6TL09T1TLX 18-03473

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 18-03473			Investigating Officer/Deputy DEPUTY J. BODDEN			
)	Crash Date	Crash Time	Date Ar	Date Arrived		Time	Time Arrived			
TLX	04/05/2018	08:05 PM								
\vdash	Date Notified	Time Notified	Total Ur	nits			Injured	Total Killed	t	
.09T1	04/05/2018	08:08 PM	01	01		00	00			
60-	On Emergency Hi	t and Run Lane	e Closure Work		rk Zone	ר 🗆 ד	Trailer or Towed		Reporting Threshold	
eTL	Government Property	School NO			Tags	ags				
	Reportable	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									
	ON STH33 WB				Latitude		Longitude		de	
	0.32 MI W				43.478489536		-89.646		386158	
	OF CTHX WB IN THE TOWN OF GREENFIE	ELD			X Coordinate			Y Coordinate		
	IN SAUK COUNTY				285974.59375 4817354.5			54.5		
					Structure 7	Гуре				
L	0									
(Crash Scene									
	First Harmful Event					ful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA					
	Manner of Collision	IN TO ANGRODE			Light Cond	dition				
	NO COLLISION W/VEHICLE	IN TRANSPORT				.				
	Road Surface Condition(s)				Roadway	Factor(s)				
ŀ	Environment Factor(s)									
	Weather Condition(s)									
-	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
•	Crash Classification - Location				Crash Classification			Jurisdiction		
	PUBLIC PROPERTY			NO SPECIAL JURIS		SDICTION				
	Tribal Land				Access Control				Special Study	
ı	Unit Summary 💳									
	Unit Status	Vehicle Operating As Classification			Unit Type					
	IN TRANSIT	D CLASS			AUTOMOBILE					
7	Vehicle Type						Operating A	As Endorser	ments	
0	(SPORT) UTILITY VEHICLE									
		Ccs Train/Bus # Injured		Total # Citations Issued					Mat Types	
	2	O Discretica Of Tanasal			0		O Total Lange			
		Direction Of Travel WESTBOUND	Pre CrashTir		Speed Lim		it Total Lanes		es	
UNIT		Mark Special Function				Emoras -	Emergency Motor Vehicle Use			
	Most Harmful Event: Collision With NON DOMESTICATED ANIM	Special Function NO SPECIAL FUNCTION		TION		Emergency Motor Vehicle Use NOT APPLICABLE				
	Traffic Way									
	rianic vvay	Tranic Contro	Traffic Control				Traffic Control Inoperative/Missing			
ŀ	Surface Type	Road Curvature			Road Grade					

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	Truc	ick Bus or HazMat									
	NO										
		Vehicle									
		License Plate Number Plate Type St Country of Issuance									
		104CCH	AUT - AUTOMOBILE		UNITED STATES						
٦		Vehicle Identification Number	Make	Year	Model						
	5	2GNFLFEKXF6392345	CHEVROLET		EQUINOX LT						
		Color	Body Style		Bus Use						
		SIL - SILVER (ALUMINUM)	UT - SPORT UTILITY VEHI	CLE	NOT A BUS						
LINO	۳ ا	Initial Contact Point 12FRONT	Vehicle Damage	0LEFT SIDE FRONT, 11LEFT FRONT CORNER, 12FRONT							
	VEHICL	Extent Of Damage	10I FET SIDE FRONT 11.								
	卓	FUNCTIONAL DAMAGE	10-EEI I OIDE I KONI, III								
		Towed Due To Damage	Vehicle Removed By								
		NOT TOWED	OWNER								
		What Driver Was Doing	Vehicle Factors								
		Driver Prior Action Other									
		Driver Actions									
	ш	NO CONTRIBUTING ACTION									
⊨	VEHICLE										
LNO	Ĭ										
_	푓										
		Driver Distractions NOT DISTRACTED									
6	5										
		Owner Name	Owner Address	Owner Address							
Ę	'	Insurance Company	Individual								
5		GENERAL-CASUALTY-INS-CO		BERNARD VLASAK							
		Individual									
		Driver	Citations Issued		Sex						
	_	BERNARD VLASAK	0		MALE						
	₹		Date of Birth		Race						
⊨	INDIVIDUAL				WHITE						
LIND		Address	Driver License Number	Driver License Number							
		1409 15TH ST BARABOO, WI 53913,US	STATE: WISCONSIN CO	STATE: WISCONSIN COUNTRY: UNITED STATES							
		, , , , , , , , , , , , , , , , , , , ,									
		On Duty Crash	Safety Equipment	Safety Equipment							
		Equipment	20.01, =qu.p.11011	Concr. =quipmon							
		Seat Position	SHOULDER & LAP BELT	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance	Helmet Compliance							
		Eye Protection	Tint Compliance								

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i										
01	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag					
		Ejected			Ejection Path		Trapped/Extricated			
		Medical Transport NOT TRANSPOR	TED		EMS Agency Ident	ifier	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	se				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Given FEST NOT GIVEN				Drug Test Results			
01	00	Drug Type								
Individual Condition										
APPEARED NORMAL										