### 6TL09QKRCM

18-05820

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/05/2018

Crash Time 01:15 AM

	Document Number Override	Primary Crash Document #	18-058	Agency Crash Number 18-05820		DEP	Investigating Officer/Deputy DEPUTY S. STACEY			
CZ	Crash Date <b>06/05/2018</b>	Crash Time 01:15 AM		Date Arrived			Time Arrived			
<b>8</b>	Date Notified	Time Notified	Total Ur <b>01</b>	nits			Injured	Total Killed	I	
à	06/05/2018	01:31 AM	01		00			00	Domontin n	
60.	On Emergency Hit and Run		Closure Work Zo				Trailer or Towed		Reporting Threshold	
6TL09QKR	Government Property	Crash Type	NO School	Bus Relate	ea	Tags				
	Reportable	NIMAL W/ NO INJURY			Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	_ocation									
	ON STH33 WB					Latitude		Longitud		
	1114 FT W OF JOHNSON RD				43.474318931		-89.674792			
	IN THE TOWN OF GREENFIELD IN SAUK COUNTY							II .	Y Coordinate <b>4816965</b>	
					Structure T					
(	Crash Scene									
ī	First Harmful Event					ful Event Lo	cation			
	NON DOMESTICATED ANII	NON DOMESTICATED ANIMAL (ALIVE)				ON ROADWAY				
	Manner of Collision	` '				Light Condition				
	NO COLLISION W/VEHICLE	IN TRANSPORT								
•	Road Surface Condition(s)				Roadway F	actor(s)				
	Environment Factor(s)									
	Liviloriment ractor(s)									
	Weather Condition(s)									
	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURISI		SDICTION				
•	Tribal Land				Access Control				Special Study	
L										
l	Jnit Summary ===		11/11/10		121 - 1					
				Vehicle Operating As Classification			Unit Type			
	IN TRANSIT D CLASS  Vehicle Type				AUTOMOBILE Operating As Endorsements					
01	PASSENGER CAR						Operating /	AS Endorser	nents	
				otal # Citations Issued Tot		Total Traile	otal Trailers		Total HazMat Types	
	1	Train Bao n Injaroa	0		0		0		mat Typoo	
_	Insurance? YES	Direction Of Travel WESTBOUND	Pre CrashTire Mark		Speed Lim	eed Limit Total Lane		es		
LIND	Most Harmful Event: Collision Wi	Special Function NO SPECIAL FUNCTION		TION		Emergency Motor Vehicle Use  NOT APPLICABLE				
	NON DOMESTICATED ANII Traffic Way									
	Trainic Way	Traffic Control			Traffic Control Inoperative/Missing					
	Surface Type	Road Curvature				Road Grade				

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	Truc <b>NO</b>	k Bus or HazMat							
		Vehicle							
UNIT 01		License Plate Number 621ZHR	Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 1N4BL11D76C217288	Make NISSAN	Year <b>2006</b>	Model ALTIMA SE/				
		GRY - GRAY	Body Style 4D - 4DR		Bus Use NOT A BUS				
	VEHICLE	Initial Contact Point  12FRONT  Extent Of Damage  DISABLING DAMAGE	1RIGHT FRONT CORNI	/ehicle DamageRIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 11LEFT FRONT CORNER, 12FRONT, UNDERCARRIAGE					
		Towed Due To Disabling Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	RAIGS TOWING					
		What Driver Was Doing  Driver Prior Action Other	Vehicle Factors						
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
10	10	Driver Distractions NOT DISTRACTED							
		Owner Name	Owner Address						
Ė		Policy Holder							
LIND		Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual TIMOTHY WELLNER						
	I	Individual							
LINO	JAL	Driver TIMOTHY WELLNER (414) 460-4825	Citations Issued  0  Date of Birth		Sex MALE Race				
	<u></u>	Address	Driver License Number	Driver License Number					
	INDIVIDUAL	1035 5TH ST BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment On Duty Crash Seat Position	Safety Equipment SHOULDER & LAP BE	Safety Equipment SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eve Protection	Tint Compliance	Tint Compliance					

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10	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	ILD		Date of Death		Time of Death	Time of Death		
		Ποσμιαί			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action		1						
	7									
⊨	INDIVIDUAL									
UNIT	$\equiv$									
	Ħ									
		Action Other								
	E.	Drug & Alcohol	& Alcohol Suspected Alcohol Use NO			Suspected Drug Use NO				
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN		Alcohol Test Type		According rest results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
0	001	Drug Type								
		Individual Condition								
	APPEARED NORMAL									