### 6TL0B7D6PH

18-03334

## **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

Crash Date 04/02/2018

Crash Time 06:00 AM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-03334			Investigating Officer/Deputy DEPUTY A. SUKOWATEY				
_	Crash Date Crash Time			Date Arrived		Time	Time Arrived				
H	04/02/2018 06:00 AM										
9	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	d	
0B7D6	04/02/2018 06:02 AM			01		00			00		
0B	On Emergency Hit and Run Lane		Lane Clo	Closure Wor		rk ZoneT		Trailer or Towed		Reporti Thresh	
eTL	Government Active School Zone			School Bus Related NO		Tags	Tags				
U	Reportable	CATED ANI	ANIMAL W/ NO INJURY			Amended		Second Cras			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
	ON STH60 EB					Latitude Longitude					
	342 FT E					43.234599728		-89.853		658536	
	OF CASSELL RD IN THE TOWN OF TROY					X Coordinate			Y Coordinate		
	IN SAUK COUNTY					268283.8125 4790821.5					
						Structure 7	Гуре				
	Crash Scene										
1	First Harmful Event					First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)				First Harmful Event Location ON ROADWAY					
ŀ	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT									
ŀ	Road Surface Condition(s)					Roadway I	Factor(s)				
	, ,										
	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 SPEC			SDICTION			
	Tribal Land			Access Control		ontrol	1		Special Study		
ı	Unit Summary $\blacksquare \blacksquare$										
	Unit Status Vehicle Operating As C				ating As Cl	- 71					
	IN TRANSIT D CLASS							TRUCK			
_	Vehicle Type							Operating /	As Endorser	ments	
5	CARGO VAN (10,000 LBS OR LESS)										
	Total Occs Train/Bus # Injured			Total # Citations Issued						Mat Types	
	1		0	0		0		0			
_		Direction Of Travel	I	Pre CrashTire		Speed Lim		nit Total Lan		es	
LNO	YES EASTBOUND  Most Harmful Event: Collision With				Mark tion			Emergency Motor Vehicle Use		icla I lea	
5				Special Function NO SPECIAL FUNCTI		TION		NOT APPLICABLE			
	NON DOMESTICATED ANIMAL (ALIVE) Traffic Way							Traffic Control Inoperative/Missing			
	Traine vvay			Traffic Control				Traine Control Inoperative/Missing			
ŀ	Surface Type			Road Curvature				Road Grade			
	- Curiaco Type			Jaa Jui valu			Trodu Stade				
ı			1					i			

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	Truc <b>NO</b>	k Bus or HazMat							
	,	Vehicle							
UNIT 01		License Plate Number XD81689	Plate Type	St WI	Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 1FTBW2CG5HKB35616	Make FORD	Year <b>2017</b>	Model TRANSIT				
		Color RED - RED	Body Style VN - VAN		Bus Use NOT A BUS				
	VEHICLE	Initial Contact Point  12FRONT  Extent Of Damage	Vehicle Damage  12FRONT	·					
	VE	DISABLING DAMAGE Towed Due To Damage	Vehicle Removed By	Vehicle Removed By					
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing	SCHMITZ  Vehicle Factors						
		Driver Prior Action Other							
LIND	۳ ۳	Driver Actions NO CONTRIBUTING ACTION							
	VEHICLE								
		Driver Distractions NOT DISTRACTED							
7	70								
		Owner Name	Owner Address						
_		 Policy Holder	_	_		_			
LNO		Insurance Company PHOENIX-INS-CO,-THE	Organization/Com DAVE JONES	Organization/Company DAVE JONES					
	ı	Individual  Driver Citations Issued Sex							
	4	Driver TROY WELSH	Citations Issued  0	0					
LIND	INDIVIDUAL	Address	Date of Birth  Driver License Nu	umbor	Race WHITE				
		1025 E CIRCLE DR HIGHLAND, WI 53543 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment On Duty Crash Seat Position	,	Safety Equipment  SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliand	Helmet Compliance					
		Eve Protection	Tint Compliance						

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Crash Time 06:00 AM

i											
10	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag						
		Ejected			Ejection Path		Trapped/Extricated				
		Medical Transport NOT TRANSPOR	TED		EMS Agency Identifier		EMS Run #				
		Hospital			Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action	•	- 1		•					
_	NAL										
UNIT	INDIVIDUAL										
	S										
		A :: 0:1									
		Action Other									
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us NO	se					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	ug Test Given EST NOT GIVEN				Drug Test Results				
01	00	Drug Type									
Individual Condition											
APPEARED NORMAL											