6TL0BJ1GGP

18-03442

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 18-03442 | | | Investigating Officer/Deputy DEPUTY J. MACASKILL | | | | |
|----------|-----------------------------------------------------------------------------------------------|--------------------------|----------------------|---------------------------------|-------------------------------------|--------------------|--------------------------------------------------|-------------------------------------|----------------|---------------------|--|
| | | Crash Time | | | 17 77 1 | | | | | | |
| ₾ | Crash Date | | Date Ar | rivea | | Time Arrived | | | | | |
| G | 04/05/2018 06:10 AM | | | | | | | | | | |
| G | Date Notified Time Notified | | | Total Ur | nits | | Total | Injured | Total Killed | t d | |
| 7 | 04/05/2018 | 06:14 AM | 06:14 AM | | 01 | | 00 | | 00 | | |
| 6TL0B, | On Emergency | it and Run | and Run Lane CI | | losure Wo | | rk Zone | | owed | Reporting Threshold | |
| ᆜ | Government | □ Active Scl | ☐ Active School Zone | | | School Bus Related | | Tags | | | |
| 6 | ☐ Property | ilooi Zoile | NO | | | | | | | | |
| | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJ | | | | | RY D | | Amended | | Secondary Crash | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | |
| | Location | | | | | | | | | | |
| - | ON CHURCHILL RD | | | | | Latitude Longitude | | | | de | |
| | 0.54 MI W | 4 MI W | | | | 43.576727698 | | -90.01 | | 0518046 | |
| | OF CTHF EB | | | | | X Coordinate | | Y Coor | | dinate | |
| | IN THE TOWN OF WINFIELD IN SAUK COUNTY |) | | | | 256919.390625 | | | | 4829267 | |
| | IN SAUK COUNT I | | | | | Structure Type | | | | | |
| | | | | | | NO STR | UCTURE | | | | |
| (| Crash Scene | | | | | | | | | | |
| ī | First Harmful Event | | | | | First Harm | nful Event Lo | cation | | | |
| | NON DOMESTICATED ANIM | IAL (ALIVE) | | | | ON ROA | | | | | |
| - | Manner of Collision | | | | | | | | | | |
| | NO COLLISION W/VEHICLE | IN TRANSPORT | Г | | | Light Condition | | | | | |
| - | Road Surface Condition(s) | | - | | | Roadway | Factor(s) | | | | |
| | ricad Carlace Cornalism(c) | | | | | Roadway Factor(s) | | | | | |
| | | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| | Weather Condition(s) | | | | | | | | | | |
| | Weather Condition(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| ŀ | Animal Type | | | | Relation To Trafficway | | | | | | |
| | DEER | | | | TRAFFICWAY - ON ROAD | | | | | | |
| | Crash Classification - Location | | | | Crash Classification - Jurisdiction | | | | | | |
| | PUBLIC PROPERTY | | | | | NO SPECIAL JURISD | | | DICTION | | |
| | Tribal Land | | | | Access Control | | | | Special Study | | |
| | | | | | | | | | | | |
| ı | Unit Summary | | | | | | | | | | |
| | Unit Status Vehicle Operating As | | | | ating As C | Classification | | Unit Type | | <u> </u> | |
| | IN TRANSIT | | | | D CLASS | | AUTOMOI | | BILE | | |
| _ [| Vehicle Type | | | | Operating As Endorsements | | | | | | |
| 01 | PASSENGER CAR | | | | | | | | | | |
| | Total Occs Train/Bus # Injured | | | Total # Citations Issued | | Total Tra | | ilers Total Haz | | :Mat Types | |
| | 1 | | (| 0 | | 0 | | 0 | | | |
| ŀ | Insurance? | Direction Of Travel | | Pre CrashTir | | | Speed Lim | mit Total Lane | | es | |
| ا⊒ | YES EASTBOUND | | | Mark | | | | | | | |
| LINO | Most Harmful Event: Collision With | | | Special Function | | | | Emergency Motor Vehicle Use | | | |
| - | NON DOMESTICATED ANIMAL (ALIVE) | | | NO SPECIAL FUNCTIO | | | TION | | NOT APPLICABLE | | |
| - | Traffic Way | | | Traffic Contro | ı | | | Traffic Control Inoperative/Missing | | tive/Missing | |
| | | | | | | | | | - - | | |
| | Surface Type | | | Road Curvature | | | Road Grade | | | | |
| | | | | | | | | | | | |

