6TL09B7D8W

18-04810

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 18-04810				Investigating Officer/Deputy DEPUTY A. MEEKER			
ЗV	Crash Date 05/11/2018	Crash Time 08:13 PM		Date Arrived		Time	Time Arrived				
Õ	Date Notified Time Notified			Total Unit	ts			Injured	Total Killed	1	
37	05/11/2018 08:16 PM			01			00	00		1	
6TL09B7D8W	On Emergency	t and Run	Lane Closu			rk Zone		Trailer or Tov		Reporting Threshold	
6TL	Government Property Active School Zone			School Bus Related NO			Tags	Tags			
	Reportable Crash Type NON-DOMESTICATED ANIN			JIMAL W/ NO INJURY				Amended Seconda Crash			
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
	ON STH23 EB					Latitude			Longitude		
	476 FT S OF OLD LOGANVILLE RD IN THE TOWN OF REEDSBURG						3.499764917			-90.013625352	
					X Coordinate 256358.5			Y Coordinate 4820728			
	IN SAUK COUNTY					Structure T			.02012		
	Crash Scene										
	First Harmful Event					First Harm	ful Event Lo	cation			
	NON DOMESTICATED ANIMAL (ALIVE)					ON ROA		oution			
	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT	•								
	Road Surface Condition(s)					Roadway Factor(s)					
	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 Contro		ontrol	bl		Special Study		
	Unit Summary		Veh	icle Operat	ing As C	lassification		Linit Type			
	Unit Status Vehicle Operating As (IN TRANSIT D CLASS				ing As C	lassincation		Unit Type AUTOMOBILE			
_	Vehicle Type				Operating As Endorsements						
01	(SPORT) UTILITY VEHICLE										
				Total # Citations Issued						Mat Types	
	1	Direction Of Travel	0				0 On a set Line	:.	0 Tatal lan		
F	inouranoo i	SOUTHBOUND		Pre CrashTire Sp Mark		Speed Lim	eed Limit Total Lanes		es		
UNIT	Most Harmful Event: Collision With			Special Function				Emergency Motor Vehicle Use			
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION		IION			LICABLE		
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			

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	I ruck Bus or HazMat NO								
	· · · · ·	Vehicle							
		License Plate Number 664ZNP	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
0	0	Vehicle Identification Number 1GKEV23707J158326	Make GENERAL MOTORS COR	Year 2007	Model ACADIA				
UNIT	VEHICLE	Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHIC	CLE	Bus Use NOT A BUS				
		Initial Contact Point 12FRONT Extent Of Damage	Vehicle Damage	-					
-		DISABLING DAMAGE	Vahiala Damayod Dy	which Demond Du					
		Towed Due To Damage NOT TOWED	Vehicle Removed By	anicie kemoved by					
		What Driver Was Doing	Vehicle Factors	shicle Factors					
		Driver Prior Action Other							
UNIT	Щ	Driver Actions NO CONTRIBUTING ACTION							
	VEHICLE								
		Driver Distractions NOT DISTRACTED							
6	0	5							
		Owner Name	Owner Address	Owner Address					
F	I	Policy Holder							
UNIT		Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEP	T) Individual MEGAN HERRITZ						
	I	Individual							
	INDIVIDUAL	Driver MEGAN MARIE HERRITZ (608) 495-9554	Citations Issued 0		Sex FEMALE				
UNIT		(000) 495-9554	Date of Birth		Race WHITE				
	VIDNI	Address S3032 TWIN PINE RD REEDSBURG, WI 53959 , US		Driver License Number 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					
		Eve Protection							

Tint Compliance

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		B Injury Severity NO APPARENT INJURY									
6	001				Airbag						
		Ejected			Ejection Path		Trapped/Extricated				
		Medical Transport NOT TRANSPOR	TED		EMS Agency Iden	EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action									
L	UAL										
UNIT	INDIVIDUAL										
	IN										
		Action Other									
	Ľ	Drug & Alcohol NO			Suspected Drug Use NO						
		Alcohol Test Given				Alcohol Test Type		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results				
2	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									