6TL0BLHJP1

18-04333

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/29/2018

Crash Time 02:20 AM

	Document Number Override	Primary Crash Document #			Agency Crash Number 18-04333			Investigating Officer/Deputy DEPUTY I. HANSON			
7	Crash Date			Date Arrived		Time	Time Arrived				
느		-									
۲	Date Notified Time Notified			Total Ur 01	nits		Total 00	Injured	Total Killed	d	
6TL0BLHJP	On Emergency Hit and Ru		d Run Lane Closure		Work Zone		П	Trailer or Towed		Reporting Threshold	
ᄅ	Government Active School				School Bus Related						
9	Property		NO						Secondary		
	✓ Reportable	TICATED AN	ANIMAL W/ NO INJURY		A	Amended		Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
- 1	Location ———										
	ON STH113 NB					Latitude Longitude					
	0.37 MI N						1715	-89.6850753		075363	
	OF SOLUM LN					X Coordin	ate		Y Coord	linate	
	IN THE TOWN OF GREENFII	ELD				282651.78125				4811449	
	IN SAUK COUNT					Structure Type					
						NO STR	JCTURE				
(Crash Scene										
1	First Harmful Event					First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA		out.or.			
	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPOR	т			Light Condition					
	Road Surface Condition(s)					Roadway	Factor(s)				
	()										
	Environment Factor(s)										
	Weather Condition(s)										
	, ,	Would condition(c)									
	Animal Type DEER Crash Classification - Location PUBLIC PROPERTY Tribal Land					Relation To Trafficway TRAFFICWAY - ON ROAD					
								Crash Classification - Jurisdiction NO SPECIAL JURISDICTION			
						Access Control		SDICTION		Chariel Study	
	Thou Land					A00699 0(лио			Special Study	
Ĺ	Unit Summary									<u> </u>	
	Unit Status			Vehicle Opera	ating As Cl	assification		Unit Type			
	IN TRANSIT D CLASS				atting As Oi	assilication		AUTOMOBILE			
	Vehicle Type				Operating As Endorsements						
6	PASSENGER CAR							Operating i	AS ENGUISE	Hents	
				Total # Citatio	otal # Citations Issued To		Total Traile	otal Trailers		Total HazMat Types	
	1	Transpace in Injuree		0		Chaudio issued		,,,,	0	wat Typoo	
ŀ		Direction Of Trave		Pre CrashTire			Speed Limi			Total Lanes	
╘		NORTHBOUND			Mark						
LNO	Most Harmful Event: Collision With			Special Function		101			Motor Veh		
ر	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTIO		TION		NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
ļ			I								
İ	Surface Type			Road Curvatu	Iro			Road Grad	Α		

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	-	. B							
		k Bus or HazMat							
	NO								
	,	Vehicle							
		License Plate Number 998YBC	Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES				
2	5	Vehicle Identification Number 1N4AL21E08N412540	Make NISSAN	Year 2008	Model ALTIMA				
		Color WHI - WHITE	Body Style 4D - 4DR		Bus Use NOT A BUS				
⊨	CLE	Initial Contact Point 12FRONT	Vehicle Damage	Vehicle Damage					
LIND	VEHICL	Extent Of Damage MINOR DAMAGE	12FRONT						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		ehicle Removed By					
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
LIND	VEHICLE	NO CONTRIBUTING ACTION							
		Driver Distractions NOT DISTRACTED							
2	9								
		Owner Name	Owner Address						
_	1	Policy Holder							
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual HEATHER BROCK						
		Individual							
		Driver	Citations Issued		Sex				
	ب	HEATHER BROCK	0		FEMALE				
LIND	INDIVIDUAL	(608) 843-7766	Date of Birth		Race WHITE				
		Address 9678 CTH KP 32 BLACK EARTH, WI 53515 , US	Driver License Number STATE: WISCONSIN C	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment On Duty Crash	Safety Equipment						
		Seat Position		SHOULDER & LAP BELT					
		Helmet Use	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 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								
	Z								
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	orug Test Given FEST NOT GIVEN				Drug Test Results		
01	00	Drug Type							
Individual Condition									
APPEARED NORMAL									

Form DT4000