

6TL096J8WX
18-05853

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 18-05853		Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER	
Crash Date 06/05/2018		Crash Time 09:17 PM		Date Arrived		Time Arrived	
Date Notified 06/05/2018		Time Notified 09:19 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 352 FT S OF LEHMAN RD IN THE TOWN OF SUMPTEP IN SAUK COUNTY	Latitude 43.422810781	Longitude -89.773563672
	X Coordinate 275482.71875	Y Coordinate 4811506
	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 PASSENGER CAR			Operating As Endorsements		
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<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 01	Vehicle	
		License Plate Number YJ2T2A	Plate Type AUT - AUTOMOBILE
		Vehicle Identification Number 4T1BK1EB4DU050736	Make TOYOTA
		Color WHI - WHITE	Body Style 4D - 4DR
		Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage 11--LEFT FRONT CORNER
		Extent Of Damage MINOR DAMAGE	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
		What Driver Was Doing	Vehicle Factors
UNIT 01	VEHICLE 01	Driver Prior Action Other	
		Driver Actions NO CONTRIBUTING ACTION	
		Driver Distractions NOT DISTRACTED	
UNIT 01	VEHICLE 01	Owner Name	Owner Address
		Policy Holder	
		Insurance Company GEICO-GENERAL-INS-CO	Individual JEAN LUNA
UNIT 01	INDIVIDUAL 01	Individual	
		Driver JEAN LUNA (224) 440-9889	Citations Issued 0
			Sex FEMALE
			Date of Birth
			Race WHITE
		Address 1721 GILEAD AVE ZION, IL 60099 , US	Driver License Number STATE: MISSOURI 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			