			
	Surface Type	Road Curvati	Road Curvature			Road Grade				

Crash Date **03/20/2018**Crash Time **07:55 PM**

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	-	1.5								
	NO	ck Bus or HazMat								
	'	Vehicle								
UNIT 01		License Plate Number DV81F	Plate Type AUT - AUTOMOBILE	St MO	Country of Issuance UNITED STATES					
	5	Vehicle Identification Number 2D4RN5DGXBR71124	Make DODGE	Year 2011	Model CARAVAN					
		Color RED - RED	Body Style MV - MINI VAN		Bus Use NOT A BUS					
	VEHICLE	Initial Contact Point	Vehicle Damage	ehicle Damage 1LEFT FRONT CORNER, 12FRONT						
		11LEFT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	11LEFT FRONT CORNEI							
		Towed Due To Damage	Vehicle Removed By							
		NOT TOWED	OPERATOR							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
	щ	Driver Actions NO CONTRIBUTING ACTION								
LNO	VEHICLE									
	7									
		Driver Distractions NOT DISTRACTED								
5	5									
		Owner Name	Owner Address	Owner Address						
_	ı	 Policy Holder	_							
LNO		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual LYNN HASTON							
	ı	Individual								
		Driver	Citations Issued		Sex					
	ᆜ	LYNN HASTON (417) 396-3550	0		FEMALE					
⊢	INDIVIDUAL	(417) 330-3330	Date of Birth		Race WHITE					
L N N		Address 1923 MURPHY	Driver License Number							
		JOPLIN, MO 64804 , US	STATE: MISSOURI COL	STATE: MISSOURI COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BEL	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance							

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Crash Time 07:55 PM

					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 Typ			Drug Test Results				
		TEST NOT GIVEN	EŠT NOT GIVEN				J.ug . cot . toculo				
_	Ξ	Drug Type									
5 Drug Type											
Individual Condition											
	APPEARED NORMAL										