6TL0BC3B1K 18-04084

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 18-04084			Investigating Officer/Deputy DEPUTY W. VERTEIN				
¥	Crash Date Crash Time			Date Arrived		Time	Time Arrived				
$\overline{}$	04/23/2018 05:17 AM										
m	Date Notified	Time Notified		Total Ur	nits		Total	Injured	Total Killed	1	
ဒ္ဓ	04/23/2018	05:18 AM		01			00		00	T =	
.0B	On Emergency	lit and Run	Lane Clos	osure Work		rk Zone		Trailer or To		Reporting Threshold	
eTL	Government Active School Zone			School Bus Related T		Tags	ags				
	▼ Reportable	ATED ANIM	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.										
Ī	Location										
·	ON USH14 EB					Latitude Longitude					
	0.45 MI E					43.18986	8624	-90.10460743		607432	
	OF BIG HOLLOW RD	00551				X Coordinate			Y Coord	inate	
	IN THE TOWN OF SPRING (GREEN				247721.15625 4786580				80	
	IN SAUK COUNT I					Structure Type			I		
						NO STR	UCTURE				
-	Crash Scono					I					
,	Crash Scene										
	First Harmful Event	MAL (ALIVE)				First Harmful Event Location					
	NON DOMESTICATED ANIM Manner of Collision	VIAL (ALIVE)				ON ROADWAY					
	NO COLLISION W/VEHICLE	IN TO ANSDODT				Light Cond	aition				
ŀ		IN IKANSPORT				Doodway	Factor(a)				
	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 JURISDICTIO			N		
ŀ	Tribal Land				Access Control				Special Study		
	Jnit Summary										
	Unit Status		l Vet	hicle Oners	ating As C	lassification		Unit Type			
				D CLASS			AUTOMOBILE				
-	Vehicle Type							Operating As Endorsements			
01	(SPORT) UTILITY VEHICLE										
ŀ	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Traile		lers Total HazMa		Mat Types	
	1			0		0		0		,,	
	Insurance?	pirection Of Travel Pre CrashT			rachTire	Speed Lim		it Total Lanes		es	
_	YES	EASTBOUND			Mark						
LIND	Most Harmful Event: Collision With			Special Function		<u> </u>			Emergency Motor Vehicle Use		
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION		TION	TION NO		NOT APPLICABLE		
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	-										
ŀ	Surface Type			Road Curvature			Road Grade				

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	Т	uck Bus or HazMat									
	NO										
		Vehicle									
		License Plate Number Plate Type St Country of Issuance									
2		692ZPF	AUT - AUTOMOBILE	WI	UNITED STATES						
		Vehicle Identification Number	Make	Year	Model						
	9	2T3BFREV5EW146493	TOYOTA	2014	RAV4 LE						
		Color	Body Style	•	Bus Use						
	H H	RED - RED	UT - SPORT UTILITY VEHIC	CLE	NOT A BUS						
LIND		Initial Contact Point 11LEFT FRONT CORNER	Vehicle Damage								
	VEHICL	Extent Of Damage	10I FET SIDE FRONT 11								
	ゥ	FUNCTIONAL DAMAGE	10-EEI 1 OIDE 1 KON1, 11-		ON CONNER, 12-1 NOW						
		Towed Due To Damage	Vehicle Removed By	hicle Removed By							
		NOT TOWED	OPERATOR								
		What Driver Was Doing	Vehicle Factors	hicle Factors							
		Driver Prior Action Other									
		Driver Actions									
	ш	NO CONTRIBUTING ACTION									
⊨	VEHICLE										
LNO	Ĭ										
_	푓										
		Driver Distractions NOT DISTRACTED									
		NOT BIOTRACTED									
6	5										
		Owner Name	Owner Address	Owner Address							
		Policy Holder									
Ę		Insurance Company Individual									
5		AUTO-OWNERS-INS-CO	PATRICIA DUFFEY								
		Individual									
		Driver	Citations Issued		Sex						
	_	PATRICIA DUFFEY	0		FEMALE						
	A	(608) 739-2151	Date of Birth		Race						
LINO	INDIVIDUAL				WHITE						
		Address 121 N 5TH ST	Driver License Number	Driver License Number							
	Z	MUSCODA, WI 53573 , US	STATE: WISCONSIN COL	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty Crash	Safety Equipment	Safety Equipment							
		Equipment									
		Seat Position	SHOULDER & LAP BELT	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance	Helmet Compliance							
		Eye Protection	Tigh Committee								
		Eye FIOLECTION	Tint Compliance								

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Crash Date 04/23/2018

Crash Time 05:17 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	se				
	Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
01	00	Drug Type								
Individual Condition										
APPEARED NORMAL										