

6TL09XQXXV
18-04573

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09XQXXV

| | | | | | |
|--|---|---------------------------------------|--|---|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 18-04573 | Investigating Officer/Deputy DEPUTY I. GALVAN | |
| Crash Date 05/05/2018 | | Crash Time 04:25 AM | Date Arrived | Time Arrived | |
| Date Notified 05/05/2018 | | Time Notified 04:27 AM | Total Units 01 | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed | <input type="checkbox"/> Reporting Threshold |
| <input type="checkbox"/> Government Property | <input type="checkbox"/> Active School Zone | School Bus Related NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash | |

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

| | | |
|--|-------------------------------------|-----------------------------------|
| ON STH33 WB 321 FT S OF LA VALLE RD IN THE TOWN OF REEDSBURG IN SAUK COUNTY | Latitude 43.538406799 | Longitude -90.031945391 |
| | X Coordinate 255033.84375 | Y Coordinate 4825073.5 |
| | Structure Type | |

Crash Scene

| | | |
|---|---|---------------|
| First Harmful Event NON DOMESTICATED ANIMAL (ALIVE) | First Harmful Event Location ON ROADWAY | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition | |
| Road Surface Condition(s) | Roadway Factor(s) | |
| Environment Factor(s) | | |
| Weather Condition(s) | | |
| Animal Type DEER | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control | Special Study |

Unit Summary

| | | | | | |
|------------|--|---|--|----------------------------|--------------------------------|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | |
| | Vehicle Type PASSENGER CAR | Operating As Endorsements | | | |
| | Total Occs 1 | Train/Bus # Injured | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit | Total Lanes |
| | Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE) | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Traffic Way | Traffic Control | Traffic Control Inoperative/Missing | | |
| | Surface Type | Road Curvature | Road Grade | | |

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| | | | |
|--|------------------|---|---|
| | | Truck Bus or HazMat NO | |
| UNIT 01 | VEHICLE 01 | Vehicle | |
| | | License Plate Number ABC9267 | Plate Type AUT - AUTOMOBILE |
| | | Vehicle Identification Number 2GNFLFEK1E6209042 | Make CHEVROLET |
| | | Color RED - RED | Body Style UT - SPORT UTILITY VEHICLE |
| | | Initial Contact Point 12--FRONT | Vehicle Damage 12--FRONT |
| | | Extent Of Damage DISABLING DAMAGE | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By STEVES AUTO SERVICE |
| | | What Driver Was Doing | Vehicle Factors |
| | | Driver Prior Action Other | |
| | | Driver Actions NO CONTRIBUTING ACTION | |
| Driver Distractions NOT DISTRACTED | | | |
| Owner Name | Owner Address | | |
| UNIT 01 | VEHICLE 01 | Policy Holder | |
| | | Insurance Company AMERICAN-FAMILY-INS-CO | Individual WENDY KELLER |
| | | Individual | |
| UNIT 01 | INDIVIDUAL 01 | Driver WENDY KELLER (608) 415-2875 | Citations Issued 0 |
| | | | Sex FEMALE |
| | | | Date of Birth |
| | | | Race WHITE |
| | | Address 240 MILL ST LA VALLE, WI 53941 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES |
| Equipment | On Duty Crash | Safety Equipment SHOULDER & LAP BELT | |
| Seat Position | | | |
| Helmet Use | | Helmet Compliance | |
| Eye Protection | | Tint Compliance | |

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|----|------|------------|-----|---|--|------------------------------------|--------------|--|----------------|--|--|
| 01 | UNIT | INDIVIDUAL | 001 | | | | | | | | |
| | | | | Injury | Injury Severity NO APPARENT INJURY | Airbag | | | | | |
| | | | | Ejected | | Ejection Path | | Trapped/Extricated | | | |
| | | | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | | | |
| | | | | Hospital | | Date of Death | | Time of Death | | | |
| | | | | Non Motorist | | Striking Unit # | Prior Action | Location | To/From School | | |
| | | | | Action | | | | | | | |
| | | | | Action Other | | | | | | | |
| | | | | Drug & Alcohol | | Suspected Alcohol Use NO | | Suspected Drug Use NO | | | |
| | | | | 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 | UNIT | INDIVIDUAL | 001 | Drug Type | | | |
| | | | | | | | | Individual Condition APPEARED NORMAL | | | |