

6TL0B4X4HN  
18-06139

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 <b>18-06139</b>	Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>06/12/2018</b>		Crash Time <b>04:54 AM</b>	Date Arrived	Time Arrived	
Date Notified <b>06/12/2018</b>		Time Notified <b>04:54 AM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<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

<b>ON CTHF SB 760 FT N OF CHURCHILL RD IN THE TOWN OF WINFIELD IN SAUK COUNTY</b>	Latitude <b>43.577428591</b>	Longitude <b>-90.001419872</b>
	X Coordinate <b>257656.859375</b>	Y Coordinate <b>4829318</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

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		Truck Bus or HazMat <b>NO</b>	
UNIT 01	VEHICLE 01	<b>Vehicle</b>	
		License Plate Number <b>610RXW</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>1C4PJMCS1EW298174</b>	Make <b>JEEP</b>
		Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>12--FRONT</b>
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
		What Driver Was Doing	Vehicle Factors
		Driver Prior Action Other	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Driver Distractions <b>NOT DISTRACTED</b>			
Owner Name	Owner Address		
UNIT 01	INDIVIDUAL 01	<b>Policy Holder</b>	
		Insurance Company <b>JOHNSEN</b>	Individual <b>MARY BUELOW</b>
		<b>Individual</b>	
Driver <b>MARY BUELOW (608) 434-2806</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Date of Birth	Race <b>WHITE</b>	
Address <b>S413 LAVALLE RD LA VALLE, WI 53941 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Seat Position			
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	

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01	UNIT	INDIVIDUAL	001								
				<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag					
				Ejected		Ejection Path		Trapped/Extricated			
				Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
				Hospital		Date of Death		Time of Death			
				<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		
				Action							
				Action Other							
				<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>			
				Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results			
				Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results			
				01	UNIT	INDIVIDUAL	001	Drug Type			
								Individual Condition <b>APPEARED NORMAL</b>			