6TL08F2KTH 18-03720

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/13/2018

Crash Time 07:10 AM

	Document Number Override	Primary Crash Document #		Agency Crash Nur 18-03720				estigating Officer/Deputy PUTY T. SUTHERLAND			
-										10	
I	Crash Date	Crash Time		Date Ar	rivea		Time	Arrived			
\vdash	04/13/2018 07:10 AM										
'	Date Notified	Time Notified		Total U	nits		Total	Injured	Total Killed	t d	
<u>5</u>	04/13/2018	07:14 AM		01			00	,	00		
6TL08F2KTH	On Emergency H	it and Run	Lane Clo	losure Wo		rk Zone		Trailer or 1	owed	Reporting Threshold	
ᆲ	Government					ed	Tags	Tags			
6	Property	ool Zone	NO								
	▼ Reportable	CICATED ANI	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.										
	Location										
	ON STH23 EB					Latitude			Longitud	de	
	1130 FT W					43.53306	69534	-89.939		9727671	
	OF LAKE VIRGINIA RD					X Coordinate		Y Coordina		linate	
	IN THE TOWN OF EXCELSION	OR				262463.96875				4824213	
	IN SAUK COUNTY					Structure Type					
							UCTURE				
	Crach Scono										
,	Crash Scene First Harmful Event						nful Event Lo				
		4AL (ALIVE)						cation			
	NON DOMESTICATED ANIN	MAL (ALIVE)				ON ROADWAY					
	Manner of Collision	IN TO ANGRODE	-			Light Condition					
	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 JURISDICTION						
	Tribal Land				Access Control					Special Study	
						Spoon stay					
L	Unit Summary										
	Unit Status		\/a	ehicle Oper	ating As C	lassification	1	Unit Type			
	Unit Status IN TRANSIT Vehicle Operating As (D CLASS				anig As C	านออกกษณา		AUTOMOBILE			
	Vehicle Type				Operating As Endorsements						
01	(SPORT) UTILITY VEHICLE					Operating As Endorsements					
	· · · · · ·					T-4-1 T9-			Total HazMat Types		
	Total Occs Train/Bus # Injured			Total # Citations Issued						Mat Types	
	1		0		0		-			0	
		Direction Of Travel	-	Pre CrashTir		e Speed L		mit Total Lan		es	
LINO	YES EASTBOUND			Mark				I Faranca w Mahan Valida da		:- -	
5	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNC		TION		Emergency Motor Vehicle Use NOT APPLICABLE			
_ [NON DOMESTICATED ANIMAL (ALIVE)					IION					
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
ļ	0 (7										
	Surface Type			Road Curvature			Road Grade				

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	Truc NO	ck Bus or HazMat								
	'	Vehicle		1.2						
۶		License Plate Number P1802S	Plate Type TMP - TEMPORARY PLAT	St WI	Country of Issuance UNITED STATES					
	5	Vehicle Identification Number 3C4NJDDB2JT316249	Make JEEP	Year 2018	Model COMPASS					
		Color BLU - BLUE	Body Style 4D - 4DR		NOT A BUS					
⊨	CLE	Initial Contact Point 12FRONT	Vehicle Damage	2FRONT						
LIND	VEHICL	Extent Of Damage FUNCTIONAL DAMAGE	12FRONT							
		Towed Due To Damage NOT TOWED	ehicle Removed By							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
	щ	Driver Actions NO CONTRIBUTING ACTION								
LINO	VEHICLE									
	7									
		Driver Distractions NOT DISTRACTED								
_	_									
6	5									
		Owner Name	Owner Address	Owner Address						
ΪΝ	I	Policy Holder								
5		Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	Individual JAMES VALE							
	- 1	Individual								
		Driver JAMES R VALE	Citations Issued		Sex					
	INDIVIDUAL	(608) 778-1992	Date of Birth Race		Race WHITE					
LIND		Address 607 AIRPORT RD	Driver License Number							
		BOSCOBEL, WI 53805 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		Equipment On Duty Crash	Safety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BELT	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
	Eye Protection		Tint Compliance							

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					1						
10	001	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	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 Type		Drug Test Results				
		TEST NOT GIVEN	ST NOT GIVEN				J.ug . cot . toculo				
_	Ξ	Drug Type									
5											
Individual Condition											
	APPEARED NORMAL										