

6TL096J8X0
18-06065

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 18-06065		Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER	
Crash Date 06/10/2018		Crash Time 08:18 PM		Date Arrived		Time Arrived	
Date Notified 06/10/2018		Time Notified 08:20 PM		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 USH12 EB 0.27 MI N OF CTHC SB IN THE TOWN OF SUMPTEP IN SAUK COUNTY	Latitude 43.361749335	Longitude -89.768861949
	X Coordinate 275638	Y Coordinate 4804711.5
	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 (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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	
		License Plate Number ST8ST	Plate Type AUT - AUTOMOBILE
		Vehicle Identification Number 2T2BZMCA4HC126580	Make LEXUS
		Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE
		Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage 1--RIGHT FRONT CORNER, 12--FRONT
		Extent Of Damage FUNCTIONAL DAMAGE	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By
		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	
		Insurance Company HANOVER-INS-CO,-THE	Individual DANIEL MILSTED
		Individual	
UNIT	INDIVIDUAL	Driver DANIEL L MILSTED (608) 575-6515	Citations Issued 0
			Sex MALE
			Date of Birth [REDACTED]
			Race WHITE
		Address 5900 CTH A BROOKLYN, WI 53521 , 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	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	001	Drug Type			
Individual Condition APPEARED NORMAL							