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18-05325

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Docui	Primary Crash Document #		Agency Crash Number 18-05325			Investigating Officer/Deputy DEPUTY J. MACASKILL			
×	Crash Date Crash Time			Date Arrived		Time	Time Arrived				
G	05/24/2018 10:00 PM										
G	Date Notified	Time Notified		Total Ur	nits			Injured	Total Killed	i	
ヹ	05/24/2018	10:10 PM		01			00		00		
	On Emergency Hit and Run		Lane Clos	ane Closure Wo		rk Zone	k Zone Tr		owed	Reporting Threshold	
eTL	Government Active School Zone			School Bus Related T		Tags	ags				
	Reportable	ATED ANIM	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
j	Location										
- {	ON STH23 EB				Latitude Longitude						
	447 FT S					43.44880	00057	-90.0341		190307	
	OF NARROWS CREEK RD IN THE TOWN OF WESTFIE	:I D				X Coordinate			Y Coordinate		
	IN SAUK COUNTY	LLD				254489.375 4815128			28		
					Structure Type						
1	Crash Scene										
1	First Harmful Event					Circt Horse	ful Fuent Le	antina			
	NON DOMESTICATED ANII	MAL (ALIVE)				First Harmful Event Location ON ROADWAY					
-	Manner of Collision	VIAL (ALIVL)				Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT				Light Cond	aition				
ŀ	Road Surface Condition(s)	- III TRANSI SKI				Roadway	Factor(s)				
	rioda Sariaso Sorialisori(s)					Roadway Factor(s)					
İ	Environment Factor(s)										
	Weather Condition(s)										
ļ											
ŀ	Animal Type					Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD						
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPE	CIAL JURI	SDICTION			
l	Tribal Land					Access Control				Special Study	
Ī	Unit Summary										
				Vehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS			AUTOMOBILE				
_	Vehicle Type					Operating As Endorsements			ments		
0	PASSENGER CAR										
İ	Total Occs Train/Bus # Injured 1		Tota	Total # Citations Issued 0		Total Traile 0		ers Total HazMat Types 0		Mat Types	
			0								
İ	Insurance?	Direction Of Travel		Pre CrashTire			Speed Lim		nit Total Lanes		
╘	YES EASTBOUND										
LNO	Most Harmful Event: Collision With			Special Function		TION		Emergency Motor Vehicle Use			
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			HON		NOT APPLICABLE		
	Traffic Way			Traffic Control			Tra		Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade			
				TOda Ourvaluie							

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	-	1.5							
	NO	ck Bus or HazMat							
	,	Vehicle							
UNIT 01		License Plate Number 54014E	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 2D8GP44L27R329855	Make DODGE	Year 2007	Model GRAND CARA				
		Color SIL - SILVER (ALUMINUM)	Body Style VN - VAN		Bus Use NOT A BUS				
	CLE	Initial Contact Point 12FRONT	Vehicle Damage	Vehicle Damage					
	VEHICL	Extent Of Damage DISABLING DAMAGE	11LEFT FRONT CORNER, 12FRONT						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE						
		What Driver Was Doing	Vehicle Factors						
LIND		Driver Prior Action Other							
	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
ر	NE VE	Driver Dietrestions							
		Driver Distractions NOT DISTRACTED							
5	5								
		Owner Name Owner Address							
			0.110.1.10.00						
H		Policy Holder							
5		Insurance Company COUNTRY FINANCIAL	Individual TIERNEN SHEA						
	ı	Individual							
		Driver TIERNEN SHEA	Citations Issued		Sex				
	UAL	(608) 852-2307	0 Date of Birth		Race WHITE				
LIND	INDIVIDUAL	Address	Driver License Number						
		E6593 SHORT CUT RD ROCK SPRINGS, WI 53961, US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment	Safety Equipment					
		Seat Position	SHOULDER & LAP BE	SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance						

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Crash Date 05/24/2018

Crash Time 10:00 PM

01	00	Injury	Injury Severity NO APPARENT	INJURY	Airbag					
		Ejected			Ejection Path		Trapped/Extricated			
		Medical Transport			EMS Agency Identifier EMS Run #					
		NOT TRANSPOR	TED							
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action	1	Location		To/From School		
		Action								
	INDIVIDUAL									
UNIT	ום									
5	<u> </u>									
	N									
Action Other										
		Action Other								
		Suspected Alcohol Use			Suspected Drug Use					
	E	Orug & Alcohol	NO		NO					
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
	TEST NOT GIVEN			Davis Took Time						
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
10	001	Drug Type								
)	0									
		Individual Condition								
		APPEARED NOR	MAL							