6TL092T5LS

18-05398

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/26/2018

Crash Time 04:49 AM

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-05398			Investigating Officer/Deputy DEPUTY J. KIRKENG				
-	Const. Data	Onesh Time		Date Arrived							
LS	Crash Date 05/26/2018	Crash Time 04:49 AM					Time Arrived				
2	Date Notified Time Notified			Total Un	its		Tota	Injured	Total Killed		
.092T	05/26/2018	04:49 AM		01			00		00		
60	On Emergency H	it and Run La	ne Closure	sure Work Zoi				Trailer or To		Reporting Threshold	
6TL	Government Active School Zon			School Bus Related NO			Tags	Tags			
	Reportable	Crash Type NON-DOMESTICATE	ED ANIMAL	NIMAL W/ NO INJURY		RY	Amended			Secondary Crash	
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ì	Location										
Ī	ON STH113 NB					Latitude Longitude					
	786 FT S					43.40169	94989		-89.675176586		
	OF CTHDL SB					X Coordin			Y Coordinate		
	IN THE TOWN OF MERRIMA	/C				283372.0625				4808900	
	IN SAUK COUNTY								+00030		
					Structure Type NO STRUCTURE						
	Crash Scene										
,	First Harmful Event	l e.	(15								
		4AL (ALIVE)				First Harmful Event Location					
ļ	NON DOMESTICATED ANIMAL (ALIVE)				ON ROADWAY						
	Manner of Collision	IN TO ANCHORT				Light Condition					
ļ	NO COLLISION W/VEHICLE	IN IKANSPURI				D	-				
	Road Surface Condition(s)					Roadway	Factor(s)				
ŀ	Environment Factor(s)										
	`,										
	Weather Condition(s)										
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION						
ŀ	Tribal Land					Access Control				Special Study	
						opoolal diday					
į.	Unit Summary										
<u> </u>	Unit Status		\/ehicle	a Onara	ting As C	laccification		Unit Type			
				Vehicle Operating As Classification D CLASS		AUTOMOE		211 E			
	Vehicle Type				LAGO			Operating As Endorsements		nonto	
0	PASSENGER CAR							Operating A	to Eliudiseli	nents	
						Total Trail		ore	Total Hazi	Mat Types	
	1 Total Occs Trailingus # Injured Total 0			otal # Citations Issued		0		o liters		wat Types	
		Direction Of Travel	(T)			9 11:				20	
.	Insurance? YES	Direction Of Travel NORTHBOUND	Pre CrashTire			Speed Li		iiit i Olai Lailes		50	
L				Mark Special Function				Emorgan	Emergency Motor Vehicle Use		
5	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			Special Function NO SPECIAL FUNC		TION		NOT APPLICABLE			
	Traffic Way							Traffic Control Inoperative/Missing			
	Trailic vvay			Traffic Control				Trainic Control moperative/ivissing			
	Surface Type			Road Curvature			- F		Road Grade		

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	Truc	uck Bus or HazMat								
	NO	N Data of Trazilian								
	,	Vehicle								
2		License Plate Number 150XTN	Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES					
	5	Vehicle Identification Number 2T1BURHE5GC678972	Make TOYOTA	Year 2016	Model COROLLA					
		Color BLK - BLACK	Body Style SD - SEDAN	•	Bus Use NOT A BUS					
LIND	VEHICLE	Initial Contact Point 12FRONT Extent Of Damage DISABLING DAMAGE	Vehicle Damage 1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT							
	>	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING							
		What Driver Was Doing	Vehicle Factors							
		GOING STRAIGHT Driver Prior Action Other	NOT APPLICABLE							
		Driver Actions								
LINO	VEHICLE	NO CONTRIBUTING ACTION								
		Driver Distractions NOT DISTRACTED								
9	07									
		Owner Name	Owner Address							
_	ı	Policy Holder								
LNO		Insurance Company USAA-CASUALTY-INS-CO	Individual MICHAEL BROWN							
	ı	Individual								
		Driver MICHAEL D BROWN	Citations Issued 0		Sex MALE					
_	DAL	(608) 778-0503	Date of Birth		Race WHITE					
LIND	INDIVIDUAL	Address 705 PRAIRIE LN MAZOMANIE, WI 53560, US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
		Equipment On Duty Crash	Safety Equipment							
		Seat Position	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance	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 Ident	ifier	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 Given FEST NOT GIVEN			Drug Test Type		Drug Test Results		
01	00	Drug Type								
Individual Condition APPEARED NORMAL										