#### 6TL09XQXXQ

18-03259

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/30/2018

Crash Time 10:33 PM

	Document Number Override	Primary Crash Document #			Agency Crash Number 18-03259			Investigating Officer/Deputy DEPUTY I. GALVAN				
~	Crash Date	Crash Time		Date Arrived		Time		ne Arrived			_	
$\mathbf{S}$	03/30/2018	10:33 PM		Date 711	IIVCu	Time		, / lilivou				
<b>O</b>	Date Notified	Time Notified		Total Ui	nito		Total	Lleiured	Total Killed	J	-	
2	03/30/2018	10:35 PM		01	IIIS		00	Injured	00	u		
$\mathbf{x}$	03/30/2018	10.33 FW		01	1		00		00	T	-	
6TL09XQXXQ	On Emergency	lit and Run	t and Run Lane Clo		osure Wo		rk Zone		owed	Reporting Threshold		
₽1	Government	☐ Active Sch	and Zone	School	Bus Relat	ed	Tags	<b>,</b>				
<b>6</b> 1	Property	1001 Zone	NO									
	<b>✓</b> Reportable	NIMAL W/ NO INJURY				Amended		Secondary Crash				
_	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location <b>———</b>											
-	ON USH12 WB					Latitude Longitude						
	102 FT N					43.47404652		-89.768		3910474		
	OF MAPLE ST					X Coordin	ate		Y Coord	Y Coordinate		
	IN THE VILLAGE OF WEST	BARABOO				276048.65625				4817183.5		
	IN SAUK COUNTY					Structure Type					-	
							UCTURE					
L												
•	Crash Scene											
	First Harmful Event					First Harmful Event Location						
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROADWAY						
	Manner of Collision					Light Condition						
	NO COLLISION W/VEHICLE	IN TRANSPORT	Γ									
	Road Surface Condition(s)					Roadway	Factor(s)					
	<u> </u>											
	Environment Factor(s)											
ŀ	Weather Condition(s)					1						
	Treatile Condition(3)											
ŀ	Animal Type					Relation To Trafficway						
	DEER					TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION						
ŀ	Tribal Land	al Land				Access Co	ontrol	ntrol		Special Study		
L	Unit Summary											
<u>`</u>	Unit Status			Vehicle Opera	ating As C	lassification		Unit Type			-	
	IN TRANSIT D CLASS					iassilication	l	TRUCK				
	Vehicle Type					Operating As Endorsements			monte	-		
01	CARGO VAN (10,000 LBS OR LESS)							Operating	AS LIIUUISEI	ments		
						d Total Tr		railers Total Haz		Mot Types	_	
	•				ons Issued					iviai Types		
	1 Disasting Of Toront			0		0		0			_	
					Tie Crasiffie		Speed Lim	eed Limit To		Total Lanes		
ا ⊒	YES WESTBOUND				/lark			T =				
LINO	Most Harmful Event: Collision With			Special Funct				Emergency Motor Vehicle Use				
_	NON DOMESTICATED ANIMAL (ALIVE)			AMBULAN			NON-EMERGENCY, NON-TRANSPORT					
	Traffic Way			Traffic Contro	ol			Traffic Control Inoperative/Missing				
j	Surface Type			Road Curvature			Road		d Grade			

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	Truc NO	ick Bus or HazMat							
	`	Vehicle			10.	Country of Issuance			
UNIT 01				Plate Type AUT - AUTOMOBILE					
	2	Vehicle Identification Number 1FDXE45F83HA11253		Make MED TECH AMBULANCE					
		MUL - MULTICOLOR		Body Style AM - AMBULANCE		Bus Use NOT A BUS			
	CLE	Initial Contact Point  12FRONT		Vehicle Damage					
	VEHICL	DISABLING DAMAGE		12FRONT					
		Towed Due To Damag	ge DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER					
		What Driver Was Doing Ve		Vehicle Factors					
		Driver Prior Action Other							
	щ	Driver Actions NO CONTRIBUTION	NG ACTION	L					
LNO	VEHICLE								
	7								
		Driver Distractions NOT DISTRACTED							
_									
5	5								
		Owner Name		Owner Address	Owner Address				
HNC	ı	Policy Holder							
5		Insurance Company LEAGUE-OF-WISO	CONSIN-MUNICIPALITIES-MU	Individual TU JAMES NEWLUN					
	ı	Individual							
		Driver JAMES NEWLUN		Citations Issued		Sex MALE			
	JAL	(608) 542-0346		Date of Birth	Date of Birth				
LIND	INDIVIDUAL	Address		Driver License Number	WHITE Driver License Number				
<b>-</b>		, US			STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment On Duty Crash FIRE-FIGHTER		Safety Equipment	Safety Equipment				
		Seat Position		SHOULDER & LAP BELT	SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance	Helmet Compliance				
	Eye Protection			Tint Compliance	Tint Compliance				

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10	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	h		
		Non Motorist	Striking Unit #	Prior Action	1	Location		To/From School		
		Action								
	INDIVIDUAL									
UNIT	ום									
5	<u> </u>									
	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				Davis Took Too					
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
10	001	Drug Type			•		•			
)	0									
Individual Condition  APPEARED NORMAL										