Crash Date **04/05/2018**Crash Time **06:10 AM**

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| | Truc NO | ck Bus or HazMat | | | | | | | |
|---------|------------|---------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------|--|--|--|--|
| | | | | | | | | | |
| | · ' | Vehicle | | T O: | | | | | |
| UNIT 01 | | License Plate Number 420YRN | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | | | | |
| | 2 | Vehicle Identification Number 1G1PE5SB1G7205879 | Make CHEVROLET | Year 2016 | Model CRUZE LIMI | | | | |
| | | Color SIL - SILVER (ALUMINUM) | Body Style SD - SEDAN | | Bus Use NOT A BUS | | | | |
| | CLE | Initial Contact Point 12FRONT | Vehicle Damage | 12FRONT | | | | | |
| | VEHICL | Extent Of Damage DISABLING DAMAGE | 12FRONT | | | | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By STEVES AUTO SERVICE | ehicle Removed By TEVES AUTO SERVICE | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | | |
| TINO | | Driver Prior Action Other | | | | | | | |
| | CLE | Driver Actions NO CONTRIBUTING ACTION | | | | | | | |
| | VEHICLE | | | | | | | | |
| | | Driver Distractions NOT DISTRACTED | | | | | | | |
| | _ | | | | | | | | |
| 5 | 5 | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | Owner Address | Owner Address | | | | | |
| | | | | | | | | | |
| ΤΝ | ı | Policy Holder Insurance Company | I to dividuo | | | | | | |
| 5 | | STATE-FARM-GENERAL-INS-CO | Individual BRIAN HONER | | | | | | |
| | ı | Individual | | | | | | | |
| | | Driver BRIAN HONER | Citations Issued | | Sex | | | | |
| LIND | JAL | (608) 415-8501 | 0 Date of Birth | | MALE Race | | | | |
| | INDIVIDUAL | Address | Driver License Number | WHITE Driver License Number | | | | | |
| | | E4561 E REDSTONE CT LA VALLE, WI 53941 , US | STATE: WISCONSIN C | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | Equipment On Duty Crash | Safety Equipment | Safety Equipment | | | | | |
| | | Seat Position | SHOULDER & LAP BE | SHOULDER & LAP BELT | | | | | |
| | | Helmet Use | Helmet Compliance | Helmet Compliance | | | | | |
| | | Eye Protection | Tint Compliance | | | | | | |

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Crash Date 04/05/2018

Crash Time 06:10 AM

| | | | | | 1 | | | | | |
|---------|-----------------|----------------------|-----------------------------|--------------|-----------------------------|----------|----------------------|----------------|--|--|
| | | | | | | | | | | |
| 10 | 001 | Injury | Injury Severity NO APPARENT | INJURY | Airbag | | | | | |
| | | Ejected | | | Ejection Path Trapped/Extri | | | cated | | |
| | | Medical Transport | | | EMS Agency Ident | ifier | EMS Run # | ın # | | |
| | | 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 | se |) | | | |
| | E | Drug & Alcohol | NO | | NO | | | | | |
| | | Alcohol Test Given | Icohol Test Given | | | | Alcohol Test Results | | | |
| | | TEST NOT GIVEN | I | | Alcohol Test Type | | | | | |
| | | Drug Test Given | | | Drug Test Type | | Drug Test Results | | | |
| | | TEST NOT GIVEN | EST NOT GIVEN | | | | | | | |
| _ | Ξ | Drug Type | | | | | | | | |
| 10 | 001 | | | | | | | | | |
| | | | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | APPEARED NORMAL | | | | | | | | | |
| | | | | | | | | | | |