6TL0B4X4HP

18-06282

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		Agency Crash Number 18-06282			Investigating Officer/Deputy DEPUTY E. KNULL				
^	Crash Date Crash Time			Date Arrived		Time	Time Arrived				
茔	06/15/2018 10:38 AM										
<u>4</u>	Date Notified	Time Notified		Total U	nits		Total	Injured	Total Killed	t	
4	06/15/2018 10:38 AM		01		I		00	· · · · · · · · · · · · · · · · · · ·		00	
.0B	On Emergency Hit and Run Lar		Lane Cl	Closure Wor		rk ZoneT		Trailer or Towed		Repo	
6TL0B4X4HP	Government Active School Zone			School Bus Related NO			Tags	Tags			
	Reportable	NIMAL W/ NO INJURY		łΥ		Amended			ondary ash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location										
1	ON USH12 EB					Latitude Longitude					
	380 FT E					43.35102	6808	-89.763637345		637345	
	OF MOELY BRANCH RD IN THE TOWN OF SUMPTER	,				X Coordinate			Y Coordinate		
	IN SAUK COUNTY	<u>-</u>				276021.90625 4803506.5					
						Structure 7					
L						NO STR	JCTURE				
	Crash Scene										
Ī	First Harmful Event					First Harmful Event Location					
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY					
-	Manner of Collision					Light Condition					
	NO COLLISION W/VEHICLE	IN TRANSPORT	•								
	Road Surface Condition(s)					Roadway	Factor(s)				
-	Environment Factor(s)										
	Environment racion(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
-	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION					
ŀ					Access Control			Sp		Special Study	pecial Study
										'	
ı	Unit Summary									I.	
Ì	Unit Status		1	Vehicle Opera	ating As C	assification		Unit Type			
	IN TRANSIT D CLASS					AUTOMOBILE					
_	Vehicle Type					Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE										
	Total Occs Train/Bus # Injured			Total # Citations Issued		Total Traile		ers Total Hazi		Mat Types	
	1		(0			0	(0	
ŀ		Direction Of Travel	,	Pre CrashTire		Speed Lim		nit Total Lanes		es	
⊨ ا	YES EASTBOUND			N	/lark						
LIND	Most Harmful Event: Collision With			Special Funct		TION		Emergency Motor Vehicle Use NOT APPLICABLE			
_	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION							
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			David Company				Pood Crodo			
	Surface Type			Road Curvature				Road Grade			

Crash Date **06/15/2018**Crash Time **10:38 AM**

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	NO	ck Bus or HazMat							
	`	Vehicle	T	Lo	10				
UNIT 01		License Plate Number 542MTN	Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES				
	5	Vehicle Identification Number 1GKKVTKD3EJ211520	Make GENERAL MOTORS COR	Year 2014	Model ACADIA				
		Color BLK - BLACK	Body Style 4H - HATCHBACK 4 DOOR		Bus Use NOT A BUS				
	쁫	Initial Contact Point 12FRONT	Venicie Damage	Vehicle Damage					
	VEHICL	Extent Of Damage DISABLING DAMAGE	12FRONT						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING						
		What Driver Was Doing	Vehicle Factors						
		-							
		Driver Prior Action Other							
	ш	Driver Actions NO CONTRIBUTING ACTION							
LNN	<u></u>								
5	VEHICLE								
	>								
		Driver Distractions NOT DISTRACTED							
5	70								
0	0								
		Owner Name	Owner Address	Owner Address					
				Cimilar Addition					
_		Policy Holder		_					
LIND		Insurance Company AMERICAN-AUTOMOBILE-INS-CO	Individual SCOTT JAMES						
		Individual	SCOTT SAMES						
		Driver	Citations Issued	Sex					
	بِ	SCOTT ALAN JAMES (651) 955-9051	0		MALE Race				
_	INDIVIDUAL	(031) 333-3031	Date of Birth	Date of Birth					
LNO		Address	Driver License Number	Driver License Number					
		12435 OPAL ST NE BLAINE, MN 55449 , US	STATE: MINNESOTA COUNTRY: UNITED STATES						
		On Duty Crash Equipment	Safety Equipment	Safety Equipment					
		Seat Position	SHOULDER & LAP BELT						
		Halmat Haa	Helmet O	Haland Compliance					
		Helmet Use	Heimet Compilance	Helmet Compliance					
		Eye Protection	Tint Compliance						

2 of 3

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Crash Date 06/15/2018

Crash Time 10:38 AM

					1						
10	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag						
		Ejected			Ejection Path		Trapped/Extricated				
		Medical Transport			EMS Agency Ident	ifier	EMS Run #				
		NOT TRANSPOR	TED								
		Hospital			Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action	•	•		•					
	7										
_	INDIVIDUAL										
UNIT	₽										
	\geq										
	닐										
	=										
		Action Other									
			Suspected Alcohol	Use	Suspected Drug U	se					
	E	Drug & Alcohol	NO		NO						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN	I		,						
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	NOT GIVEN				J.ug . cot . toculo				
_	Ξ	Drug Type									
10	001										
Individual Condition											
	APPEARED NORMAL										