

6TL0B1714T
18-05349

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number 18-05349	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 05/25/2018		Crash Time 11:05 AM	Date Arrived	Time Arrived	
Date Notified 05/25/2018		Time Notified 11:07 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 LINN ST/ STH136 WB 0.80 MI W OF LINN ST/ STH33 WB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.47649765	Longitude -89.784729004
	X Coordinate 274778.3125	Y Coordinate 4817498.5
	Structure Type NO STRUCTURE	

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												
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	Color GRY - GRAY	Body Style 4D - 4DR	Bus Use NOT A BUS										
	Initial Contact Point 12--FRONT	Vehicle Damage 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT											
	Extent Of Damage FUNCTIONAL DAMAGE												
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING											
	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	Policy Holder												
	<table border="1"> <tr> <td>Insurance Company ERIE-INS-CO</td> <td>Individual SCHNEIDER MERGENS</td> </tr> </table>	Insurance Company ERIE-INS-CO	Individual SCHNEIDER MERGENS										
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UNIT INDIVIDUAL	<table border="1"> <tr> <td>Driver SCHNEIDER LESLEY MERGENS (608) 434-8874</td> <td>Citations Issued 0</td> <td>Sex FEMALE</td> </tr> <tr> <td></td> <td>Date of Birth [REDACTED]</td> <td>Race WHITE</td> </tr> <tr> <td>Address S4035 MOUNTAIN RD BARABOO, WI 53913 , US</td> <td colspan="2">Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES</td> </tr> </table>	Driver SCHNEIDER LESLEY MERGENS (608) 434-8874	Citations Issued 0	Sex FEMALE		Date of Birth [REDACTED]	Race WHITE	Address S4035 MOUNTAIN RD BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES				
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	Address S4035 MOUNTAIN RD BARABOO, WI 53913 , US	Driver License Number [REDACTED] 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			